

3.3 Social Role Model Approaches to Clinical Supervision

Social role model approaches to clinical supervision focus on the roles, tasks, foci and functions of clinical supervision. Two examples are Hawkins and Shohet's "Seven-eyed Model," (originally called the "Double Matrix Model") and Holloway's "Systems Approach to Supervision (SAS)."

The "Seven-Eyed Model" (Hawkins and Shohet) recognises that the clinical supervisor employs different roles or styles at different times, but also concedes that the role or style, is likely to be most influenced by the particular focus of the work at the time. This is a process model, which stresses attending to the processes that occur during supervision and within the supervisory and therapy relationships. Hawkins & Shohet coined the term the "good enough" supervisor, alluding to the object-relations idea of the "good enough" mother (i.e. one does not have to be perfect, or get everything right). They believe that a primary and consistent role of the supervisor is that of providing containment for the supervisee.

The "Seven-Eyed Model" of supervision is called such because it recommends seven areas of focus for exploration in supervision: (1) content of therapy session; (2) supervisee's strategies and interventions with clients; (3) the therapy relationship; (4) the therapist's processes (e.g., countertransference or subjective experience); (5) the supervisory relationship (e.g., parallel process); (6) the supervisor's own processes (e.g., countertransference response to the supervisee and to the supervisor-client relationship), and (7) the wider context (e.g., organisational and professional influences).

Holloway's "Systems Approach to Supervision Model" is integrative and comprehensive, taking into account a number of factors which impact upon supervision. Holloway recommends that five systemic influences and relationships be considered: (1) the supervisory relationship (phase, contract and structure); (2) the characteristics of the supervisor; (3) the characteristics of the institution in which supervision occurs; (4) the characteristics of the client, and (5) the characteristics of the supervisee.

Holloway then offers a task and function matrix for conceptualising the supervision process, in which the five functions are: monitoring/evaluating, instructing/advising, modelling, consulting/exploring, and supporting/sharing. The five tasks of the matrix are: counselling skills, case conceptualisation, professional role, emotional awareness and self-evaluation. The matrix provides twenty-five task-function combinations. The tasks and functions together are said to equal process, and all are conceptualised to be built around the "body" of supervision, the relationship.

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).