3.3 Developmental Approaches to Clinical Supervision

There are many models of clinical supervision that can be defined as developmental, which can be further categorised into three types: stage developmental models; process developmental models and life-span developmental models. These focus on the developmental stages of the supervisee in relation to the clinical supervision process. Clinical supervisors are also understood to go through developmental stages as they hone their talents and skills in their work with supervisees.

Stage developmental models describe supervisees moving through progressive stages in their professional maturity and within the supervisory relationship. The beginning counsellor is seen as highly motivated, but with only limited awareness and quite dependent on the supervisor. Over time and through experience gained, the counsellor becomes more consistently motivated, more fully aware, but less self-conscious, and more autonomous. An example of a stage developmental model is The Integrated Developmental Model (IDM) developed by Cal Stoltenberg, Brian W. McNeill and Ursula Delworth.

Process developmental models are those which focus on processes in the supervisee's work which "occur within a fairly limited, discrete period" (Bernard & Goodyear, 2009, p. 92).

Examples include:

- *Reflective models of practice* - models which encourage the use of reflection to improve practice, by focusing on an experience in a counsellor's professional practice which is having an emotional or intellectual impact that requires deeper understanding. Originally based on the concepts of John Dewey in the 1930s, these models continue to be developed and widely used today.

- *The Loganbill, Hardy and Delworth model* - a counsellor development model based on processes which are "continually changing and recursive" (Bernard & Goodyear, 2009, p. 94) and expressed by characteristic attitudes towards the work, the self and the supervisor. A key difference in this model is that it dismisses ideas of linear progression through stages in favour of continual cycling through "with increasing...levels of integration at each cycle" (Bernard & Goodyear, 2009, p. 94).

- *Event-based supervision* - a task focused model in which the supervisor and supervisee focus on analysing how the supervisee has managed particular discrete events in his or her work. Supervisee and supervisor decide where to focus their attentions by either a direct request of the supervisee, or by the supervisor picking up on subtler, or less direct, cues.

Task-focused developmental models of clinical supervision, such as Michael Carroll's, break down supervision into a series of manageable tasks. In Carroll's integrative model (which is also a version of social role model), he suggests the following seven central tasks of clinical supervision: creating the learning relationship, teaching, counselling, monitoring (e.g., attending to professional ethical issues), evaluation, consultation and administration.

Lifespan developmental models, such as The Ronnestad and Skovholt Model, focus on the development of counsellors across the lifespan, rather than just the few years when they are new to their work. This six-stage model begins with "The Lay Helper Phase" and ends with "The Senior Professional Phase" (Bernard & Goodyear, 2009, p. 98), and is unique in articulating the differing needs in clinical supervision for counsellors at each stage of their professional lives.

Points to remember about developmental and social role model approaches to clinical supervision:

- Historically, a point of transition when the focus of supervision shifted from the person of the worker to the work itself

- Conceptualise clinical supervision as related to, but separate from, counselling, and as a unique process requiring its own practice principles, knowledge base, and skill set

- Focus on the tasks, roles and behaviours in clinical supervision

References for this section: Bernard & Goodyear (2009); The Bouverie Centre (Moloney, Vivekananda & Weir, 2007); Carroll (2007).