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Philosophy of Supervision

Clinical supervision is the signature pedagogy of mental health professionals characterized by engagement, uncertainty, and formation (Bernard and Goodyear, 2014). Supervision is an intervention provided by a more senior member of a profession to a more junior colleague (Bernard & Goodyear, 1992). This relationship has the following qualities: It is evaluative and hierarchical, it extends over time, and it has the purpose of enhancing professional functioning, monitoring the quality of services offered, and serving as a gatekeeper (Bernard & Goodyear, 1992)

My approach to supervision comes from an Integrative focus, where I do not necessarily believe there is one best way for supervision to occur. This belief is consistent, also, with a Common-Factors approach, where the relationship between the supervisor and supervisee (much like the counselor-client relationship) is the key to growth (Lampropoulos, 2002). In addition, the supervisor provides:

- ϕ Support and relief from tension, anxiety, and distress
- ϕ Instillation of hope and raising expectations
- ϕ Self-exploration, awareness, and insight
- ϕ Theoretical rationale and a ritual
- ϕ Exposure and confrontation of problems
- ϕ Acquisition and testing of new learning
- ϕ Mastery of new knowledge

Building a strong supervisory alliance early on in working with supervisees create more effective supervision (Lee & Nelson, 2014). When there is a mutual agreement between the supervisor and supervisee they can work together toward goals by building accountability, persona, awareness, trust, and power and authority (Lee & Nelson, 2014). Below, I will discuss several approaches to supervision that I believe are the best fit for my style of supervision.

The **Integrated Developmental Model (Stollenberb & McNeill)**, IDM, identifies four developmental levels (1, 2, 3, 3i) at which a supervisee may be functioning (Bernard & Goodyear, 2014). In assessing professional growth, my expectation is that the supervisee will increase their self-other awareness, motivation, and autonomy throughout levels 1 and 2 (Stoltenberg & McNeill, 2010). I feel it is important to balance both challenging supervisees and providing support for their developmental level. As they enter level 3, the supervisee begins to increase their professional identity and become mostly autonomous. Level 3i supervisees become more stable in their identity and are autonomous across domains (Stoltenberg & McNeill, 2010).

In the **Constructivist Model**, there is a heavy reliance on the consultative role for the supervisor in an attempt to maintain relative equality, however, recognition is given that supervisees at a lower IDM level may require more concrete guidance. “Knowledge is not only shared in interaction, it is created in interaction” (Whiting, 2007, p. 141). I have a strong focus on supervisee strengths and utilizing them to increase counselor competency and growth. A narrative approach may be taken in which I approach supervision with a stance of curiosity, expressed in a questioning or wondering way (Bernard & Goodyear, 2014). When exploring topics in supervision, I use presuppositional language as much as is appropriate in order to minimize supervisee resistance.

The **Feminist /Cultural-Relational** approach draws attention to the fact that any two people are likely to differ from one another on at least one characteristic (Bernard & Goodyear, 2014). This makes it extremely important as a supervisor that I expect and understand the complexities of culture and keep them in the forefront of working with supervisees and discussing their work with clients (Lee & Nelson, 2014). Not only are the differences between myself and the supervisee important to note, but so are the differences between the supervisee and the client. I feel it is of particular importance as a White supervisor that I address the differences since I would be the holder of the “privilege” or power not only as a majority member, but also as the supervisor. Identifying the supervisee’s level of Racial Identity Status will be helpful in knowing how I would address racial difference. As a female, I would also need to address gender difference if the case calls for it, especially if power differentials come into play with a non-female supervisee or in appropriately evaluating supervisees’ performance. I would say that I believe in the concept of **feminist supervision** as it addresses social context, celebrating diversity, examining social constructs, and promoting social justice (Bernard & Goodyear, 2014). I tend to use more collaborative methods with supervisees as opposed to directive methods. This is in an effort to empower my supervisees and refrain from exerting supervisory power.

The **Cognitive-Behavioral** supervisor believes therapist performance is a learned skill, and focus should be on identifiable tasks (Bernard & Goodyear, 2014), I believe that while learning these skills is important, it pales in comparison to the importance of learning about the self and self-assessment in counselors. Also inherent in the CBT supervision model is addressing irrational and unhelpful thinking (Bernard & Goodyear, 2014). This is utilized with supervisees when I feel that a specific belief may be getting in the way of their work with a client or in making growth in a certain area.

My goal for supervision is to assist in my supervisees to reach their own personal goals as well as make developmentally appropriate progress on identified core competencies within the field. These competencies address areas of professional orientation and ethical practice, social and cultural diversity, human growth and development, career development, helping relationships, group work, assessment, and research and program evaluation (2016 CACREP Standards, 2015). I utilize various techniques integrated from the different models of supervision in order to accomplish this goal. The most important factors to accomplish this, in my opinion is to establish an open and welcoming environment to build a healthy and trusting working alliance.

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2016 CACREP Standards, (2015), <http://www.cacrep.org/for-programs/2016-cacrep-standards/>