

PROFESSIONAL EXCHANGE

A Case in Clinical Supervision: A Framework for Putting Theory into Practice

Quinn M. Pearson

A framework for applying supervision theory to clinical practice and an illustrative case study of a prelicensed counselor are presented. The framework integrates developmental and social role theories of supervision and consists of the following parts: (a) assessing the developmental level of the counselor; (b) deciding what topics will be discussed in supervision and who will initiate them; (c) choosing whether the role of teacher, counselor, or consultant is most appropriate in a given situation, and (d) recognizing unique opportunities that arise within the supervisory relationship.

In recent years, the counseling literature has attempted to reach out to mental health counselors who are supervising counseling interns (e.g., Nelson, Johnson, & Thorngren, 2000) and prelicensed counselors (e.g., Magnuson, Norem, & Wilcoxon, 2000). To further this end, a case for clinical supervision is presented across two scenarios with the same counselor. Before introducing the case and related supervision strategies, a brief explanation of the organizing framework used in choosing these strategies is described.

SUPERVISION FRAMEWORK

Practical application of supervision theories can provide supervisors with a useful guide for integrating their own theoretical approaches and clinical knowledge into the supervision process. The guiding framework applied in this case is derived from developmental and social role theories of supervision. While the Integrated Developmental Model (IDM; Stoltenberg, McNeill, & Delworth, 1998) and the Discrimination Model (Bernard, 1979,

Quinn M. Pearson, Ph D, LPC, is an assistant professor of Counselor Education. She is in the Secondary Education Department of the University of North Alabama, Florence. Email qpearson@unanov.una.edu

1997) are the respective models drawn from most heavily, other approaches are cited where appropriate. As such, the framework for applying supervision theory to practice consists of the following steps:

Assessing the Developmental Level of the Counselor

Stoltenberg et al. (1998) proposed three levels of counselor development in which counselors display varying degrees of motivation, autonomy, and awareness. Knowing the developmental level of the counselor helps supervisors make decisions about the optimal supervision environment across several factors: (a) the balance of supportive versus challenging interventions needed; (b) the degree of structure provided; (c) the amount of teaching, skill development, and direct suggestions needed; and (d) the degree to which counselors' personal reactions are explored.

Determining the counselor's developmental level is the first step in choosing supervision strategies and forms the foundation from which the other steps follow. While counseling experience is certainly a critical factor, assessing whether counselors fit in level one, two, or three depends on the degree to which they exhibit a stable motivation for being a counselor, an awareness of self and clients, and dependence on the supervisor versus autonomous functioning (Stoltenberg et al., 1998). Stoltenberg et al. and Bernard and Goodyear (1998) provided self-report measures that can help to assess a counselor's developmental level.

According to Stoltenberg et al. (1998), level-one counselors, who are very uncertain about their counseling effectiveness, tend to be the following:

- Highly anxious and highly motivated to learn
- More focused on their own feelings and thoughts about what to do next in sessions and, subsequently, less aware of clients' needs and process dynamics
- Highly dependent on the supervisor for direction, instruction, and support

Because of the intense anxiety, heightened motivation, and lessened awareness, level-one counselors need an environment with large amounts of support, direct instruction, and structure, and minimal amounts of challenge and personal exploration.

Level-two counselors vacillate in their levels of confidence, anxiety, and motivation: struggle with feeling dependent and wanting autonomy; and improve in their awareness of clients' issues and relationship dynamics. Given the fluctuation in level-two counselors' confidence and wanting help versus resisting help, the supervisor should generally reduce the amount of direct instruction and allow the counselor to influence the degree of structure

needed. Additionally, the supervisor can provide more challenge relative to support and begin to examine the counselor's personal reactions to clients.

Finally, with level-three counselors, supervision becomes much more idiosyncratic. Supervision comes alive with a challenging atmosphere, primarily in the form of self-challenge, and a deeper exploration of personal reactions and relationship processes because the counselors are much more consistent in their motivation, confidence, and skill level. At this level, the supervisor essentially follows the counselor's lead in determining the content of supervision.

Although developmental levels change gradually over time, they are relatively stable from session to session. Knowing the developmental level of the counselor, therefore, allows the supervisor to approach supervision meetings with general strategies regarding appropriate levels of structure, support, direction, and personal exploration. These strategies regarding the overall supervision environment impact and interact with decisions throughout each step in the framework.

Deciding Topics Discussed in Supervision Sessions and Who Initiates Them

In her discrimination model, Bernard (1979, 1997) stated that topics for supervision fall into one of three areas, including intervention skills (what the counselor does in the session), conceptualization skills (how the counselor chooses interventions or thinks about client patterns and counseling dynamics), and personalization skills (how the counselor's personal dynamics and style impact and are impacted by counseling interactions). When deciding who will choose which of these topics to discuss, Ellis (cited in Bernard & Goodyear, 1998) suggested the following continuum: the supervisor chooses the focus, the supervisor offers options to the counselor, the supervisor helps the counselor review options, and the counselor chooses the focus.

Deciding what topics/cases will be discussed and who will initiate various discussions is a fluid process that changes from session to session and within the same session. While the theoretical approaches of counselors and supervisors will impact these decisions, Proctor (1994) stated that across various schools of counseling, a good supervision session includes, among other things, the following: establishing a clear working agreement at the beginning of each session; following the agreement or leaving time to check back; and balancing opportunities for spontaneous discussions (e.g., regarding parallel process, counselor anxiety, or the supervisory relationship) within the time and agreed upon tasks. The working agreement flows naturally from the supervision contract and related goals as well as from the monitoring of client progress and welfare.

At the outset of each supervision meeting, any immediate needs of the counselor (e.g., crisis situations) or the supervisor (e.g., ethical dilemmas or client welfare) become a priority. Otherwise, the developmental level of the

counselor and subsequent needs for support, structure, instruction, autonomy, and personal exploration influence the degree to which intervention, conceptualization, or personalization skills (Bernard, 1979, 1997) are emphasized and who will typically make these decisions. For example, a beginning counselor who is still learning how to use supervision and struggling with "what to do when" may rely on the supervisor to provide direction or options regarding what to discuss. That level-one counselor is also likely to need a great deal of help with intervention and conceptualization skills. More advanced counselors, however, generally have a much better idea of what they need, and the supervisor should allow maximum autonomy in choosing the focus. Part of the supervisor's skill with the more advanced counselor often involves staying with the chosen topic but shifting the focus to deepen the exploration or to highlight various complexities such as the philosophical implications of an intervention or the subtleties involved in multicultural interactions.

Choosing the Appropriate Role

The supervisor must choose whether the role of teacher, counselor, or consultant is most appropriate in a given situation. Social role models of supervision in general and the discrimination model (Bernard 1979, 1997) in particular, emphasize the importance of supervisors moving in and out of these roles freely, depending on the particular needs of the counselor. The goal of the supervision strategy helps to determine which role is most suitable. Stenack and Dye (1982) described the focus and activities associated with each role. Most notably, choosing which role at any given time depends on what the supervisor thinks is the most important focus. When the focus is on the counselor as a counselor (e.g., learning diagnostic or intervention skills), the supervisor uses the teaching role. When the focus is on the counselor as a person (e.g., emotional and cognitive reactions to clients or unresolved issues within the counselor), the supervisor operates from the counseling role. Finally, when the counselor and supervisor together focus on the client (e.g., identifying clients' patterns or brainstorming interventions), the supervisor acts in a consulting role (Stenack & Dye, 1982).

Both the topics discussed and the developmental level of the counselor interplay with the roles of the supervisor. In the Discrimination Model, Bernard (1979, 1997) demonstrated that the supervisor might operate from any of the three aforementioned roles, whether the topic involved intervention, conceptualization, or personalization skills. As such, the supervisor might address the counselor's personal reactions to clients from a teaching role by assigning readings on countertransference. Likewise, the supervisor might enter the counseling role when a counselor who is typically quite comfortable teaching parenting skills is reluctant to do so with a particular client. Being sensitive to the developmental level of the counselor can help the

supervisor choose which role is likely to be most effective across various topics. As alluded to earlier, supervisors operating from a teaching role are able to respond well to a level-one counselor's foremost needs to learn what to do. On the other hand, too much teaching with a level-two or level-three counselor is likely to be stifling, if not insulting.

Recognizing Unique Opportunities Within the Relationship

Occasionally, relationship dynamics may impact the supervision process when such phenomena as counselor or supervisor anxiety, transference, or countertransference surface (Pearson, 2000). Additionally, when parallel processes come to light such that the relationship dynamics between counselor and client are transferred into the supervision relationship and vice versa, supervisors may want to adjust strategies accordingly.

These relationship dynamics may occur at various times throughout the supervision process, and generally, the supervisor is responsible for recognizing and addressing them. Because supervisors are in the better position to recognize such situations, in most instances they will decide when and how to focus on the topic. Depending on the counselor's ability to tolerate challenges and to process complex dynamics, supervisors can choose to address these phenomena in direct or indirect ways. For instance, a level-one counselor may be overwhelmed by the complexities brought about by a direct discussion of parallel process. The supervisor may opt instead for an indirect approach in which the goal is to use the parallel process in reverse by responding to the counselor in the same way that the supervisor wants the counselor to respond to the client. With a more advanced counselor, however, a direct discussion of parallel process in which client and personal dynamics are explored is more likely to be *stimulating and enlightening, rather than threatening*. Thus, whether parallel process, other unconscious phenomenon, or anxiety surfaces, the supervisor considers the degree to which counselors can tolerate challenge and personal exploration before deciding how to proceed.

CASE STUDY OF KAREN

Karen is a 26-year-old counselor who recently completed her master's degree in counseling. Two months ago, she was hired as an outpatient counselor for adults and adolescents at a community mental health center, and you have been contracted to serve as her clinical supervisor for state licensure. You are in private practice, and Karen's agency has agreed to pay you to provide 2 hours of supervision weekly for the next 2 years, or until Karen fulfills her requirements for licensure. One of these hours will be spent in face-to-face individual supervision at your office. The other hour will involve such

activities as reviewing progress notes, observing counseling sessions, reviewing taped counseling sessions, and researching educational resources. You have established clear procedures for contacting you between scheduled meetings as needed. Before accepting the contract, you learned that Karen had completed her internship at the same agency in which she was hired, had a solid academic record, and shared a counseling philosophy similar to yours.

Scenario One

Approximately one month into the supervision relationship, you receive a somewhat urgent message to call Karen as soon as possible because she has a question about an upcoming intake appointment with a suicidal client. Before returning her call, you find it helpful to review several important factors about Karen and your own reactions to and strategies for working with suicidal clients. You realize that Karen, being in the early stage of her development (i.e., level one) as a counselor, is still lacking in confidence and tends to be highly anxious in new situations. You also are fairly certain that she has never worked with a suicidal client and has limited didactic training in crisis intervention.

When considering your feelings about the situation, you realize that your anxiety is heightened more than usual because you are in the unusual position of relying on someone else to respond adequately. You are also very aware that you do not want your anxiety to filter into the supervisory relationship because it would only heighten Karen's anxiety and hurt her confidence. Thus, keeping your own anxiety in check and knowing that Karen is going to want some clear instructions about how to proceed, you mentally review the steps in assessing lethality and forming a safety plan. Before picking up the phone, you remind yourself that Karen is going to need support and answers rather than challenges and questions.

You begin the phone conversation with Karen by telling her that you are glad she called when she felt the need for immediate backup. In terms of choosing the topic, Karen has already established that she needs help with a particular case. Knowing that you need more information to assess suicidality, you direct the topic specifically to conceptualizing the client's current situation. Because you are most interested in the client's immediate status, you move into the consultant role by asking Karen what she knows about the case. Karen reports that the parents of a 16-year-old adolescent girl are bringing her in at the advice of her school counselor because the girl has stated that she just wants to die since her boyfriend broke up with her. The girl has even mentioned the possibility of slitting her wrists.

Karen, who is still feeling highly anxious, asks what she should do. Keeping in mind that Karen is a level-one counselor who is handling her first crisis, you

realize that she needs to know what to do and expects you to give her direction. Therefore, you follow her lead in shifting the focus to intervention skills, and you move into the teaching role. You suggest that Karen take the following steps: assess the suicide risk (specificity of plan, lethality of plan, availability of means, and proximity of help and support from family and friends); obtain a no-harm/no-suicide contract; devise a coping plan with the girl and her parents; and plan treatment follow-up, including psychiatric evaluation for medication if needed. You elicit questions from Karen about any part of the plan that seems unclear and clarify any uncertainty about how to implement it. As a final supportive function, you assure Karen that it is normal to feel anxiety in this situation, express confidence that she is well prepared, and ask her to let you know how it goes.

Scenario Two

You and Karen have now been working together almost a year and a half. During this period of time, she has handled several crises successfully and feels more confident in her ability to assess clients and implement treatment plans. Additionally, she has become quite skillful in using a variety of cognitive-behavioral techniques and has fewer explicit questions about what to do and how to do it. As Karen has demonstrated a greater ability to generate creative strategies for working with clients and to conceptualize various layers of clients' problems and dynamics, you have encouraged her to be much more autonomous in supervision, particularly in terms of allowing her to decide what topics and cases to address. You have also noticed recently that Karen seems ambivalent about supervision, stating at times that things are going well and she really does not have much to discuss. All of these changes indicate that Karen is at level two of Stoltenberg's et al. (1998) model of counselor development, in which counselors become increasingly competent and vacillate between wanting to function independently and needing continued help when their confidence is shaken.

Karen enters your supervision meeting in an obvious state of shaken confidence, saying that she has a lot to cover in the span of your short meeting time. Stating that she has no idea what to do next, she tells you that her client with bulimia is getting worse, she has just started working with a client who suffers from panic disorder, and her second session with a client who has borderline personality disorder has left her clueless about what to do next. You become immediately aware of feeling pressured to solve Karen's problems and are beginning to feel overwhelmed.

While you feel an immediate pull to slip into the teaching role and start giving suggestions, you realize that a number of dynamics seem to be occurring that may suggest a different response on your part. First, working with a

number of difficult clients, particularly one with a personality disorder, is challenging even to experienced counselors, and can really disrupt the new-found confidence of a level-two counselor. Second, Karen's helpless demeanor is atypical for her and likely mirrors the behavior of one or more of these clients. Third, you realize that the pressure and subsequent anxiety that you feel are similar to what Karen feels in relation to her clients' demands to fix their problems. These three observations suggest that Karen's behavior is partly a developmentally appropriate response and partly a parallel process.

Because you believe that Karen has the intervention skills to help these clients and that these clients have some coping skills to deal with their problems, you decide that promoting autonomy rather than fostering dependency in both Karen and her clients is the best approach. Knowing that how you respond to the counselor in a parallel process situation can transfer into what the counselor does with the client, you choose a strategy that encourages Karen to be more autonomous. Rather than operating from a teaching role that would put her in the less powerful learning role, you opt instead for the consulting role. In the consulting role, you provide Karen with alternatives and options rather than answers (Stenack & Dye, 1982). Thus, Karen is empowered to be more of an equal partner in the supervision session as you work together to address the needs of her clients.

Operating from the consulting role involves such activities as encouraging discussions of client problems and brainstorming of counseling strategies (Stenack & Dye, 1982). You proceed by allowing Karen to choose the most pressing case and asking her to discuss what interventions she has used. She says that the client with panic disorder poses the most immediate problem and states that she has found a behavioral worksheet for the client to use for charting her panic attacks. Further, she had taught the client a simple deep breathing exercise to help the client practice relaxation regularly. Karen adds that she had used a similar behavioral approach (progressive muscle relaxation) for helping her bulimic client to relax, because the purging increased at times of high stress. After reviewing her strategies in both cases, Karen's confidence begins to return. You also offer to lend her additional materials that you use for working with panic disorder.

Karen begins to laugh at herself, stating that one minute she thinks she knows what she is doing and the next, she thinks she does not know anything and has no business trying to help people. Now that Karen's confidence has returned, her anxiety is less threatening, and she is in a better position to discuss it directly. You recognize this situation as an opportunity to facilitate Karen's understanding of her own personal reactions to clients and how these reactions can interplay with clients' dynamics. As a result, you decide to assume the counseling role and help Karen explore these feelings as well as her "clueless" feelings in working with

the client with borderline personality disorder. Karen discusses feeling overwhelmed with the client's sheer number of problems and constant pressure for an instant fix. She also becomes aware of feeling inadequate to meet this client's demands. You decide to provide support to Karen by disclosing some of your own feelings and struggles when working with such clients. Recognizing that Karen has a need to translate her insights into some concrete counseling strategies, you move back into the consultant role. You and Karen spend the remainder of the supervision meeting discussing the client's dynamics and strategies for managing the counseling relationship.

Karen leaves the supervision session feeling a renewed sense of confidence in her skills tempered by the realization that she has more to learn. She essentially feels empowered, armed with a plan for working with all three clients and for gathering more information. Finally, although Karen recognizes that she still has much to gain in supervision, she feels that you respect her for what she does know.

CONCLUSION

As these scenarios demonstrate, clinical supervision brings an added layer of complexity to the counseling process, requiring supervisors to supplement their clinical expertise with theoretical knowledge and skills related specifically to supervision. Guidelines for putting supervision theory into practice have been presented to shed light on the rationale for the various strategies used in the two case scenarios. Most notable is the idea that supervisors can prepare mentally and emotionally for supervision meetings. By considering the optimal supervision environment for various levels of counselor development, the roles available to the supervisor, and the variety of related strategies, supervisors are in a better position to meet the needs of counselors and the clients that they serve.

REFERENCES

- Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counselor Education and Supervision, 19*, 60–68
- Bernard, J. M. (1997). The discrimination model. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 310–327). New York: Wiley.
- Bernard, J. M., & Goodyear, R. K. (1998). *Fundamentals of clinical supervision* (2nd ed.). Boston: Allyn & Bacon.
- Magnuson, S., Norem, K., & Wilcoxon, A. (2000). Clinical supervision of prelicensed counselors: Recommendation for consideration and practice. *Journal of Mental Health Counseling, 22*, 176–189
- Nelson, M. D., Johnson, P., & Thorngren, J. M. (2000). An integrated approach for supervising mental health counseling interns. *Journal of Mental Health Counseling, 22*, 45–58
- Pearson, Q. M. (2000). Opportunities and challenges in the supervisory relationship: Implications for counselor supervision. *Journal of Mental Health Counseling, 22*, 283–294.

- Proctor, B. (1994). Supervision—Competence, confidence, accountability. *British Journal of Guidance and Counselling*, 22, 309–318.
- Stenack, R. J., & Dye, H. A. (1982). Behavioral descriptions of counseling supervision roles. *Counselor Education and Supervision*, 21, 295–304.
- Stoltenberg, C. D., McNeill, B., & Delworth, U. (1998). *IDM supervisor: An integrated developmental model for supervising counselors and supervisors*. San Francisco: Jossey-Bass.