Fundamentals of Clinical Supervision
One of the ironies of a preface is that it tends to be written last. We stepped back from the field as we began to think about writing a Sixth Edition of *Fundamentals of Clinical Supervision*. Now we look back on the text we have prepared. It’s both different from and similar to the first five editions—different because the specialty of clinical supervision continues to evolve; similar because some of the principles we established for ourselves in the first edition have remained constant for all six editions.

Our goal for the more than 25 years we have been connected to this text is to offer the field something that is both scholarly and accessible. We have always seen it as our charge to report as much as possible not only about the practice of clinical supervision, but also the research on clinical supervision. As such, each edition has represented a full review of the scholarship in the field since the previous edition. It is always a major reward for doing this text to see what areas have “caught fire” in recent years, what areas have stabilized, and where the field seems to be casting off some ideas in favor of new ones. We are fortunate that clinical supervision continues to be an area of great interest for young researchers and established scholars alike. We hope our text reflects the exciting energy we have experienced in the literature.

Although producing a scholarly text has perhaps become our “signature,” we continue to strive to make the text accessible to practitioners of supervision and those who train clinical supervisors. In each chapter, research is presented within the larger context of delivering clinical supervision. As is the case for the specialty of clinical supervision itself, we hope the text is one where ideas, data, relationship, and practice converge.

From the text’s inception, we have also attempted to offer a text that is interdisciplinary. Although there is little doubt that our own two professions of counseling and psychology are most obviously represented, we have attempted to include key contributions from marriage and family therapy, social work, psychiatry, and psychoanalysis as well. *Fundamentals of Clinical Supervision* also reflects the growth of clinical supervision in professional literatures outside of the United States. In fact, there is a good deal of synergy between clinical supervision in the United States and clinical supervision in other countries.

**NEW TO THIS EDITION**

- First and foremost, we want to welcome a new “voice” to this text. Tony Rousmaniere has contributed his expertise to Chapter 5: Supervisory Relationships: Supervisee and Supervisor Factors; Chapter 6: Multicultural Supervision; and Chapter 8: Individual Supervision, giving them a fresh perspective.
- As an acknowledgment of the continuing emergence of new second-generation supervision models, we have extended our discussion of models over two chapters: Chapter 2: Supervision Models: Psychotherapy-Based and Developmental Models, and Chapter 3: Supervision Models: Process Models and Second-Generation Models. In past editions only one chapter was devoted to supervision models.
- A significant increase in attention to the use of technology for supervision, including a sizable section on ROM supervision, appears in Chapter 8: Individual Supervision.
Greater emphasis on the historical context of multicultural supervision and sections on multicultural competence in working with supervisees with disabilities and in working with persons of different political values have been added to Chapter 6: Multicultural Supervision.

A new section on the supervision of group work appears in Chapter 9: Group Supervision and Live Supervision.

A new section on “conflicts of conscience” has been added to Chapter 11: Ethical and Legal Foundations for Supervision Practice.

A totally reconceived Chapter 12: Facilitating Career-Long Professional Development adds a significant focus on the supervision of practicing therapists with an emphasis on moving practitioners from competence to expertise. Also new to this text, attention to client outcomes as a measure for judging the success of clinical supervision has been added to Chapter 12.

A new Appendix A: Supervision Case Studies offers the reader two comprehensive case studies of supervision, addressing issues discussed in multiple chapters in the text.

An updated and expanded Appendix B: Supervision Toolbox appears in a second appendix.

ORGANIZATION OF THE SIXTH EDITION

The text is divided into five sections: Part I: Introduction and General Approaches to Supervision; Part II: Dimensions of the Supervision Relationship; Part III: The Delivery of Clinical Supervision; Part IV: Professional Responsibilities of Clinical Supervisors; and Part V: Supervising Practitioners.

Part I: Introduction and General Approaches to Supervision includes three chapters. In Chapter 1: Introduction to Clinical Supervision, we provide the landscape for clinical supervision, including definitions and the role of clinical supervision within the mental health professions. We also offer a conceptual framework that provides the reader a way to see how the constructs presented in the text are related to the development of supervisees. Chapter 2: Supervision Models: Psychotherapy-Based and Developmental Models offers an overview of two of the major approaches to clinical supervision, psychotherapy theory-based models and developmental models. In Chapter 3: Supervision Models: Process Models and Second-Generation Models, we provide an overview of the third major approach to supervision process models. We also cover second-generation models of supervision in Chapter 3 and attempt to give the reader guidance for choosing models for one’s supervision practice.

Part II: Dimensions of the Supervision Relationship follows. Although there may be some urgency for the new supervisor to learn about methods, evaluation responsibilities, and ethical mandates, the placement of the relationship chapters is a statement that relationship is, and always has been, the crux of supervision. In truth, all supervision activities, including evaluating our supervisees, are performed within the supervisory relationship. Chapter 4: Supervisory Relationships: Triadic and Dyadic Systems covers important dyadic and triadic issues that affect supervisors and supervisees alike, including the central goal of creating a positive working alliance. As such, we look at the variables that enhance the alliance and those that work against it, and address resolving conflict within the supervisory relationship. Chapter 5: Supervisory Relationships: Supervisee and Supervisor Factors looks at the supervisor and supervisee as individuals who bring their own interpersonal and intrapersonal histories into the relationship. Therefore, key factors such as resistance, attachment, anxiety, and shame are considered in relation to how supervisors and supervisees work together to ensure supervisee development. Chapter 6: Multicultural Supervision, the final chapter in this section, focuses on the various cultural identities that each member of the supervisory triad brings to the table, and how these define, to different degrees, the relationships involved. This chapter also covers the importance of cultural identities, the intra- and interpersonal manifestations of culture, and the pivotal value of social justice.
Part III: The Delivery of Clinical Supervision moves the reader toward actual engagement in the process of clinical supervision. Chapter 7: Organizing the Supervision Experience describes and emphasizes the intentionality of good supervision—the infrastructure, so to speak. Like the sound system of a musical performance, a weak or erratic organizational plan for supervision detracts from the quality of the interactions (Bernard, 2005). Therefore, this chapter reviews the basics that must be in place for the music of supervision to be unencumbered. Chapter 8: Individual Supervision and Chapter 9: Group Supervision and Live Supervision describe what are often referred to as the modalities for clinical supervision: individual supervision, group supervision, and live supervision. These chapters offer a variety of strategies that are the mechanics of supervision, whether supervision is conducted face-to-face with one supervisee or delivered through distance technology with a group of supervisees. Although methods are divided into two distinct chapters, parts or all of them can often be adapted for use across modalities.

Part IV: Professional Responsibilities of Clinical Supervisors attends to another type of infrastructure of critical importance to clinical supervision—the professional responsibilities of evaluation and providing supervision that attends to ethical and legal parameters. These chapters provide information that should inform supervision well before the first meeting between supervisor and supervisee. Chapter 10: Evaluation includes a general update on the literature regarding establishing an evaluation plan, providing feedback, and so forth. Chapter 11: Ethical and Legal Foundations for Supervision Practice tackles the ethical and legal parameters of clinical supervision, including such items as the distinction between substantive and procedural due process rights, ethical decision making, and outcomes of unethical or illegal behavior on the part of supervisors.

As always, our last chapter in the text, Chapter 12: Facilitating Career-Long Professional Development, includes a review of how we train new supervisors. However, we have altered the focus to emphasize the role of clinical supervision for career-long professional development. We have aptly, we think, titled this one-chapter section Part V: Supervising Practitioners. This chapter tackles the critical issues of how entry-level professionals can use supervision to move from competence to expertise as they gain experience.

Our text ends with two appendixes. Appendix A: Supervision Case Studies is new to the text and presents two case studies of supervision; Appendix B is an updated Supervision Toolbox. The information and instruments we include have proved to be of interest to practitioners and researchers alike.

ACKNOWLEDGMENTS

We end as we began, by acknowledging that a preface allows the authors to step back and “look at the baby” one last time before public scrutiny. As we have assured ourselves that the “baby” has all its fingers and toes, we are aware once again of the gratitude we feel for our terrifically supportive and just plain terrific life partners, Dick and Karen, and for professional colleagues who now are spread across not only the United States but other countries as well, and who interact with us on a regular basis about ideas relevant to supervision. We are also enormously grateful for wonderful students who have played such a pivotal role in helping us to think and rethink what has ended up being the content of this text. We want to thank Peitao Zhu, Erin Friedman, and Kate Wolfe-Lyga for their comments on earlier drafts of chapters. We also thank the following reviewers for their invaluable input for revising this edition: Julia S. Chibbaro, University of West Georgia; Jennifer Green, Miami University; Sarah Kirk, University of Kansas; Jeff Skinner, The University of Georgia; and Angela Whalen, University of Oregon.

JMB
RKG
Brief Contents

PART I Introduction and General Approaches to Supervision 1
CHAPTER 1 Introduction to Clinical Supervision 2
CHAPTER 2 Supervision Models: Psychotherapy-Based and Developmental Models 19
CHAPTER 3 Supervision Models: Process Models and Second-Generation Models 46

PART II Dimensions of the Supervision Relationship 71
CHAPTER 4 Supervisory Relationships: Triadic and Dyadic Systems 72
CHAPTER 5 Supervisory Relationships: Supervisee and Supervisor Factors 97
CHAPTER 6 Multicultural Supervision 117

PART III The Delivery of Clinical Supervision 141
CHAPTER 7 Organizing the Supervision Experience 142
CHAPTER 8 Individual Supervision 162
CHAPTER 9 Group Supervision and Live Supervision 190

PART IV Professional Responsibilities of Clinical Supervisors 221
CHAPTER 10 Evaluation 222
CHAPTER 11 Ethical and Legal Foundations for Supervision Practice 251

PART V Supervising Practitioners 281
CHAPTER 12 Facilitating Career-Long Professional Development 282
APPENDIX A Supervision Case Studies 302
APPENDIX B Supervision Toolbox 313
## PART I  Introduction and General Approaches to Supervision  1

### CHAPTER 1  INTRODUCTION TO CLINICAL SUPERVISION  2

- **Foundational Premises**  3
  - Terminology  3
  - Supervision’s Importance to the Professions  4
    - Supervision’s Importance to Regulatory Boards  4
    - Supervision’s Importance to Credentialing that Professional Organizations Provide  5
    - Supervision’s Importance to Program Accreditation  5
  - Supervisee Competence as a Goal  5
  - Supervised Practice: The Pathway to Competence  7
  - The Importance of Supervisor Competence  8
- **Defining Supervision**  9
  - Differentiating Supervision from Overlapping Functions  9
    - Typically a Member of the Same Profession  12
    - Supervision Is Evaluative and Hierarchical  12
    - Supervision Extends over Time  13
  - Supervisors’ Functions  13
  - Supervisees’ Perceptions of Supervision  15
  - A Conceptual Framework for Supervision  16
    - Parameters of Supervision  16
    - Supervisee Developmental Level  17
    - Supervisor Tasks  17
    - Using the Framework  17
- **Conclusion**  18

### CHAPTER 2  SUPERVISION MODELS: PSYCHOTHERAPY-BASED AND DEVELOPMENTAL MODELS  19

- **Psychotherapy-Based Models of Supervision**  21
  - Psychodynamic Supervision  22
  - Humanistic–Relationship Oriented Supervision  23
  - Cognitive–Behavioral Supervision  25
  - Systemic Supervision  26
  - Feminist Supervision  27
  - Postmodern/Constructivist Supervision  28
  - Integrative Supervision  30

---

**Contents**

A01_BERN2518_06_SE_FM.indd Page 11 15/11/17 7:48 AM
Conclusions about Psychotherapy-Based Supervision Models 31
Developmental Approaches to Supervision 31
The Loganbill, Hardy, and Delworth Model 31
The Integrated Developmental Model 33
The Systemic Cognitive–Developmental Supervision Model 36
Reflective Developmental Models 37
Research on supervisee Development 39
Conclusions about Developmental Models 44
Conclusion 45

CHAPTER 3 SUPERVISION MODELS: PROCESS MODELS AND SECOND-GENERATION MODELS 46

Supervision Process Models 46
The Discrimination Model 46
The Critical Events in Supervision Model 49
The Hawkins and Shohet Model 50
The Systems Approach to Supervision Model 53
Conclusions about Supervision Process Models 55

Second-Generation Models of Supervision 56
Combined Models 56
Pearson (2006) 57
The Transtheoretical Model of Clinical Supervision 57
Gaete and Ness (2015) 59
Conclusions about Combined Models 60

Target Issue Models 60
The Synergistic Model for Multicultural Supervision 61
The Attachment-Caregiving Model of Supervision 61
Integrative Spiritual Development Model 62
Conclusions about Target Issue Models 63

Common Factors Models 63
Lampropoulos (2002) 64
Morgan and Sprenkle (2007) 65
Learning-Based Model of Psychotherapy Supervision 66
Conclusions about Common Factors Models 68
Empirically Supported Supervision 68

Pulling It All Together 68
Conclusion 69

PART II Dimensions of the Supervision Relationship 71

CHAPTER 4 SUPERVISORY RELATIONSHIPS: TRIADIC AND DYADIC SYSTEMS 72

Supervision as a Three-Person System 73
Parallel Processes and Isomorphism 74
Isomorphism 78
CONTENTS  xiii

Interpersonal Triangles  79
Supervision as a Two-Person System: The Working Alliance  81
Factors That Predict Effective Supervisory Alliances  82
Impacts of the Supervisory Alliance  89
Managing Alliance Fluctuations: Addressing and Resolving Conflict  91
Conclusion  96

CHAPTER 5  SUPERVISORY RELATIONSHIPS: SUPERVISEE AND SUPERVISOR FACTORS  97
Supervisee Engagement  97
  Supervisee Resistance  98
  Supervisee Attachment  101
  Supervisee Shame  102
  Supervisee Anxiety  103
  Supervisees’ Need to Feel and Appear Competent  107
  Supervisee Transference  108
Supervisor Factors  109
  Supervisor Attachment Style  110
  Interpersonal Power  110
  Supervisor Countertransference  114
Conclusion  116

CHAPTER 6  MULTICULTURAL SUPERVISION  117
Four Dimensions to Which Multiculturally Competent Supervisors Attend  118
  The Intrapersonal Dimension of Identity  119
  An Interpersonal Dimension: Expectations, Bias, and Prejudice  120
  An Interpersonal Dimension: Responding to Others’ Cultural Identity and Behavior  121
  The Sociopolitical Dimension: Privilege, Oppression, and Institutionalized -isms  122
Working Multiculturally with Specific Populations  124
  Supervision Multicultural Competence: Race and Ethnicity  124
  Supervision Multicultural Competence: Gender  128
  Supervision Multicultural Competence: Sexual Minority Status  131
  Supervision Multicultural Competence: Religion and Spirituality  133
  Supervision Multicultural Competence: International Students  134
  Supervision Multicultural Competence: Students with Disabilities  135
  Supervision Multicultural Competence: Political Diversity  136
PART III The Delivery of Clinical Supervision 141

CHAPTER 7 ORGANIZING THE SUPERVISION EXPERIENCE 142
The Importance of Competence in Organizing Supervision 143
The Role of Institutional Culture 145
The Essential Ingredient: A Supervision Plan 147
Contexts for Supervision: Two Different Worlds 148

The Graduate Program as Context for Supervision 148
The Field Site as Context for Supervision 148

Foundational Tasks for Organizing Supervision 151

Initial Communication between Graduate Program and Site 151
The Interview 151
Orientation 152
The Supervision Contract 152
The Supervisee Bill of Rights 153
Professional Disclosure Statements 154

Ongoing Organizational Tasks 155
Communication, Communication, Communication 155
Managing Time 156
Record Keeping 157
Planning for the Exceptions 159

Evaluation and Debriefing 159
Some Final Thoughts 159
Get Support 159
Know Yourself 160
Gather Resources 160
Get Feedback 160
Be Intentional 160
Conclusion 161

CHAPTER 8 INDIVIDUAL SUPERVISION 162
Initial Criteria for Choosing Supervision Interventions 162
Structured versus Unstructured Interventions 163
Methods, Forms, and Techniques of Supervision 163

Self-Report 164
Process Notes and Case Notes 165
Transcripts 165
Live Observation 166
Audio and Video Recordings 167
CONTENTS

Routine Outcome Monitoring 171
Interpersonal Process Recall 173
Written Feedback 176
Methods to Stimulate and Teach Reflection 176
Nonlinear Supervision Strategies 179
Supervision Using the Internet 180
Videoconferencing 180
E-mail and Text Chat Supervision 181
Legal, Regulatory, and Ethical Issues 181
Security 182
Timing of Supervision 183
Triadic Supervision 183
Benefits Associated with Triadic Supervision 184
Challenges Associated with Triadic Supervision 184
Methods for Conducting Triadic Supervision 185
Favorable Conditions for Triadic Supervision 186
Concluding Comments 187
Putting It All Together 187
Conclusion 189

CHAPTER 9  GROUP SUPERVISION AND LIVE SUPERVISION  190

Group Supervision 190
Definition, Advantages, and Limitations of Group Supervision 190
Benefits and Limitations of Group Supervision 191
Group Supervision: A Unique Blend of Supervision and Group Dynamics 192
Style, Experience, and Goals of the Group Supervisor 193
Supervisees’ Developmental Levels 193
Group Stages and Group Supervision Processes 193
Group Supervision Models 196
Supervision of Group Work 201
Peer-Supervision Groups 202
The Process of Peer-Supervision Groups 202
Advantages and Disadvantages of Peer-Supervision Groups 203
Evaluation of Peer-Group Supervision 204
Technology and Group Supervision 204
Summary: What Enhances—and What Hinders—Group Supervision 205
Conclusions about Group Supervision 206
Live Supervision 207
Methods of Live Supervision 208
Using Computers, Interactive Television, and Notebooks for Live Supervision 208
Using Distance Technologies for Live Supervision 209
The Live Supervision Intervention 209
PART V  Supervising Practitioners  281

CHAPTER 12  FACILITATING CAREER-LONG PROFESSIONAL DEVELOPMENT  282

Fostering Continual Improvement: Helping Counselors and Therapists to Become Increasingly Better at What They Do  283
  Consultation and Supervision: Overlapping but Distinct Functions  284
  Being Competent versus Becoming Increasingly Effective  284
  Deliberate Practice  284
  The Expertise-Development Model  285
  Becoming an Expert Counselor or Therapist: A Developmental Perspective  287
  Concluding Comments  289

Fostering Professional Development through Role Expansion: From Therapist to Clinical Supervisor  289
  Ensuring that Supervisors Are Trained for Their Role  289
  Imparting Knowledge: The Supervision Training Curriculum  290
  Developing Skills  292
  Integrating Knowledge and Skills into a Supervisory Style  293
  Facilitating the Development of an Identity as a Supervisor  295
  Does Supervisor Training Work?  299

Conclusion  300
CONTENTS

APPENDIX A  SUPERVISION CASE STUDIES  302

APPENDIX B  SUPERVISION TOOLBOX  313

REFERENCES  366

NAME INDEX  407

SUBJECT INDEX  419