

## Adaptive Supervision in Counselor Training

Robert A. Rando

Wright State University

### Abstract

This article presents an introduction to the Adaptive Supervision in Counselor Training (ASiCT) model. The ASiCT model provides four supervisory styles furnishing guidelines on the degree of supervisor direction and support provided to supervisees. Adherence to a supervisory style is based upon the supervisee's readiness (i.e., willingness, ability, confidence) to address a clinical/supervisory issue. The ASiCT model is meta-theoretical in nature and provides sufficient flexibility for functioning within the various developmental and therapy based supervision theories.

### Adaptive Supervision in Counselor Training

Supervision of counselors involves an evaluative, long-term relationship between a "more senior member of a profession" and "a more junior member or members of that same profession" (Bernard & Goodyear, 1998, p. 5). The supportive and educative process of supervision is aimed toward assisting supervisees in the application of counseling theory and techniques to client concerns (Association for Counselor Education and Supervision, 1993).

Numerous developmental models of supervision have been proffered in an attempt to further advance the sound application of supervisory services (Littrell, Lee-Borden, & Lorenz; 1979; Loganbill, Hardy, & Delworth, 1982; Rodenhauer, 1994; Stoltenberg & Delworth, 1987; Watkins, 1995a). Developmental models of supervision have in common a focus on supervisee change from novice to experienced clinician through a delineated stage process with representative challenges facing supervisees at each level. The characteristics of each developmental stage afford supervisors the opportunity to enhance effectiveness through interventions aimed at facilitating further supervisee development. Watkins (1997) noted:

In the past two decades, models of psychotherapy supervision - particularly developmental models - have increasingly been proposed; those efforts have provided us with a useful meta-perspective on the supervisory process, have stimulated some valuable thought about intervention, have stimulated much research about therapist development and supervision, and seemingly have substantially advanced supervision theory far beyond anything that therapy-based supervision models have contributed in the last few decades. (p. 13)

Empirical support for the basic tenets of developmental models has been identified (Watkins, 1995b) with some authors suggesting future focus on "discovering what supervisory interventions work best for which level of trainees, with which characteristics when used by supervisors with what type of experience and which characteristics at what point in time" (Stoltenberg, McNeill, & Crethar, 1995, p. 646).

The purpose of this article is to present a meta-theoretical model of counselor supervision which provides for the application of interventions based upon supervisee task readiness across all developmental stages. Specifically, Adaptive Supervision in Counselor Training (ASiCT) is based upon Howard, Nance, and Myers' (1986) Adaptive Counseling and Therapy (ACT) model. The ACT model provides an "integrative model for selecting a progression of therapist styles as clients move through developmental stages during the course of counseling and psychotherapy." (p. 363) Similarly, the ASiCT model provides a means for supervisors to match supervisee task readiness with the goal of moving them to the next skill and developmental level. The ASiCT model does not strictly adhere to any one developmental stage model but rather is meta-theoretical in nature, affording supervisors a breadth of theoretically-based interventions and a structure for the development of research paradigms.

### The ASiCT Model

Adaptive Supervision in Counselor Training provides supervisors with four dimensionally based styles. These supervisory styles furnish guidelines on the degree of direction and support beneficial for the supervisee. The application of characteristic style behaviors is centered on improving supervisee's readiness to address the specific task before them and the counseling process as a whole.

#### Readiness

*Readiness* was conceptualized by Hersey and Blanchard (1977) as consisting of willingness, ability, and self-confidence. Supervisee readiness the supervisees willingness, ability, and confidence in addressing a task related to their role as counselor or supervisee. For example, a supervisee may have a great deal of experience in addressing suicidal ideation in crisis counseling situations. When faced with a client in crisis, this supervisee will have a high degree of readiness, that is the supervisee will be willing, able, and confident to address the client's crisis situation. However, this supervisee may not have a great deal of experience in dealing with sexual assault victimization and when faced with a crisis situation involving rape victimization, readiness would be low. That is, the supervisee would have a lesser degree of willingness, ability, and confidence in addressing the client concern.

Supervisee readiness may also be applied to functioning within the supervisory relationship. For example, the developmental model of Loganbill et al. (1982) characterized counselor trainees in the first stage of development, stagnation, as being unaware of the counseling process, dualistic in their thinking, and dependant on the supervisor for guidance. This supervisee would be conceptualized as being at a low readiness level. The supervisees willingness is tempered by low self-confidence and questionable ability resulting in supervisee dependence on the supervisor. However, within this stage there may be related tasks that the supervisee is at a greater readiness to address. For example, the supervisee may have high readiness in the establishment of supervisory meetings, completion of supervision notes, and accurate presentation of those thoughts and feelings related to clinical functioning. The ASiCT model provides a framework for supervisors to match and move supervisees along their developmental path.



<p><b>Delegating Colleague</b></p> <p>Low Direction Low Support</p> <p>Supervisee High Readiness</p>	<p><b>Technical Director</b></p> <p>High Direction Low Support</p> <p>Supervisee Low Readiness</p>
----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

Supervisors functioning within the Technical Director style would respond to supervisees in a manner that provides a great deal of direction and minimal support. For example, a supervisee may be engaging in their first session of counseling with a client diagnosed with anorexia nervosa. Their readiness may be low due to their lack of confidence, limited experience, and skills. The supervisor in the Technical Director style would primarily provide the supervisee direction on the basic issues relevant to counseling clients with anorexia (e.g., maintaining clear boundaries, assessment areas, consultation with physician, psychiatrist, and possibly nutritionist, etc.). As the supervisee progresses in his/her work with the client, their readiness for addressing the basic issues of counseling will improve. The supervisor may then take on a Teaching Mentor style.

The Teaching Mentor style of supervision is characterized by high direction and high support. The supervisor would continue to provide necessary direction to the supervisee on the process of counseling, but would also provide a high level of support so as to increase the supervisee's self-confidence in their maturing skill level. The supervisor would continue to direct the supervisee to relevant reading materials and highlight areas of assessment (e.g., family history, eating history, suicidal/self-harm history, history of abuse or neglect, etc.). As the supervisee continues to advance their clinical skills and knowledge about the treatment of eating disorders, their readiness level will progress to a moderately high level. At this point, the supervisor will take on the style of Supportive Mentor.

The Supportive Mentor style is characterized by a low degree of direction and a high degree of support. The supervisor may serve as a respected "sounding board" to the supervisee. For example, the supervisee may inform the supervisor of planned interventions and perspectives on the counseling process. The supervisor functioning within the Supportive Mentor role would provide validation for supervisee case conceptualization and treatment planning so as to further support supervisee self-confidence, ability, and willingness. Minor direction may be given within this realm. Eventually, the supervisee may reach a degree

of expertise in the treatment of eating disordered clients. The supervisor would then respond as a Delegating Colleague.

The Delegating Colleague style is characterized by low degrees of direction and support. The supervisor is the recipient of updates on client status and progress. The supervisor may inquire into areas of client functioning, therapy success, and/or supervisee growth. However, the supervisee's readiness is high (characterized by high willingness, ability, and self-confidence) and little direction and support are necessary.

The ASiCT model allows for the assessment of supervisee readiness on multiple levels. The supervisee in the above final example may have a high degree of readiness for their work with their eating disordered client, but may have a low degree of readiness for their client struggling with a personality disorder or with the same client who may be also struggling with issues associated with a history of child sexual abuse. Supervisory styles are presented with a degree of fluidity allowing for the continual matching of supervisee readiness and movement to higher readiness levels. The flexibility of ASiCT may be further evidenced through a supervision case study.

#### Case Example

This case example is based primarily on two supervisory meetings with a counselor at a university counseling center. Thomas is a seasoned alcohol and drug counselor who recently joined the staff at the center. Thomas is very familiar with the diagnosis and treatment of substance-related and mood disorders. He has limited experience and knowledge in the diagnosis of most other mental disorders. Thomas is certified as a chemical dependency counselor and is currently under supervision as he pursues licensure as a clinical counselor. Thomas is open to the supervisory process and readily seeks feedback.

During the course of the supervisory meeting, Thomas presented two cases. Case one detailed an individual who was referred to counseling for an assessment of alcohol use with the question of possible substance dependence. In the presentation of this case, Thomas provided a review of the client's referral information, substance use history, family structure, and other relevant mental status data. In his presentation and conceptualization of this case it was evident that Thomas was at a high level of readiness. He was able to accurately identify information in support of his diagnosis (i.e., Alcohol Abuse), identify relevant client factors in the assessment process (e.g., minimal defensiveness, no history of family substance dependence, a significant history of substance abuse resulting in legal problems, emotional immaturity, ignorance regarding substance effects, minimization). He has a clearly defined treatment plan and the requisite skills for the application of the treatment plan. Thomas evidenced confidence in his case conceptualization and was open to feedback; however, he presented no specific questions.

Thomas' supervisor accurately assessed his readiness as high and thus functioned within the Delegating Colleague style. The supervisor provided minimal support to Thomas, simply acknowledging that he appears to "be on top of the situation" and has a "well formed treatment plan." Thomas was also

reminded that a report was to be provided to the disciplinary panel following the conclusion of the assessment process. Thomas informed the supervisor that the assessment report was completed and presented the report for review.

The second case presented by Thomas referred to a female client with a history of self-abuse (i.e. cutting arms and legs), suicidal gestures (overdosing on non-prescription pain medication - hospitalization required), relational conflicts with mother, sister, and roommate, history of sexual abuse (child molestation by paternal uncle) and physical abuse (perpetrated by father), non-significant history of substance use, academic problems (failing two of four classes this term), and significant resistance during the counseling process. When presenting this information Thomas appeared frustrated noting that he has had a great deal of difficulty obtaining the data over the course of five sessions. He reported that he was unsure as to how he should address the client's history of abuse, relational conflicts, and resistance. He reported that he has primarily focused on continual assessment of suicidal ideation, mental status, and psychosocial history and noted "I feel like I'm spinning my wheels."

The supervisor assessed Thomas' readiness as being at a low to moderately low level as evidenced by his confusion, frustration, lack of knowledge on the treatment of self-abuse and abuse victimization, and insecurity around his ability to provide appropriate treatment. The supervisor's initial style is as Technical Director. Within this style, some of the supervisor's responses were to: (a) direct Thomas to obtain releases of information for the client's previous therapist; (b) review the diagnostic criteria for borderline personality disorder, post traumatic stress disorder, and the dissociative disorders; (c) verify the process utilized by Thomas to assess the client's current self-destructive behavior; (d) request that the client be referred for a psychiatric consultation, and (e) direct Thomas to discuss his feelings of frustration and insecurity related to the treatment of the client's concerns. The supervisor then assumed the style of Teaching Mentor by recognizing the great deal of information obtained by Thomas and validating Thomas' frustration over dealing with such a difficult case. The supervisor continued within this style and provided additional direction to Thomas.

In the subsequent supervision meeting, Thomas' understanding of the diagnostic issues presented by this client were addressed as well as his understanding of the appropriate issues to address within his treatment plan. The supervisor continued to function within the Teaching Mentor role providing direction on the diagnosis and treatment process and supporting the supervisee's clinical conceptualization and functioning. As the treatment process continued with this client and the supervisee's expertise improved, the supervisor would move to a Supportive Mentor style providing support to the supervisee in an attempt to further expand his confidence regarding his developing skills.

#### Conclusion

The present article provides an introduction to the Adaptive Supervision in Counselor Training model. The ASiCT model provides an uncomplicated method for supervisors to conceptualize supervisee behaviors

in a manner that is flexible and growth producing. The flexibility of the model allows for the continual matching of supervisee clinical task readiness as a means of moving them to improved levels of clinical functioning. Adaptive Supervision in Counselor Training does not adhere to any one theoretical model and is well suited for application within developmental and non-developmental models.

The ASiCT model may be facilitative to the research process. As noted earlier, Stoltenberg et al. (1995) suggested that future research in supervision work to examine those facilitative factors (i.e., the who, when, how, and where of supervision) so as to provide the most effective match between supervisory style/characteristics and those of the supervisee toward the end of enhanced supervisee functioning and development. Adaptive Supervision in Counselor Training provides a means for identifying hypotheses related to the match and move process alluded to by Stoltenberg, McNeill, and Crethar (1995).

Limitations to the ASiCT model primarily focus on its status as a new supervisory model without established empirical support. Future research could provide such empirical support and thus result in the further model development. Research examining the characteristics of supervisee readiness and the four supervisor styles would provide support for their construct validity. Research could also develop quick and effective means for supervisors to identify characteristic responses/behaviors of supervisees allowing for the rapid assessment of supervisee readiness and application of the appropriate matching supervisory style. The ASiCT model could be combined with the ACT model (see Howard, Nance, and Myers, 1986) into a training approach for counselor's clinical and supervisory skill development. For example, students enrolled in counselor practicum/internship could be trained in the ACT model while supervisors enrolled in a supervisory training practicum could receive training in ASiCT. This combination could result in a body of research examining the interaction of the two models on client, counselor, and supervisor development.

The ASiCT model provides an effective template for the supervisory process with the ability to easily evaluate supervisee clinical skill readiness and develop appropriate supervisor interventions. The model may also be facilitative of future research program development allowing for an improved effectiveness in the process of counselor training.

## References

Association for Counselor Education and Supervision (1993). Ethical guidelines for counseling supervisors. ACES Spectrum, 53(4), 5-8.

Bernard, J. M., & Goodyear, R. K. (1998). Fundamentals of clinical supervision (2<sup>nd</sup> ed.). Boston: Allyn and Bacon.

Hersey, P., & Blanchard, K. H. (1977). Management of organizational behavior: Utilizing human resources (3<sup>rd</sup> ed.). Englewood Cliffs, NJ: Prentice-Hall.

Howard, G. S., Nance, D. W., & Myers, P. (1986). Adaptive counseling and therapy: An integrative, eclectic model. The Counseling Psychologist, 14, 363-442.

Kaplan, M. L., Kaplan, N. R., & Serok, S. (1985). Gestalt therapy's theory of experiential organization and mutual support processes in psychotherapy and supervision. Psychotherapy, 4, 687-695.

Littrell, J. M., Lee-Borden, N., & Lorenz, J. A. (1979). A developmental framework for counseling supervision. Counselor Education and Supervision, 19, 119-136.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. The Counseling Psychologist, 10, 3-42.

Rodenhauser, P. (1994). Toward a multidimensional model for psychotherapy supervision based on developmental stages. Journal of Psychotherapy Practice and Research, 3, 1-15.

Stoltenberg, C. D. & Delworth, U. (1987). Supervising counselors and therapists. San Francisco: Jossey and Bass.

Stoltenberg, C. D., McNeil, B. W., & Crethar, H. C. (1995). Persuasion and development in counselor supervision. The Counseling Psychologist, 23, 633-648.

Watkins, C. E. (1997). Reflections on contemporary psychotherapy practice, research, and training. Journal of Contemporary Psychotherapy, 27, 5-22.

Watkins, C. E. (1995a). Psychotherapy supervision in the 1990s: Some observations and reflections. American Journal of Psychotherapy, 49, 568-581.

Watkins, C. E. (1995b). Psychotherapy supervisor and supervisee: Developmental models and research nine years later. Clinical Psychology Review, 15 647-680.

#### Author Note

Robert A. Rando is the Director of the Center for Psychological Services and an Associate Professor in the School of Professional Psychology. Correspondence should be addressed to Dr. Rando at the Center for Psychological Services, Frederick A. White Health Center, Wright State University, Dayton, Ohio 45435; e-mail: robert.rando@wright.edu.