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Essential Dimensions of Systems Approach to Supervision

The systems approach to supervision (SAS) model was designed to provide a visual road map for supervisors to intentionally and strategically consider the numerous factors that could impinge on their teaching and learning. Further, it is an effort to understand supervision by offering a common language that is relevant to supervisors and educators of different theoretical perspectives and a visual representation of concepts that depicts their relationship to each other. In testament to the model's accessibility and heuristic appeal, SAS has been translated into four languages (Chinese, German, Hebrew, and Portuguese) and has been taught to trainers on four continents. Figure 1.1 presents the full model and the properties that describe each of the seven dimensions encompassed by the model. In this chapter, the dimensions of supervision and the empirical evidence that supports their inclusion in the model are presented.

There are seven dimensions or factors in the SAS model, including the core dimension—the relationship. Each dimension was created from a

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Supervision Essentials for a Systems Approach to Supervision by E. L. Holloway
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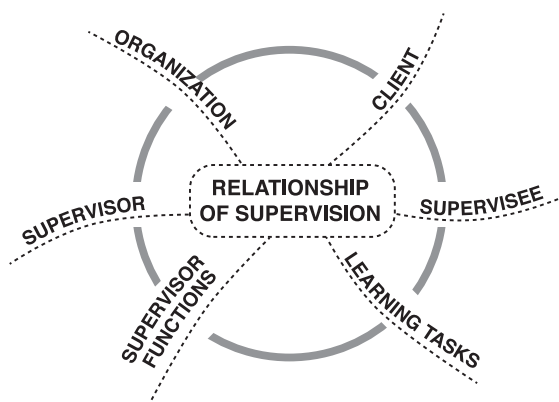


Figure 1.1

Seven dimensions of the systems approach to supervision. From *The International Handbook of Clinical Supervision* (p. 603), by C. Watkins Jr. and D.L. Milne (Eds.), 2014, West Sussex, England: Wiley Blackwell. Copyright 2014 by Wiley Blackwell. Adapted with permission.

comprehensive review and conceptual clustering of the empirical, conceptual, and practice bases of knowledge in the field. In Figure 1.1, six dimensions are represented around the periphery of the circle; they point to the core dimension—the supervisory relationship. The two middle dimensions and foremost to the creation of the relationship are the supervisor and the supervisee. At the bottom of the figure are the learning tasks of the supervisee and the supervisor’s strategies for teaching. At the top of the figure are the two contextual factors—client and institution—that influence the relationship as well as the process that unfolds in implementing strategies and tasks for teaching and learning. The components of the model are part of a dynamic process in which they interrelate and mutually influence one another. Whether trainer, consultant, or supervisor, reflection on these conceptual dimensions can guide questions that will lead to an integrated understanding of the relationship’s potential to promote individual relational learning and professional expertise. Although the SAS model is classified as a social role model, it is evident from the figure that the context of the system in which supervision takes shape is critical to the model. The model suggests that the supervisor’s decision making and actions are always consciously or tacitly

related to the system in which they are embedded. Other authors have taken a systems model approach to supervision and although each model has unique elements, all consider the context, the components within a system, and their dynamic interplay in which all components are interdependent and react to influence and change of the other components (e.g., Burck, 2010; Burck & Daniel, 2010; Burnham, 2010; Schilling, 2005).

THE RELATIONSHIP OF SUPERVISION

The relationship of supervision is central to the learning alliance created between the supervisor and supervisee. The relationship creates the holding environment for the supervisee's reflection on and growth as a developing professional. Ideally, supervision is a growth-enhancing relationship adhering to the principles of positive psychology and relational-cultural theory. Not only does this create a condition for learning, but it also models relational and interpersonal qualities that are a necessary quality of a therapeutic relationship. Supervisees have the opportunity to learn by experiencing and reflecting on their interpersonal behavior and emotional reactions to being in a fully engaged learning environment. This is an important goal of supervision because learning to be a therapist requires self and other awareness as well as responsibility for one's interpersonal behaviors and actions. Forrest and colleagues wrote extensively on interpersonal competence in the profession (Elman, Forrest, Vacha-Haase, & Gizara, 1999; Forrest, 2008, 2010; Forrest, Miller, & Elman, 2008; Johnson, Barnett, Elman, Forrest, & Kaslow, 2012) and supported the significance of emotional reflection within the context of relationship. Importantly, interpersonal awareness and skill are now included in the competency benchmarks for counseling psychologists (Kaslow et al., 2009).

Supervision plays a critical role in recognizing and developing this competency area that has the potential to expand a person's whole understanding of self as engaged with the various social contexts presented by the client. This self-learning is embedded in relational structures that demand a knowing awareness of the processing, adjusting, repairing, and maintaining of relationship. The interstitial space of the relationship is a place where self and other knowledge is mutually imparted and negotiated; it is

a place of risk and opportunity. Relationships with these characteristics of relational-cultural theory can greatly contribute to a student's embracing the role complexity and skills of the psychotherapist.

In the SAS model, there are three essential elements that guide the understanding of the formation and quality of the relationship: (a) the interpersonal structure of the relationship as described by the power and engagement across the five subroles of supervision, (b) the developmental phase of relationship, and (c) the learning contract of supervision. These are conceptual constructs that have been defined from empirical findings in supervision (see review by Inman & Ladany, 2008; Inman et al., 2014). The use of these three organizing constructs to describe critical influences of the relationship provides a language for differentiating relational factors of influence (see Figure 1.2).

Interpersonal Structure of Relationship

Power and involvement are helpful constructs in understanding the structure of the supervisory relationship. These two constructs have been used in social and personality psychology to understand the transactions and implicit rules that govern formal and informal relationships. Follett (1941) introduced *power with*, a concept that was pluralistic and dynamic, representing an ever-evolving process of human interaction. Follett's alternative conception of power is based on the relationship of involvement and mutual influence similar to the more current constructs of mutuality found in relational-cultural theory research. Involvement may also be referred to as intimacy that includes attachments, the degree to which each person uses the other as a source of self-confirmation (Miller, 1976). This basis of power is consistent with the ideals of psychotherapy and supervision, in which the intent is not to control but to empower individuals to exercise choice and self-determination.

This power with positioning in the relationship is in opposition to the supervisor's responsibility for imparting expert knowledge, making judgments of trainees' performance, and acting as a gatekeeper to the profession in clinical supervision of therapists in training. All of these responsibilities add to the complexity of creating an enhanced learning environment that promotes the supervisee's empowerment as a professional. These

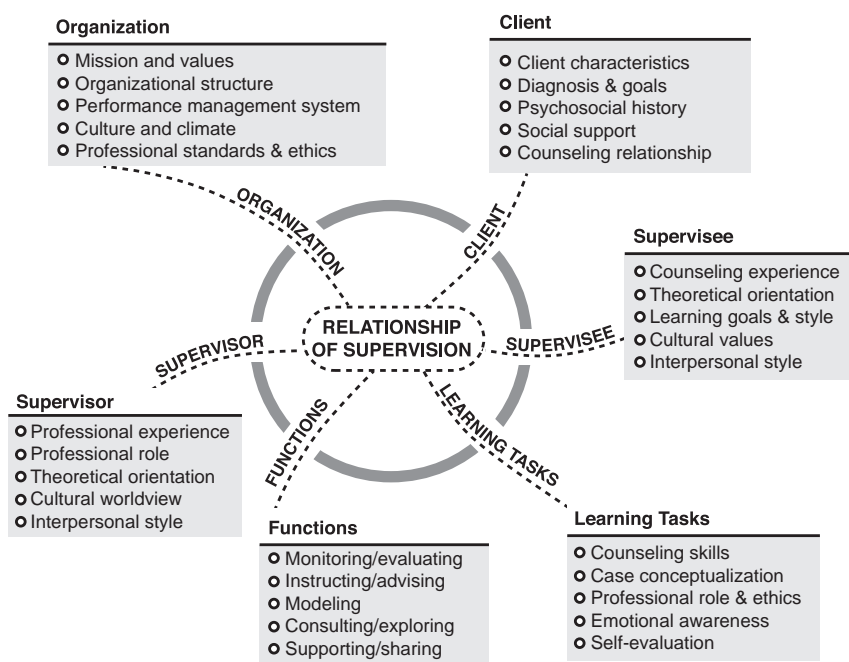


Figure 1.2

Systems approach to supervision (SAS) dimensions and factors of influence. From *The International Handbook of Clinical Supervision* (p. 603), by C. Watkins Jr. and D.L. Milne (Eds.), 2014, West Sussex, England: Wiley Blackwell. Copyright 2014 by Wiley Blackwell. Adapted with permission.

evaluative and “expert” aspects of the role can create a hierarchical relational structure that depends on *power over*. On the other hand, the creation of a learning alliance that encourages transparency, vulnerability, and trust requires a *power with* orientation in the relationship.

The existence of both *power over* and *power with* relational attributes has caused considerable consternation for clinical supervisors because of the tension resulting from having to monitor the trainee’s competency to ensure client safety while supporting trainee growth. The shifts of power and engagement in the relationship are described in the social role models through a number of supervisor subroles that are activated dependent on the immediate supervisory process, the trainee’s learning

needs, and the client's welfare. As supervisors, we hold the relational tension among the often-conflicting roles of monitor, advisor, role model, consultant, and mentor, requiring us to use a delicate but firm hand in guiding the supervisee through the intellectual and emotional demands of therapeutic work.

The seemingly conflicting responsibility for evaluation and a developmental focus on the trainee has been debated frequently in the literature (e.g., Baltimore, 1998; Burns & Holloway, 1990; Frawley-O'Dea, 1998; Itzhaky & Itzhaky, 1996). Empirically, the impact of power and involvement on the process of supervision has been studied by researchers using different models of power to understand how power is perceived by supervisees. Three preferred methods have been used in supervision research to describe the power of the supervisor: French and Raven's (1960) sociological typology (see also Robyak, Goodyear, & Prange, 1987); Strong, Hills, and Nelson's (1988) circumplex model; and Penman's (1980) communication matrix (see also Holloway, Freund, Gardner, Nelson, & Walker, 1989). In general, studies have confirmed the shifting use of power dependent on the supervisor's exercise of different functional roles in the relationship. For example, the supervisor is responsible for evaluation of the trainee and gatekeeping to the profession. In this role, the supervisor's power over is perceived by the trainee, whereas when collaborating and consulting with the trainee, power with is more influential in the engagement. These empirical findings have influenced the choice and arrangement of the subroles or functions of supervision, which I discuss in Chapter 3.

Phase of Relationship

Mueller and Kell's (1972) conceptualization of the developing, maturing, and terminating phases of the supervisory relationship (see Table 1.1) is a useful heuristic to the evolving phases. As the supervisory relationship develops, the participants, using more personally relevant, interpersonal, psychological, and differentiated information in an effort to reduce interpersonal uncertainty, will attempt to predict each other's behavior. Relationship crises might entail periods of a lack of mutuality as new information is incorporated and the relationship is redefined. If mutuality or a shared

Table 1.1

Phases of the Supervisory Relationship

Developing phase	Mature phase	Terminating phase
Clarifying relationship	Increasing individualized attention	Understanding connections among theory, research, and practice with specific clients
Establishing contract	Increasing social bonding and influence potential	Consolidating knowledge in evidence-based practice
Supportive process	Developing skills of case conceptualization	Decreasing need for direction from supervisor
Developing competencies	Increasing self-confidence and self-efficacy	Increasing reflection on professional role
Developing treatment plans	Confronting personal issues as they relate to professional performance	Ending relationship experience and skills

definition of the relationship cannot be attained, the relationship usually is terminated (Morton, Alexander, & Altman, 1976, p. 105).

In a grounded theory study, professional counselors with 5 to 20 years of experience identified mutuality as a core dimension when asked what made for good supervision (Holloway, 1998). Other studies have examined the changing patterns of communication across time in the supervision relationship (see review of discourse analysis in Holloway & Poulin, 1995). Wedeking and Scott (1976) found that supervisor messages changed from the beginning to the final stages of the relationship. In addition, the association of relationship phase with supervisory behaviors has been investigated in case study designs that used microanalytic techniques (Garb, 1989; Martin, Goodyear, & Newton, 1987; Strozier, Kivlighan, & Thoreson, 1993) to point out that supervisees decreased the proportional use of deferential messages across the span of the supervisory relationship.

The facilitative conditions of genuineness, empathy, and unconditional positive regard that are so important in building the therapeutic relationship are equally important in building the supervisory relationship, particularly at the beginning. Like clients, therapists in training need

to feel safe, supported, and trusting of their environment before they can feel comfortable enough to take risks and engage in self-reflection, practice new behaviors, and actively seek feedback. Advanced supervisees, having a blueprint for the relationship of supervision from previous experiences, are able to truncate the discomfort of uncertainty and the need for reassurance by relying on known general expectancies for supervisory roles. Thus, they can move more quickly to establish specific expectancies for an interpersonal relationship. In contrast, beginning level trainees are perhaps still learning their own role expectations and those of their supervisor and thus are not as quick to enter into the interpersonal supervisory relationship. No matter what level of experience a trainee might have, it seems there is a natural relationship stage in which participants need to become familiar with the role expectations set by the supervisor and the supervisory context (Rabinowitz, Heppner, & Roehlke, 1986). This initial stage of building familiarity serves to reduce ambiguity and uncertainty in the relationship and emphasizes the need for a clear contract for the work of supervision.

The Contract of Supervision

Each supervisor and supervisee will have idiosyncratic expectations of roles and function in supervision. As in any working relationship, the clarity of these expectations directly affects the relationship and the establishment of specific learning goals. The supervisor has a responsibility to ensure that the supervisee is clearly informed of the evaluative structure of the relationship, the expectancies and goals for supervision, the criteria for evaluation, and the limits of confidentiality in supervision. Inskipp and Proctor (1989), among others (Hewson, 1999; Schilling, Jacobsen, & Nielsen, 2010), identified the supervisory contract as critical to establishing a way of being together in the supervisory relationship. Not only do the supervisor and supervisee need to negotiate specific tasks, but they also need to define the process parameters of the relationship. By acting openly and purposefully, the supervisor increases the probability that both participants will behave congruently with established expectations and a strong supervisory alliance can be formed to enhance supervisory outcomes (Inman et al., 2014).

The negotiation of norms, rules, and commitments at the beginning of any relationship can reduce anxiety and move the involvement to a level of trust that will promote the degree of vulnerability needed for the task to be accomplished. In addition, the supervisor must be alerted to the changing character of the relationship and thereafter initiate discussion on renewed goals and relational expectations. Not only will the trainee's learning needs change as experience increases or clients progress, but his or her increasing skill and interpersonal confidence also will influence issues of relational control. Research studies have corroborated that trainees, particularly beginning trainees, can greatly benefit from making role expectations clear and detailing competency-based expectations at various intermediary stages of evaluation (Friedlander, Keller, Peca-Baker, & Olk, 1986; Holloway, 1998; Ladany, Brittan-Powell, & Pannu, 1997; Ladany & Friedlander, 1995; Muse-Burke, Ladany, & Deck, 2001; Olk & Friedlander, 1992).

THE SUPERVISOR AND SUPERVISEE

The supervisory relationship is formed uniquely by the persons who come together to create a learning experience. Each relationship is uniquely conceived and unfolds as both parties increase familiarity with the other. Nonetheless, there are generally accepted role expectancies of supervisor and supervisee. These role expectations have come from a variety of sources, such as professional guidelines, competencies of performance, theoretical conceptualizations, and empirical findings. The SAS model has categorized the professional and personal factors that are relevant to the process of supervision as found in the empirical and conceptual literature. Figure 1.2 presents the five relevant areas or factors for the supervisor and for the supervisee. The empirical evidence for the supervisor and supervisee factors are discussed here.

Supervisor Factors

The supervisor brings to the supervisory relationship an independent way of viewing human behavior, interpersonal relations, and social

institutions, all of which are largely influenced by cultural socialization. Supervisors' views and experiences are described by five factors—professional experience, professional role, theoretical orientation to therapy, cultural worldview, interpersonal style. These factors have been included based on the empirical literature (see Figure 1.2). Because cultural perspectives are relevant to the conceptualization of professionalism and mental health, the SAS model considers cultural values to be embedded in the supervisor's attitudes and actions. Cultural characteristics, which include gender, ethnicity, race, sexual orientation, religious beliefs, and personal values, strongly influence an individual's social and moral judgments. Such nuances of the supervisory relationship are sometimes subtle, but they are always critical aspects of the supervisory work. The potential for mutuality and emotional awareness in the supervisory relationship provides a unique opportunity for teaching and learning the salience of culturally congruent treatment (Bernard & Goodyear, 2014; Burkard, Knox, Hess, & Schultz, 2009; Constantine, Warren, & Miville, 2005; Ladany, Friedlander, & Nelson, 2005).

The SAS model is meant to encourage supervisors to recognize the importance of cultural factors in supervision and draw attention to how these issues interact with each of the other contextual factors. For example, Are cultural differences acknowledged as salient in client treatment? Does the organization include cultural sensitivity as a part of professional development? Other supervisor factors in the model—experience level, theoretical orientation, and interpersonal style—have been related to trainee satisfaction with supervision (Bernard & Goodyear, 2014; Holloway, 1992; Inman et al., 2014). Empirically, it has been shown that the amount of experience a supervisor has in counseling and supervision seems related to the judgments the supervisor will make regarding self-disclosure, trainee performance, and choice of instructional approach to supervision (Stoltenberg, McNeill, & Crethar, 1994).

Supervisor experience also has been examined in relation to supervisor use of facilitative behaviors, planning of supervisory sessions, and judgments of trainee performance (Marikis, Russell, & Dell, 1985; Stone, 1980; Sundland & Feinberg, 1972; Worthington, 1984a, 1984b). Such

studies suggest that experience in supervision frees supervisors from making global personality judgments of the trainee, allowing them to focus on the situational characteristics that might be influencing the trainee's performance.

The influence of the supervisor's theoretical orientation on supervisory behavior has been the subject of several studies (Beutler & McNabb, 1981; Goodyear, Abadie, & Efros, 1984; Goodyear & Robyak, 1982; Guest & Beutler, 1988; Sundland & Feinberg, 1972). Holloway et al. (1989) studied the Goodyear (1982) videotape series and concluded theoretical orientation of the supervisor was related to perceived differences in supervisory behavior and actual differences in supervisory discourse. Goldberg (1985) maintained that the supervisor's personality or character style and theoretical orientation are the most influential factors in supervisors' behavior. Studies relating supervisor theoretical orientation and supervisor methods strongly support Goldberg's claim (Carroll, 1994; Putney, Worthington, & McCullough, 1992). Interpersonal style as perceived by the trainee has been operationalized in the research literature by several instruments, such as the supervisory working alliance (SWAI; Patton & Kivlighan, 1997), the Supervisory Relationship Questionnaire (SRQ; Palomo, Beinart, & Cooper, 2010), the Supervision Questionnaire-Revised (SQ-R; Worthington & Roehlke, 1979), and the Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984). These instruments have been used extensively to understand the connection in quality of relationship, such as supervisor communication, task orientation, trust, interpersonal sensitivity, facilitative conditions, evaluative process, perceptions of conflict resolution, self-reflection, skills attainment, and personal growth (see reviews by Ellis, Ladany, Krenzel, & Schult, 1996; Ladany, Ellis, & Friedlander, 1999; Muse-Burke et al., 2001).

Supervisee Factors

In SAS, characteristics of the supervisee, identified in the empirical literature, have been grouped into five supervisee factors: experience in counseling, theoretical orientation in counseling, learning goals and style, cultural worldview, and interpersonal style (see Figure 1.2).

Trainee experience level has been a frequently studied factor in supervision research. Experience level of the trainee has been related to perceived supervisory needs and satisfaction with supervision (Johnston & Milne, 2012; O'Donoghue, 2012; Stoltenberg et al., 1994). The predominant finding that distinguishes the expressed needs of beginning-level trainees from those of intern-level trainees centers on different relationship characteristics (Heppner & Roehlke, 1984; Miars et al., 1983; Wiley & Ray, 1986; Worthington, 1984a, 1984b). For example, beginning-level trainees appear to require more support, encouragement, and structure in supervision, whereas interns demonstrate increasing independence from the supervisor (Hill, Charles, & Reed, 1981; McNeill, Stoltenberg, & Pierce, 1985; Reising & Daniels, 1983; Wiley & Ray, 1986; Worthington, 1984a; Worthington & Stern, 1985) and more interest in exploring higher-level skills and personal issues affecting counseling (Heppner & Roehlke, 1984; Hill et al., 1981; McNeill et al., 1985; Stoltenberg et al., 1994; Worthington & Stern, 1985).

Tracey, Ellickson, and Sherry (1989) designed an analog study to examine the relationship between supervisory structure and trainee learning. Their findings partially support previous work that indicated that, as trainees progress through levels of experience, their need for supervisory structure diminishes (McNeill et al., 1985; McNeill & Stoltenberg, 2016; Reising & Daniels, 1983; Stoltenberg et al., 1994; Wiley & Ray, 1986). However, the need for supervisory structure is moderated by personality variables of the trainees (in this study as measured by psychological reactance) and the situational determinants of the supervisory focus (crisis versus noncrisis client).

Ward, Friedlander, Schoen, and Klein (1985) examined the influence of different self-presentational styles (in the SAS model, this is referred to as *interpersonal style*) on supervisors' judgments of counselor competence. This was an analog study in which the investigators created stimulus conditions in which trainees took a defensive or counterdefensive interpersonal style. Supervisors evaluated the defensive trainee as more self-confident and the counterdefensive trainee as more socially skilled. When the client was reported to have improved, trainees were judged to be altogether more competent, self-confident, expert, and attractive than when the client worsened,

regardless of trainee style. From this study it appeared that in judging trainees' professional skills, supervisors were influenced more by client progress than by trainees' presentation style.

Competency models in counseling psychology, including supervision, have delineated the importance of multicultural sensitivity and skill in therapeutic contexts. In the SAS model, cultural values, such as ethnicity, race, sexual orientation, and religious beliefs, are seen as salient to trainees' attitudes and actions toward their clients and supervisors. Research in this supervision area is relatively limited (Constantine, Fuertes, Roysircar, & Kindaichi, 2008; Inman et al., 2014; Ladany, Brittan-Powell, et al., 1997; Ladany, Inman, et al., 1997), but there has been significantly more research on the relation of cultural variables to counseling relationship and counselor effectiveness (Fuertes, Spokane, & Holloway, 2012).

CONTEXTUAL DIMENSIONS OF SUPERVISION

Contextual factors of supervision are conditions that are related empirically and practically to the supervisor and supervisee's choice of task and function and the formation of the relationship. Whereas task and function can be inferred from the process of communication, contextual factors are sometimes not obvious to the observer or apparent to the participants. Based on their tacit knowledge and experience, supervisors and trainees make decisions about their engagement and topic of conversation. In teaching supervision, the properties of the contextual factors are guideposts for supervisors to consider in a reflective process that uncovers the motivations and intent of their actions in supervision. Factors that might influence information processing and decision making have been studied by asking supervisors or trainees to reflect on their own or the other's actions (Holloway, 2000; Neufeldt, Karno, & Nelson, 1996; Skovholt & Rønnestad, 1992).

The contextual dimensions in the SAS model are the client and the institution or organization in which the trainee is delivering service (see Figure 1.1). Each of these contextual dimensions is described by five factors based on conceptual and empirical literature and discussed next (see Figure 1.2).

Client Factors

The characteristics of clients and the issues they bring to the therapeutic context are central to the teaching and learning of supervision. The dynamics that unfold in the therapeutic relationship often are reenacted in the supervisory relationship. Thus, the importance of employing the client material as a springboard to designing appropriate teaching objectives and strategies cannot be underestimated. In SAS there are five client factors: client characteristics (social, psychological, and biological), client-identified problem and diagnosis, client history, client social and familial context, and the counseling relationship (see Figure 1.2). Supervisors routinely screen clients for beginning level trainees to ensure that they are assigned only cases that are appropriate to their level of competence and supervisors' areas of expertise. Competency guidelines created in the last decade delineate the progression of skills acquisition for counseling psychologists from practicum to internship for counseling psychology. Thus, supervisors need to align the matching of client needs to the training level of the trainee.

Research on client attributes, as related to the process and outcome of psychotherapy, are relevant to supervisor decision making. For example, the literature on matching client gender or ethnic identity with that of therapists suggests that, although there appears to be a preference for ethnically similar counselors, this is not consistently evident in the empirical literature (Coleman, Wampold, & Casali, 1995; Miville et al., 2009; Ober, Granello, & Henfield, 2009). It behooves the supervisor to recognize that variables, such as social desirability, socioeconomic status, attitudes, or values, may play an important role in the counselor's potential effectiveness. Therapeutic ineffectiveness may be falsely attributed to the lack of similarity between client and therapist on general qualities when a more in-depth analysis might reveal more implicit characteristics of the client or counselor to be inhibiting progress. The evaluation of therapist effectiveness ultimately rests with the client's progress, symptom reduction, and relational bonding. Supervisors frequently have relied on trainees' reports of client change and audiotaped or videotaped recordings of trainees' counseling sessions.

The advent of evidence-based therapy has raised again the question, What supervisory strategies and processes affect therapist effectiveness and client change? There has been considerable debate over the years on the efficacy of supervision on client outcomes (Bambling & King, 2000; Ellis & Ladany, 1997; Holloway & Neufeldt, 1995; Stein & Lambert, 1995; Wampold & Holloway, 1997; Watkins, 2011). Research on the efficacy of supervision in relation to client change has begun in earnest in the last decade with the rise of evidence-based therapy (EBT) in psychotherapy. However, linking the impact on supervision to client outcomes has been challenging, given the considerable volume of findings that have revealed therapists and supervisors are more generous in their assessment of client improvement and underestimate clients' deterioration when compared with client reports (Worthen & Lambert, 2007).

In an effort to provide clients' perception of improvement, Lambert and associates have developed a client feedback approach that systematically sends client feedback to the therapist after each therapeutic session (Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Lambert, Harmon, Slade, Whipple, & Hawkins, 2005; Lambert & Hawkins, 2001; Lambert et al., 2002; Whipple et al., 2003). When a client was not making progress, training therapists were at a loss as to how to rectify the course of therapy; this led to the investigation of supervisors' receptivity to using client data in supervision. In the early stages of this program of research, supervisors were not overly positive about the use of client outcome data, which is not surprising, given the history and studies that demonstrate clinicians prefer to rely on their intuitive clinical knowledge. However, as the utility of the client progress data became more persuasive, clinicians used the information to focus supervisory discussions. The evidence that client progress and outcome trajectory data can significantly affect client improvement by influencing the therapist's intervention strategies is a strong argument in favor of supervisors using such client outcome information to guide their supervisory strategies. As Worthen and Lambert (2007) conclude,

We believe the use of (client monitoring) feedback (system) . . . will significantly assist our mandate as supervisors to monitor client welfare and through supervision, enhance client outcomes.

Thus, outcome oriented supervision can help facilitate the two primary aims of supervision, enhanced practice and improved client outcomes. (p. 53)

Organizational Factors

Supervision, whether a part of a training program or continuing professional development, takes place in the context of institutional organizations, such as in-house departmental clinics, university counseling centers, hospitals, or community mental health or other service settings. The role of supervision with respect to the service demands of the organization is an important consideration in establishing goals and functions of supervision (Carroll & Holloway, 1999; Holloway & Roehlke, 1987; Proctor, 1997). Moreover, the service demands of an organization often influence which goals are prioritized and how supervision is arranged, yet the influence of organizational variables on supervision has rarely been investigated or discussed in the professional literature, as evidenced in its omission in comprehensive reviews of the literature (Inman et al., 2014).

Institutional characteristics were first defined in SAS as organizational clientele, organizational structure and climate, and professional ethics and standards. However, the SAS model has been adapted to multidisciplinary and organizational systems. In these environments, the supervisor needs to attend to a more detailed knowledge of the organization's characteristics; as such, the SAS model includes five factors for consideration: organizational mission and values, organizational structure, performance management system, culture and climate, and professional standards and ethics (see Figure 1.2). All of these factors potentially may influence the supervisory latitude and restrictions on client selection, therapeutic modality, supervisory contract, and trainee evaluation.

THE SUPERVISORY PROCESS DIMENSIONS

The process of supervision in the SAS models is structurally comprised of the teaching tasks of supervision and the supervisor's functions. The SAS model's teaching tasks have been grouped into five broad

supervisee competencies: counseling skills; case conceptualization; professional role, including ethical practice; intrapersonal and interpersonal awareness; and self-evaluation (see Figure 1.2). Although these competency areas were created by a conceptual analysis of the empirical literature two decades ago (Holloway, 1992, 1995), they have been confirmed by subsequent research in this area (see Inman & Ladany, 2008) and align with the competencies defined in the benchmarks and toolkits of competency-based learning: expectations and roles, processes and procedures, skills development, awareness of the factors affecting quality, participation process, and ethical and legal issues (Falender et al., 2004).

Supervisor functions are “the kind of action or activity proper to a person, thing or institution” (Webster’s Encyclopedic Unabridged Dictionary of the English Language, 1989, p. 574). Since the advent of social role models of supervision (Carroll, 1996a, 1996b; Ellis & Dell, 1986; Ellis, Dell, & Good, 1988; Hess, 1980), role labels have been useful in providing a common language for supervisors to describe their teaching strategies (Bernard & Goodyear, 2014). In the SAS model, there are five subroles of supervision that have been named with active verbs to emphasize the dynamic, interweaving shifts inherent in these activities. Thus, the supervisor might use the functions of monitoring/evaluating, instructing/advising, modeling, consulting/exploring, and supporting/sharing (see Figure 1.2). The strategies aligned with these roles have been studied by researchers using discourse analysis and classification of supervisor verbal behaviors. A summary of these findings can be found in Holloway and Poulin (1995). Each supervisor function can be characterized by behaviors typical of its respective social role and, as discussed earlier, in the structure of the relationship by the form of relational power governing the role. The supervisor’s awareness of relational power is critical in her or his choice of which subrole to use to achieve particular teaching goals.

Supervisor tasks and functions are the combination of the supervisor and supervisee working together on a particular learning task that in turn creates a process of interaction. Figure 1.3 illustrates the process by



Figure 1.3

The process of supervision: functions and tasks.

imagining the wheel of supervisory functions on the outside circle turning to choose a specific teaching task at a particular point in time.

The choice of different functions or strategies aligned with subroles may be influenced not only by the trainee's learning needs at the moment but also by the other contextual factors described in the model. For example, if a neophyte trainee is just beginning with a new client, the supervisor may choose to use an advising function around case conceptualization. On the other hand, an experienced counselor experiencing resistance from a client may warrant a consulting approach by the supervisor.

The use of the task function matching to describe supervisory process has been explored by DeCato (2002) in the supervision of psychological testing, Arnon and Hellman (2004) with school counseling supervisors, and Xi-Qing (2004) in the observation of clinical supervision in China. Unfortunately, there is no simple rule for determining which strategy might work best with a given supervisory situation. There is no precise matching of strategy to learning task; however, there is a certain likelihood of coupling strategies and tasks, such as professional ethics and monitoring rather than perhaps emotional awareness and monitoring. However,

SAS emphasizes the number of factors that might be taken into consideration when determining a way to move forward with a supervisee.

The emergence of an interactional process from functions and tasks being chosen is enhanced by the supervisor's awareness of the full SAS road map—contextual factors and relational conditions. For example, when considering how to approach a beginning level counselor who is grappling with an emotional response to the client, the supervisor may begin by supporting the counselor's awareness of emotion in his or her role as counselor while guiding him or her to a deeper understanding of how it is affecting the relationship with the client. On the other hand, an advanced supervisee may quite ably describe his or her emotional reaction to the client and the role it is playing in fully engaging in the relationship. In this instance, the supervisor may use a more consulting role to collaborate with the supervisee in uncovering a deeper emotional and conceptual understanding of the relational qualities and client characteristics that trigger his or her emotional reaction and how such understanding can lead to more productive therapeutic approaches with the client.¹

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