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# Overview of the Critical Events Model

**Supervisor:** . . . Elise,<sup>1</sup> what other cases do you need to talk about today?

**Supervisee:** (*hesitantly*) Well, I did get a message from Frank—remember the new client I saw last week? (*pause*) He said in his message that he wouldn't be keeping any future appointments—that he's not ready for therapy yet.

For the supervisor, this is a choice point. Should he ask Elise more about this client and, if so, should they discuss whether a follow-up phone call is necessary *or* should they discuss what occurred—or failed to occur—in the intake session that led to the client's decision not to return for therapy? Alternately, should the supervisor focus on Elise, the supervisee, whose hesitancy in disclosing the client's decision suggests some

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<sup>1</sup>With the exception of Tiffany (see Chapter 5), all case examples used throughout this book are composites and have been disguised to protect confidentiality.

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*Supervision Essentials for the Critical Events in Psychotherapy Supervision Model*, by N. Ladany, M. L. Friedlander, and M. L. Nelson

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discomfort? If so, is Elise simply uncomfortable with the client's decision to drop out or is she also uncomfortable revealing the client's decision to her supervisor? Ideally, all of these issues should be addressed. The dilemma is which path to take—where to start and toward what end.

Supervisors often face choice points like this one when working with novice supervisees, as well as with more advanced supervisees in practicum or internship, and even with experienced, postdegree psychotherapists. How a supervisor decides which path to follow is highly contextual. That is, the decision depends not only on the supervisee's training level but also on other characteristics of the supervisee (e.g., skill level, degree of self-awareness, openness), factors related to the clinical setting (e.g., institutional policies, length of the waiting list), factors related to the supervision itself (e.g., the duration and strength of the working relationship, the congruence of their theoretical approaches to clients) and, of course, factors related to the client and his personal circumstances.

Choice points like this one make psychotherapy supervision challenging. One option that many supervisors take, especially when they and their supervisees carry a large client caseload and time is limited, is simply to prescribe how to handle the case. Taking this approach, the supervisor in this situation might say something to Elise like, "That's too bad. We can certainly find you another new case for next week. Meanwhile, close out his chart and write him a letter, encouraging him to call for another appointment in the future if he changes his mind." This authoritarian, case management approach fulfills the oversight function of supervision but does little to further the supervisee's development of professional competence.

In contrast, the supervisor who takes an interpersonal, or process-oriented, approach to supervision is doing more than overseeing her supervisee's cases. Rather, in interpersonal supervision there is a dual focus—not only is the supervisor helping the supervisee to develop professional competencies by discussing his or her work with clients, but also he or she is modeling these competencies within the supervision relationship itself. Moreover, it is precisely this responsive attunement to both client and supervisee that makes supervision rewarding as well as challenging. The challenge is in managing the back-and-forth focus, for which at times the supervision relationship is in the foreground and the

therapeutic work is in the background, and at other times the therapy takes center stage, with the supervision relationship in the background. Supervision is particularly rewarding when it all comes together: when a supervisee recognizes precisely how to use his or her positive experience with a supervisor to inform the kind of relational experience he or she is striving to develop with clients.

In this book, we take a close look at how the intertwined supervisory and therapeutic relationships can help supervisees become responsive counselors, social workers, and psychotherapists. We call our interpersonal approach to supervision a critical events model because our focus is on working through the kinds of issues that are commonly problematic for supervisees. In this contextual model, supervision—like psychotherapy—is seen as evolving through successive tasks whose cumulative impact, successful or not, determines the ultimate outcome. Some supervision tasks, such as initiating the relationship (“getting to know you”) and defining the goals and parameters of supervision, tend not to be problematic. However, when a dilemma or an impasse arises—either within the supervision relationship itself or in the supervisee’s work with one or more clients—the resolution of that dilemma or impasse takes center stage. The complexity arises when resolving the critical event necessitates a shift in focus from the therapeutic relationship to the supervision relationship or vice versa.

Our objective in developing the critical events model was to provide supervisors and supervisors in training with guidelines and illustrative examples for resolving commonly occurring critical events in psychotherapy supervision. The next sections of this chapter provide an overview of the model in general terms.

## THE EVENTS PARADIGM: A CONTEXTUAL APPROACH

Since the 1970s, theory and research on the supervisory process has burgeoned in all of the mental health disciplines. Unfortunately, the literature has not provided the kind of knowledge that supervisors need for their actual, day-to-day work with psychotherapy supervisees. It is generally understood that the overarching purpose of supervision is to develop

professional competencies (Falender & Shafranske, 2004), including learning to be attuned and responsive to clients (Friedlander, 2012, 2015), accurately conceptualizing clients' problems (Blocher, 1983), applying a variety of empirically supported treatment approaches, and developing client-specific treatment plans (Bernard & Goodyear, 2014). Despite this common understanding of the goals of supervision, how and under what conditions these objectives can best be accomplished has not been established in the supervision literature.

Although little is known about how to get from point A to point B in a supervision session, we do have some general knowledge, broadly construed, about effective and ineffective supervision (Ellis et al., 2014). For example, research has shown that role conflict can be detrimental to the supervisory relationship (Ladany & Friedlander, 1995; Nelson & Friedlander, 2001) and that to avoid conflict, experienced supervisors work to be explicit about supervisees' role expectations throughout the supervision process (Nelson, Barnes, Evans, & Triggiano, 2008). We also know that supervisees especially value working with "interpersonally sensitive" supervisors (Friedlander & Ward, 1984, p. 541; Shaffer & Friedlander, 2015), and that strong supervisory alliances play a role in supervisees' satisfaction with supervision (e.g., Ladany, Ellis, & Friedlander, 1999). More pertinent process questions are still unanswered, for example: How do effective supervisors minimize role conflict, and how do they behave in session to address ruptures in the supervisory alliance? How and under what circumstances do interpersonally sensitive supervisors address their supervisees' personal difficulties?

We can begin to answer questions like these by considering the context of supervisory processes: that is, what it means—on a behavioral level—to be a responsive supervisor (Friedlander, 2012, 2015). Responsiveness requires a different approach when the supervisee is a novice and feels "over her head" versus when the supervisee is fairly advanced and has similar feelings. Responsiveness requires behaving differently with a supervisee who made an egregious ethical violation versus with one who is in the midst of a personal crisis. Responsiveness requires behaving differently depending on whether or not a supervisee has consciously been seductive in response to a client who is sexually provocative.

As humans, we are naturally contextual. That is, we make decisions and act based on our appraisals of each successive context that we encounter. As supervisors, to be maximally responsive to our supervisees, we need a wealth of contextual information—about the culture, the setting, the client, the supervisee, and more—to inform our actions. To decide how to handle challenging supervisory situations, such as how to address an ethical violation with a supervisee or how to work with a problematic supervisee, supervisors need a set of guidelines to recognize and then evaluate the dilemma to choose the most effective strategy in a particular context.

The events paradigm offers supervisors some guidelines to choose what needs to be discussed in supervision (the content) as well as the kinds of sequential, interpersonal behaviors that can bring about change (the process). By viewing the supervisory process as a series of meaningful events with specific, definable tasks and goals, supervisors can select the interpersonal strategies that have the greatest possibility of resolving challenging situations.

## VIEWING PSYCHOTHERAPY AND SUPERVISION AS A SERIES OF TASKS WITHIN EVENTS

In both supervision and psychotherapy, there are meaningful steps along the way to problem resolution: steps that can be anticipated, planned for, carried out, and then evaluated. It may require several (or many) sessions to achieve a single objective, such as working through a trauma (therapy) or learning a new clinical technique (supervision), and within a therapy or a supervision session more than one objective can be addressed.

Let's start by considering the process of psychotherapy. Over time and as a therapist gains clinical experience with diverse clients, she or he begins to think about the process of change in chunks—phases, if you will—rather than seeing it as a discontinuous blur of questions and answers, facts, and suppositions. The therapist comes to feel the rhythm of a session as well as the rhythm of change. The therapist can see herself or himself working on something specific within a session and coming back to it in a different way over the course of treatment. The therapist also learns that,

occasionally, something occurs that is particularly powerful—the “aha” of the client’s insight or a poignant moment of intimacy—an event that moves the therapy forward in new and potentially unexpected ways.

Perceiving the therapeutic process as a sequence of events occurs naturally with time and with clinical practice. As they gain experience, therapists begin to think about each session, or portion of a session, as an episode in a story. Each episode or event has a beginning, middle, and end, in which one or more specific “tasks” are worked on and, it is hoped, accomplished. In other words, therapists do not make moment-by-moment decisions about the ultimate path to follow to arrive at the ultimate therapeutic goal, such as to reduce the client’s depression. Rather, these momentary decisions are informed by a sense of how to accomplish the task at hand, be it to assess the client’s motivation for change, make it safe for the client to discuss troubling feelings, or review the client’s gains to date. It is simply unrealistic to work any other way.

In other words, psychotherapy is made up of proximal (e.g., feel safe discussing troubling feelings), intermediate (e.g., make new social connections), and distal (e.g., reduce depression, enhance life satisfaction) goals. Similarly, supervision is made up of proximal (e.g., examine expectations for the practicum), intermediate (e.g., learn how to end therapy sessions on time), and distal (e.g., enhance professional competence) goals. And as in psychotherapy, obtaining these goals requires the accomplishment of a series of tasks that are worked on episodically.

To illustrate, consider the earlier example with Elise, the supervisee whose client, Frank, decided to drop out after the first session. The primary, distal goal of supervision with Elise, to learn to be a competent psychotherapist, is not addressed globally in any one supervision session. Rather, the supervisor has proximal and intermediate goals. In Elise’s case, the intermediate goal may be to learn how to handle dropouts, and more generally to learn how to motivate clients to engage in psychotherapy or to learn how to address a client’s resistance. To achieve each of these intermediate goals, the supervisor and supervisee work on specific “tasks” within and across supervision sessions by discussing one or more specific clients. Working on the goal of learning how to address resistance, the first supervisory task

might be for Elise to understand Frank's decision to drop out. The task would be carried out by reviewing Frank's history and closely reviewing the intake session. Then, after coming to some understanding of Frank's decision, the next supervision task might be in service of an intermediate goal, to conceptualize client resistance—in general terms—from several theoretical perspectives. Finally, in yet another supervision episode, working on the intermediate goal of addressing client resistance, the task might involve role playing a session in which Elise addresses a client's ambivalent motivation for change.

In the events paradigm, the identification of, the working through, and the accomplishment of a specific task—in other words, the task analysis—are essentially what defines the event. Events in supervision are common and predictable, just as they are in psychotherapy. For example, when the supervisory relationship begins, the initial event typically is devoted to the goal of developing a supervisory alliance, with the associated tasks of getting to know one another, clarifying the roles and expectations for supervision, and reviewing agency policies. Generally when supervision ends, the final task involves evaluating the supervisee's professional competencies.

Some supervision textbooks discuss important common tasks, but in this book we focus specifically on critical events in supervision: events that tend to be particularly challenging for both supervisee and supervisor. Each chapter offers guidance in the form of a task analytic process model for resolving different dilemmas in supervision. However, before discussing this model of supervision in more detail, it is important to understand the origins of the task analytic model. The next section provides a more detailed description of task analyses in psychotherapy and supervision.

## THE TASK ANALYTIC MODEL

During the past 20 to 30 years, the events paradigm for researching interpersonal behavior in the psychotherapy context has taken hold in the literature. Although there are various approaches to studying meaningful

therapy events, the most common is called *task analysis*. Applying the approach of industrial psychologists for defining, studying, and measuring the accomplishment of tasks in a work environment, psychotherapy researchers study tasks within critical events in individual as well as couple and family therapy. In short, task analysis is a rational–empirical method for using theory and clinical wisdom to develop and investigate a conceptual model of interaction with a specifiable, in-session outcome.

As explained earlier, the task analytic model assumes that therapy (and supervision) consists of tasks to be accomplished or dilemmas to be resolved, and the cumulative process of accomplishing these tasks within a supportive relationship results in good outcomes. To illustrate, a psychotherapy event might involve the task of understanding a client’s “problematic reaction” (Rice & Saperia, 1984, p. 29) to something that occurred in her life. Another therapy event might involve resolving some kind of intrapsychic conflict (Greenberg, 1983) or unfinished business (Greenberg & Foerster, 1996) that a client identifies. All of these—exploring problematic reactions, intrapsychic conflicts, or unfinished business—are important tasks that often are addressed in therapy because they are what therapy is about.

Of course, the kinds of tasks to be worked on in therapy depend on the client’s circumstances and the therapist’s theoretical approach. However, some tasks are common for virtually all clients and therapists, regardless of the setting, theoretical approach, or problems being addressed. For example, different therapists and clients, in different settings and with different issues, might need to clear up a misunderstanding between them (Rhodes, Hill, Thompson, & Elliott, 1994) or repair a rupture in their relationship (Safran & Muran, 1996).

Despite commonalities across therapies, a particular task may be approached differently depending on the particular therapeutic system involved. For example, in individual therapy, a common task is exploring symptoms. Typically, a cognitive–behavioral therapist would explore a client’s symptoms quite differently than would a psychodynamically oriented therapist, even though understanding a client’s symptoms is a meaningful proximal goal for both therapists.

An important aspect of task analysis is that “successful” events—the point in the session or sessions during which the task at hand is resolved or accomplished—are assumed to proceed similarly, with the caveat that differences in the process can have important practical implications. Here is another point where individual differences and context come into play. Take, for example, the task analytic study of “sustaining engagement” events in conjoint family therapy (Friedlander, Heatherington, Johnson, & Skowron, 1994). In this study, task resolution was defined as a behavioral shift such that family members who initially were reluctant to engage with one another in solving a specific problem broke through their impasse and began actively discussing and working on the problem together. In this study, in all of the “unsuccessful” events but in none of the “successful” ones, the families were headed by single parents. This observation suggests that the task analytic model that the researchers discovered might be valid only for two-parent families; different processes may be involved when therapists try to encourage “sustained engagement” in single-parent families (Friedlander et al., 1994).

A final consideration is that successfully resolved tasks require a strong interpersonal relationship. How a therapist or supervisor addresses a given task may vary depending on the stage of the working relationship and the degree to which the alliance is solid. Because the processes of change in therapy and supervision tasks often involve challenge, clients and supervisees alike need to see the social context as safe, a place to take risks and grow.

Typically, a task analysis begins with identifying an event, such as the portion of a session when a misunderstanding arises between supervisor and supervisee, and its related task (in this case, resolving the misunderstanding). The event and associated task should be ones that are common occurrences and ones that can bring about change in the client or supervisee. A common example in psychotherapy is a rupture in the therapeutic alliance (Safran & Muran, 1996) and its corollary in the supervisory alliance (Friedlander, 2015). In both contexts, the task of “repairing” a ruptured alliance is essential to providing the client/supervisee with an important, new relational experience that allows the therapy/supervision to progress more smoothly.

Whether the context in which critical events occur is psychotherapy or supervision, the task analytic model has three basic components: marker, task environment, and resolution (Greenberg, 1986). First, in the context of supervision, the marker is a statement or behavior on the part of the supervisee that signals a need for work on a specific task. The marker often is a single statement, such as Elise's response to her supervisor's question about what client they should talk about next: "Well, I did get a message from Frank. . . . He said in his message that he wouldn't be keeping any future appointments—that he's not ready for therapy yet." The marker might also be a segment of dialogue that lasts several minutes or a behavior that the supervisor notices and considers important to address, such as when a supervisee is chronically late to her supervision sessions. In the first instance, Elise's comment "marks" the need to discuss her client's decision to drop out after the first session. In the second instance, the supervisee's chronic lateness "marks" the need to discuss expectations or ground rules for supervision.

Second, the task environment includes the "performances" on the part of the client/supervisee and the "operations" (Greenberg, 1986) on the part of the therapist/supervisor. Performances and operations refer to the steps along the way to accomplishing the task at hand: for example, understanding a client's decision to drop out or eliciting and then negotiating expectations for supervision. These steps along the way are the various interactional sequences that promote the successful accomplishment of the task. In the case of the chronically late supervisee, the interactional sequences within the task environment might involve exploring the supervisee's feelings about being supervised, focusing on the supervisory alliance (goals, tasks, bond), attending to parallel processes (perhaps the supervisee's client is always late to the therapy sessions), and/or evaluating the supervisee's professional attitudes.

Finally, the resolution, which occurs at the end of the event, refers to the outcome or accomplishment of the task at hand. A successful resolution reflects a new understanding, an integration of conflict, a plan for action, and so forth. By definition, the lack of a resolution means that the task has not been accomplished. In unsuccessful events, the task

environment lasts until either the focus of conversation changes or the session itself ends. In the case of Elise, a successful event might involve a better understanding of Frank's decision to drop out and a new understanding of how to assess a client's motivation for change in an intake session. In the case of the chronically late supervisee, a successfully resolved event might involve a new understanding of the need for supervision and the supervisor's expectations.

## IDENTIFYING CRITICAL EVENTS AND TASKS IN SUPERVISION

Although supervision has many commonalities with therapy, it can be distinguished in three major ways: It is evaluative, it is not voluntary, and it is explicitly educational (Ladany, 2013). Because supervision has a unique set of interpersonal dynamics, specific elements in the supervision process are necessarily different from those that characterize the psychotherapy process. For this reason, the identification and research of task analytic models of supervision should be qualitatively different from task analytic models of psychotherapy.

In developing the task analytic model of critical events in supervision, we integrated our clinical experience as supervisors with extant theory and research on supervision. Our intent was to develop an approach that would be heuristically appealing and practically meaningful for supervisors and supervisors in training, and we anticipated that researchers could use the model to study significant mechanisms of change in the supervision process. Essentially, the model is like a template for identifying and researching critical supervision events. We chose the various events discussed in this book (e.g., role conflict, skill deficits) because they tend to occur frequently and are particularly challenging. However, there are many other supervision events that could be identified and researched using our task analytic template (Ladany et al., 2005).

Before illustrating the model more fully, we would like to lay out our assumptions. First, our process model is pantheoretical. Consequently, a supervisor working with a supervisee who wants to develop her

mindfulness skills for conducting acceptance and commitment therapy can use our model as readily as a supervisor working with a supervisee whose interest lies more within the psychodynamic tradition. Similarly, the task analytic model applies to supervision of counseling and psychotherapy within any professional discipline—psychology, psychiatry, marital and family therapy, social work, mental health counseling, school guidance, or nursing. Our second assumption is that the model is explicitly interpersonal. As mentioned, we view interactions and relationship as central to working through critical events in supervision. A third assumption is our belief that an emphasis on supervisees' learning, growth, and development requires more than case management. We do not see case management as the sole, or even primary, purpose for supervision, and we do not consider the supervisor to be a "trainer" in the sense of directing or evaluating a therapist's adherence to a manualized treatment. The fourth assumption, as explained earlier, has to do with our view of the supervision process as a sequence of meaningful events or episodes, each of which has an identifiable beginning, middle, and end. Although many events begin and are completed within one session, some events necessitate two or more supervision sessions, and some are interrupted and returned to later. Finally, we assume that the events we selected to highlight in this book are critical ones: that is, they are challenging and have implications for achieving important supervision goals.

In brief, a task analysis refers to the process of addressing specific critical events that tend to occur in supervision and are important for supervision outcomes, and the term task refers to what the supervisor is attempting to accomplish in a specific critical event. For instance, one critical event is the portion of a supervision session devoted to discussing a supervisee's countertransference; the task within the event is to better understand the countertransference and how to use it to clinical advantage with the client. As we discuss in more depth in the following section, the marker, task environment, and resolution, the three phases in the task analytic process model, are embedded within the supervisory working alliance. In Figure 1.1, the task analytic process model of supervision is illustrated.

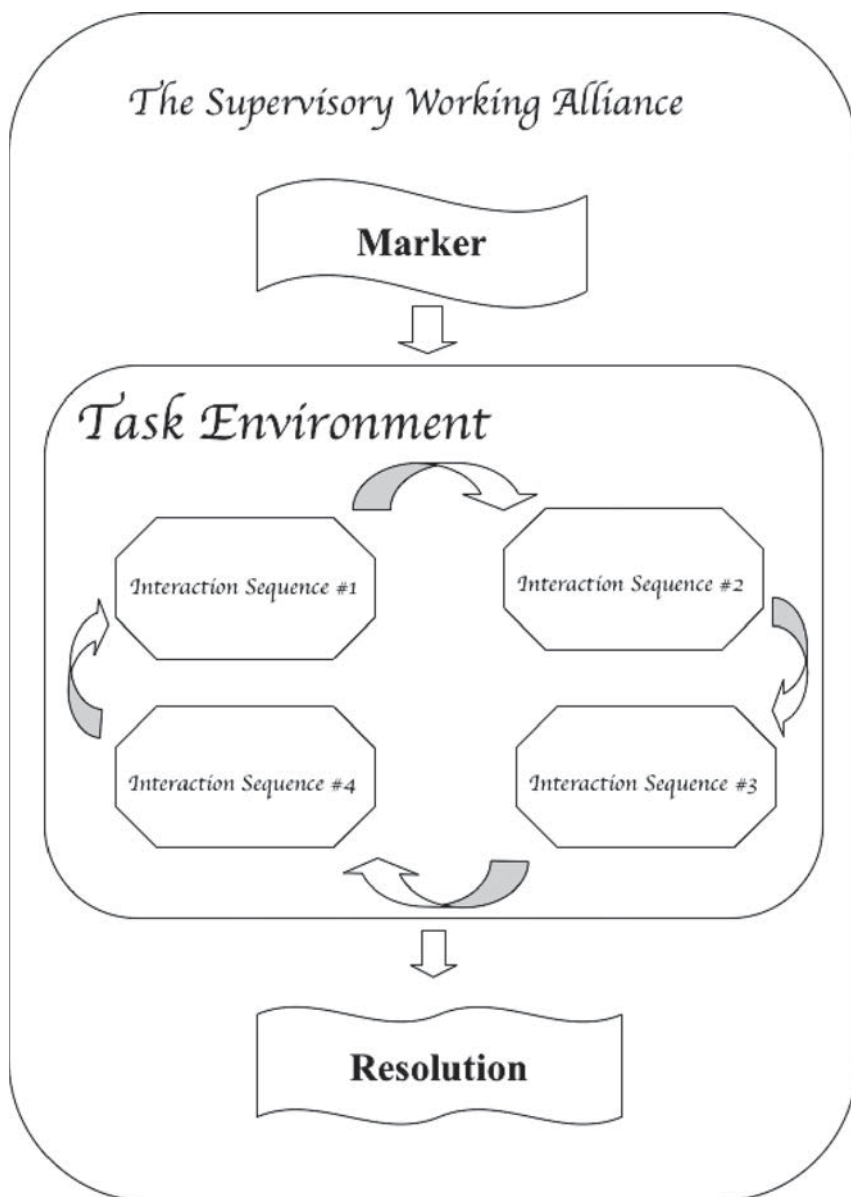


**Figure 1.1**

Prototypical critical event in supervision. Adapted from *Critical Events in Psychotherapy Supervision: An Interpersonal Approach* (p. 12), by N. Ladany, M. L. Friedlander, and M. L. Nelson, 2005, Washington, DC: American Psychological Association. Copyright 2005 by the American Psychological Association.

## SUPERVISORY WORKING ALLIANCE: THE FOUNDATION OF INTERPERSONAL SUPERVISION

The working alliance, one of the most frequently studied constructs in the supervision and psychotherapy literature, is arguably the foundation for effective supervision. In terms of definition, the supervisory working alliance consists of three components: (a) an agreement between supervisor and supervisee on the goals of supervision, such as improving specific technical skills, enhancing the supervisee's conceptualization ability, or increasing the supervisee's awareness of countertransference in therapy; (b) an agreement between supervisor and supervisee on the tasks of supervision, such as focusing on the supervisee's feelings toward her clients; and (c) a strong emotional connection or bond between supervisor and supervisee (Bordin, 1983).

The alliance, like any interpersonal relationship, grows over time. For the relationship to strengthen rather than falter, supervisor and supervisee must negotiate what should take place in supervision and to what end. To illustrate, if one goal of a supervisee's practicum supervision is to enhance his recognition of countertransference in working with his clients, he and the supervisor must agree, either implicitly or explicitly, that this goal is meaningful. They must also agree on how to accomplish the goal (i.e., the supervision tasks), such as reviewing tapes together and exploring the supervisee's feelings toward every client with whom he or she works. Of course, various tasks could be chosen to expand the supervisee's recognition of countertransference, but unless the supervisee and supervisor agree, to a meaningful extent, on how this awareness should come about (i.e., what should occur and when), the accomplishment of the goal could be compromised.

From the perspective of the alliance, it can be assumed that impasses of one sort or another reflect implicit or explicit disagreements between supervisor and supervisee about the nature of goals or the process of accomplishing them. These kinds of impasses define the kinds of critical events we describe in subsequent chapters of this book.

The importance of the supervisory alliance is well documented. Studies have shown that a favorable supervisory alliance is predictive of

supervisees' competency with multicultural issues (Ladany, Brittan-Powell, & Pannu, 1997); effective evaluation (Lehrman-Waterman & Ladany, 2001); flexibility in terms of collegial, interpersonally sensitive, and task-oriented supervisory styles (Ladany, Walker, & Melincoff, 2001); facilitating supervisees' self-disclosure (Ladany, O'Brien, et al., 1997); supportive gender-related events (Walker, Ladany, & Pate-Carolan, 2007); liking for the supervisor (Melincoff, 2001; Melincoff, Walker, Tyson, Muse-Burke, & Ladany, 2001); supervisee self-efficacy (Efstation, Patton, & Kardash, 1990); and satisfaction with supervision (Ladany, Ellis, & Friedlander, 1999; Shaffer & Friedlander, 2015). On the other hand, an unfavorable supervisory alliance is related to supervisees' experiences of role ambiguity and role conflict (Ladany & Friedlander, 1995); nondisclosure of relevant material (Ladany, Hill, Corbett, & Nutt, 1996); insecure attachment (Riggs & Bretz, 2006); negative supervisory experiences (Ramos-Sánchez et al., 2002); anxiety (Mehr, Ladany, & Caskie, 2015); and vicarious traumatization (Fama, 2003). Moreover, supervisees tend to view the supervisory alliance as unfavorable when they see their supervisors behaving unethically (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Nelson & Friedlander, 2001).

Highlighting the importance of the alliance in working through critical events, some research indicates that supervisees tend to rate the alliance unfavorably when they have experienced gender discrimination (Bertsch et al., 2014; Walker et al., 2007) or other counterproductive incidents in supervision (Gray, Ladany, Walker, & Ancis, 2001). At times, impasses in supervision originate not in disagreements about the goals and tasks but in the quality of the emotional bond. Like the working alliance in psychotherapy, the bond is crucial to the supervisory alliance and reflects the extent to which the supervisor is responsive to the supervisee's evolving needs (Friedlander, 2012, 2015). A strong bond is characterized by mutual liking, warmth, trust, and respect. Arguably, the quality of the emotional bond is a limiting factor in the extent to which a supervisor can suggest or impose challenging supervision goals and tasks.

Because the bond is strengthened when the supervisor is responsively understanding and empathic (Friedlander, 2015), the importance

of empathy in supervision cannot be overstated. Unfortunately, many supervisors may be highly empathic psychotherapists but lack the same level of caring concern for their supervisees, especially when an impasse occurs between them. The bond can be compromised when a supervisor's zeal leads her or him to overlook or misjudge a supervisee's vulnerability in the face of a poor evaluation or a disagreement between them. Like clients, supervisees need supportive reassurance to accept and eventually to assimilate critical feedback. It is daunting for supervisees to feel disdain from their supervisors when those very supervisors speak about their own clients with compassionate concern.

In our interpersonal model of supervision, the supervisory alliance is the foundation for working through critical events, just as the therapeutic alliance is the foundation for challenging clients to change. As mentioned, we construe the supervisory and the therapeutic alliances as reflective of one another in a figure/ground configuration, where at times the supervisory alliance is the focus of the session (the figure) and the supervisee's alliance with her or his client(s) is not under discussion (i.e., the ground). At other moments, the supervisory alliance is not under discussion (the ground); rather, the focus (or figure) is the supervisee's relationship with her or his client(s).

Typically, the supervisory alliance is the figure early on in supervision. The alliance also becomes the figure when conflicts—impasses or ruptures—surface in the relationship. At other moments in supervision, the strength of the alliance fluctuates depending on the event at hand. In the context of a strong supervisory alliance, a supervisor is likely to be effective in challenging his or her supervisee, but when the alliance is weak, challenges may be seen as harsh or even insulting. When a supervisee seems overwhelmed or distressed by what is taking place in a supervision session, moving the supervisory alliance from the ground to the figure is essential. Depending on the supervisee's level of confidence or self-efficacy as a therapist, it may be helpful for the supervisor to “check in” with the supervisee about their relationship before proceeding to discuss the supervisee's work with specific clients. Repeatedly failing to “check in” with a vulnerable supervisee could well damage the supervisory work and, ultimately, the professional development of the supervisee.

## Identifying the Marker

In the task analytic model, the marker initiates the event at hand. Simply put, the marker refers to a statement, a series of statements, or a behavior that “marks” the supervisee’s need for a specific kind of response on the part of the supervisor. Just as the marker in a therapy event signals to the therapist that a particular issue (i.e., task) needs to be addressed, such as the client’s resistance to completing homework assignments, the marker in a supervision session signals to the supervisor that a particular action or focus is needed at that moment.

Sometimes the marker is readily apparent, such as when a supervisee directly asks the supervisor for help with a particular client or the supervisee brings up a professional concern or a desire to practice a specific technical skill. At other times, the marker is more subtle and thus easily overlooked. In other words, the marker may not be what the supervisee says or even what she or he does, as much as what she or he does not say or does not do. Some examples include arriving late to supervision, coming unprepared to discuss any clients, or repeatedly failing to record therapy sessions. In group supervision, the marker might be a consistent lack of participation in the group or a sarcastic response to feedback from a peer. The marker might also involve an interaction with a client that the supervisor observes in a recording of the supervisee’s session. The marker might also be a defensive posture when certain topics are on the table in supervision, such as when the supervisor inquires about the supervisee’s case notes. In these situations, it is crucial for the supervisor to tread lightly to avoid a rupture in the supervisory alliance, which will only complicate the successful resolution of the critical event.

Although different markers may indicate similar problems, different problems can manifest themselves with similar markers. As an example, role conflict (Chapter 2) could be “marked” by the supervisee’s passive withdrawal in the supervision session, coming late to supervision appointments, or continually failing to record her therapy sessions. Yet these same markers might not be indicative of role conflict with the supervisor but rather the supervisee’s need to recognize and understand a parallel process (Chapter 4). In some situations, the marker phase of the critical event can

be prolonged. This phase does not end until the supervisor is clear about precisely what needs to be addressed at that point in the session.

## THE TASK ENVIRONMENT: WORKING THROUGH THE EVENT

After the marker is understood by the supervisor, the task environment takes center stage. Essentially, when broken down into its three parts, the task environment (see Figure 1.1) is a series of interactional sequences that are both the supervisor's operations (interventions or strategies) and the supervisee's performances or reactions (cf. Greenberg, 1986). Although the sequences that make up a task environment differ for different critical events and depend on the supervisee's readiness for change and developmental level as a professional, there are some common interactional sequences that characterize a distinctly relational approach to supervision (Shaffer & Friedlander, 2015), including sequences that reflect the processes of exploration, clarification, and working through. For example, in a countertransference event, the interactional sequences in the task environment most likely involve exploration (of the therapy relationship and the supervisee's feelings), a direct focus on the countertransference (clarification), followed by an interpretation and working through of the parallel process (Ladany et al., 2005).

Table 1.1 defines 11 interactional sequences that can characterize the operations and performances within the task environment of a critical supervision event. Naturally, these sequences are not mutually exclusive (a focus on countertransference usually involves exploration of feelings), and the list is not exhaustive of all possible sequences that characterize critical supervision events.

A recent program of research with these interactional sequences (Shaffer & Friedlander, 2015) showed that five of the 11 sequences constitute a single, relational factor. In other words, five key sequences were identified empirically as being most purely relational: focus on countertransference, exploration of feelings, focus on the therapeutic alliance, attend to parallel process, and focus on the supervisory alliance. In two studies, these five sequences (based on a sample of supervisees' frequency ratings on a new

Table 1.1

### Common Interaction Sequences in the Task Environments of Critical Events

| Sequence                           | Definition                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Focus on the supervisory alliance* | Discussion of aspects of the relationship related to agreement on the tasks and goals of supervision (including evaluation), as well as to the emotional bond between supervisor and supervisee. May either be a “checking in” about the alliance or an explicit discussion about what is taking place or should take place in supervision, including a focus on the supervisee’s or the supervisor’s feelings about their relationship. |
| Focus on the therapeutic process*  | A discussion about what is taking place between the supervisee and client (i.e., the kinds of interactions that occur, the strength of the therapeutic alliance, and how the client sees the supervisee’s behavior in relation to self and <i>vice versa</i> ).                                                                                                                                                                          |
| Exploration of feelings*           | Typically, but not exclusively, a here-and-now focus. Feelings can be expressed about the client, the therapeutic relationship or process, about the supervisee’s progress in training, or about personal issues.                                                                                                                                                                                                                        |
| Focus on counter-transference*     | Discussion of how and why the supervisee’s feelings and/or personal issues are “triggered” by a client’s behavior or attitude.                                                                                                                                                                                                                                                                                                           |
| Attend to parallel processes*      | A discussion that draws attention to similarities between a specific therapeutic interaction and the supervisory interaction. Parallel processes may originate in either interaction and be mirrored in the other.                                                                                                                                                                                                                       |
| Focus on self-efficacy             | A discussion of the supervisee’s sense of confidence in his or her therapeutic skills (either specifically or globally), sense of self as a professional, or ability to function in various roles (e.g., as therapist, student, supervisee, colleague).                                                                                                                                                                                  |
| Normalizing experience             | A discussion of how the supervisee’s experience (either as a therapist, colleague, or supervisee) is typical and developmentally expected or appropriate.                                                                                                                                                                                                                                                                                |
| Focus on skill                     | Discussion of the how, when, where, and why of conceptual, technical, and interpersonal skills. May include role playing or a discussion of how to apply theory to specific therapy interventions.                                                                                                                                                                                                                                       |
| Assessing knowledge                | Evaluating the degree to which the supervisee is knowledgeable in areas relevant to the cases(s) under discussion. Knowledge bases include ethics, research, and theory as applied to practice.                                                                                                                                                                                                                                          |
| Focus on multicultural awareness   | Discussion of the supervisee’s self-awareness in relation to individuals who are similar and different in terms of gender, race, ethnicity, age, sexual orientation, religion, disability, family structure, or socioeconomic status.                                                                                                                                                                                                    |
| Focus on evaluation                | Discussion of the supervisee’s performance in therapy, in supervision, and as a professional. May involve a discussion of feedback, critical and positive, either summative or formative.                                                                                                                                                                                                                                                |

*Note.* \*Interactional sequences in the Relational Behavior Scale (Shaffer & Friedlander, 2015). Reprinted from *Critical Events in Psychotherapy Supervision: An Interpersonal Approach* (pp. 15–16), by N. Ladany, M. L. Friedlander, and M. L. Nelson, 2005, Washington, DC: American Psychological Association. Copyright 2005 by the American Psychological Association.

measure, the Relational Behavior Scale [RBS]), were uniquely predicted by supervisors' "interpersonally sensitive" style of working with supervisees. Moreover, RBS scores were significantly associated with (a) a strong supervisory alliance and (b) supervisees' positive experience of the supervisor in the session in which relatively more RBS behaviors occurred. Taken together, these results strongly support the theoretical underpinning of the critical events model.

In the chapters that follow, we turn our attention to the interactional sequences that we believe are most likely to result in a successful resolution of the critical events under discussion. The 11 interaction sequences may be carried out in various ways depending on a variety of contextual factors, including gender, culture, personality/style, the supervisee's developmental level, the clinical context, state of the supervision relationship, and so forth. For this reason, the sequences for each event described in the following chapters are suggested but not prescribed ways for resolving critical events. Moreover, the kinds of sequences or interventions that a supervisor chooses to use within each interaction sequence of the task environment may differ from the interventions of another supervisor. For example, when using the sequence exploration of feelings, one supervisor might ask the supervisee how he or she felt when the client was silent for an extended period of time, or the supervisor might ask the supervisee to describe his or her experience of the client as they watch a portion of the recorded session together. Alternately, a supervisor might use different interventions with different supervisees. With a focus on countertransference, the supervisor might ask one supervisee if he or she ever felt similarly with people in his or her personal life, and in working with a different supervisee, the supervisor might inquire directly about other clients or what his or her emotional reactions bring to mind. In a gender misunderstanding event, when the supervisor is using the assessing knowledge sequence, she or he might ask the supervisee to take a feminist perspective on the client's life story. In a skill deficit event, the supervisor's focus on skills might involve role playing or asking the supervisee to explain why she or he used a particular intervention at a particular time.

We also want to point out that the various sequences in a task environment are not altogether discrete and at times the process is a recursive one

(note the arrows between the various interactional sequences in Figure 1.1). What is consistent, however, is the continuous forward movement through the task environment toward some kind of “working through,” which optimally leads to a successful resolution of the task at hand.

To illustrate, in Figure 1.2 the marker for a managing sexual attraction event is the supervisee’s comment that she feels attracted to her client. Once the supervisor recognizes this marker as signaling a sexual attraction event, the task environment proceeds through the four interactional sequences of exploration of feelings, focus on the supervisory alliance, normalizing experience, and focus on countertransference, with their recursive nature indicated in Figure 1.2 by arrows. To illustrate the process model, Figure 1.2 depicts a linear progression of stages, but in actuality the order of these stages—and even their nature—is likely to differ based on a complex interaction of supervisee, supervisor, client, clinical setting, and strength of the supervisory alliance.

## THE RESOLUTION: THE END OF A CRITICAL EVENT

When all elements of the task environment come together successfully, the event ends with a resolution, the proximal outcome of the specific supervisory task at hand. Successful resolutions reflect an enhancement in (a) self-awareness, (b) knowledge, (c) skills, or (d) the supervisory alliance. By *self-awareness*, we mean the supervisee’s recognition of precisely how her or his own prior life experiences, expectations or biases, feelings, behaviors, and/or beliefs influence her or his work with clients. *Knowledge* has to do with the theoretical, empirical, and practical understanding that a supervisee gains through graduate training and clinical experience. *Skills* refers to interpersonal, technical, or conceptual capabilities related to psychotherapy; they range from micro skills (interventions such as reassurance, asking open questions, making summations, and reflecting feelings) to complex therapeutic skills (e.g., conducting an empty-chair dialogue). The *supervisory alliance* refers to enhancing the emotional connection between supervisor and supervisee, coming to an agreement on supervisory goals and tasks, and/or addressing a rupture in the supervisory working relationship.

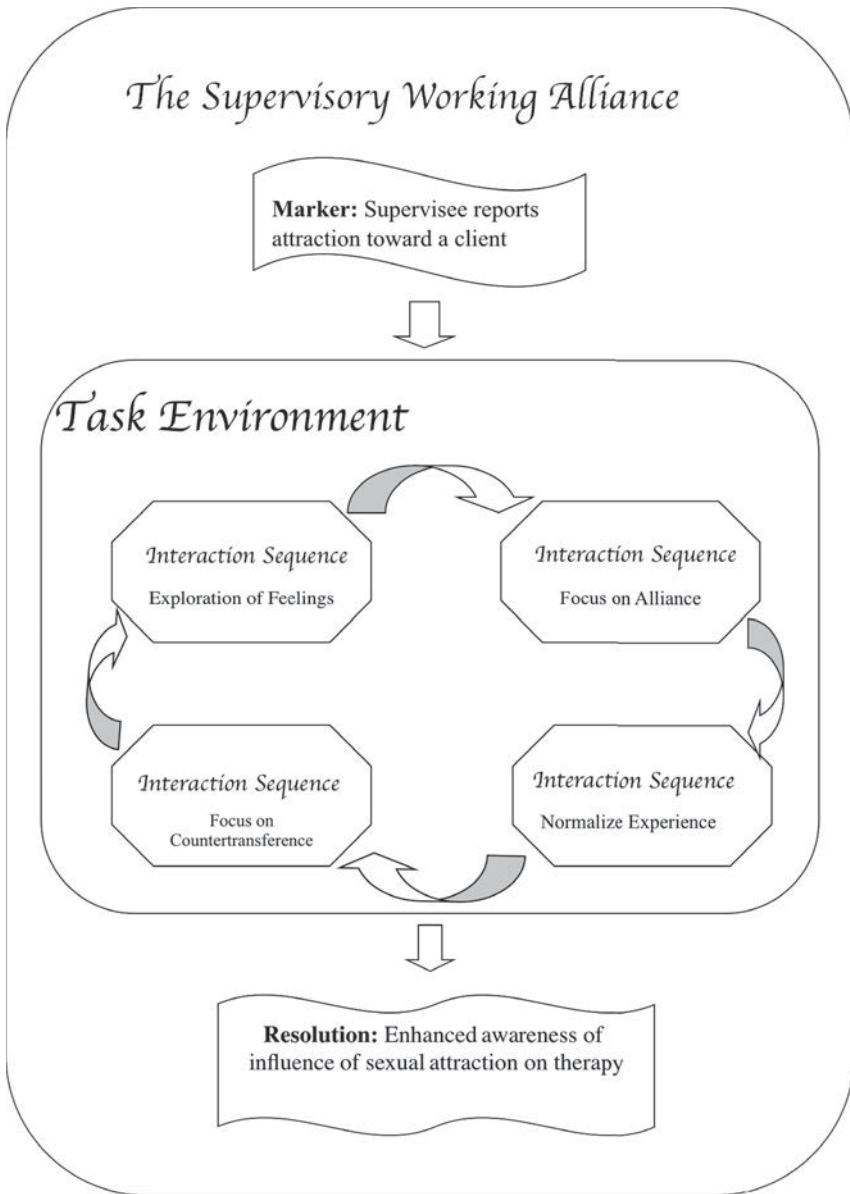


Figure 1.2

Example of a sexual attraction event. Adapted from *Critical Events in Psychotherapy Supervision: An Interpersonal Approach* (p. 17), by N. Ladany, M. L. Friedlander, and M. L. Nelson, 2005, Washington, DC: American Psychological Association. Copyright 2005 by the American Psychological Association.

The exact nature of any resolution is closely linked with the task at hand in a given supervision event. Thus, a resolution might involve greater self-awareness (in a countertransference event, for example) or planning for action (e.g., in a multicultural awareness event). Essentially, the resolution involves coming back to the original concern or point of entry into the event, signaled by the marker. In short, events with successful resolutions are those in which the task at hand is accomplished. For example, in a successfully resolved countertransference event, the supervisee has a new appreciation for his or her emotional reactions to the client in light of his or her own personal background or experience and explains to the supervisor a new strategy for working with the client in light of this new self-awareness.

Of course, not all tasks are successfully resolved. Those that are partially resolved or that are unsuccessful tend to lack closure. Clearly unresolved tasks are those in which the supervisory session ends with tension, anger, or withdrawal. In other situations, the event's conclusion may be less clear, such as when the supervisee agrees to follow the supervisor's suggestions but does so without a clear commitment or when the supervisor addresses the supervisee's feelings but, sensing resistance, shifts the conversation to another topic altogether. A poor conclusion to a critical event can be just as unsettling for a supervisee as it is for a psychotherapy client and arguably for the supervisor as well.

### **Identifying Critical Events**

Although the literature on critical events in supervision is limited, authors have written about some important recurring themes in psychotherapy supervision, many of which are universal. From this literature and our own experience as supervisors, we previously identified 10 critical events, with the following tasks: remediating skill difficulties and deficits, heightening multicultural awareness, negotiating role conflicts, working through countertransference, managing sexual attraction, repairing gender-related misunderstandings, addressing problematic attitudes and behavior (Ladany et al., 2005), facilitating supervisee insight, enhancing career counseling skills, and facilitating a corrective relational experience

(Ladany, 2006; Ladany et al., 2012; Ladany & O'Shaughnessy, 2015). In this book, we add working through parallel processes as an additional critical event. Although this list is by no means exhaustive, these kinds of tasks tend to be the most common and challenging ones that take place in psychotherapy supervision.

What can be particularly challenging is when one event leads to another event, which needs to be resolved before returning to working through the original one. For example, a session that begins with a countertransference event ("marked," for example, by a supervisee's comment that she or he feels "angrier than [she or he] should" toward a new client) could well turn into a role conflict event after the supervisor asks the supervisee to consider the personal basis for the strong reactions. If the supervisee feels that the supervisor's inquiry is personally intrusive, this rupture in the supervisory alliance needs to be repaired before there can be a successful resolution to the original countertransference difficulty with the client.

Alternatively, what begins as a critical event in supervision, say the supervisee's "problematic attitude" after receiving directive feedback from the supervisor, might well turn into a critical event related to the supervisee's therapeutic work with clients. This switch might occur, for example, if in discussing her or his general lack of confidence as a therapist, the supervisee discloses that her or his client has made sexual overtures to the supervisee. In a more critical situation like this one, it would be important to focus on the sexual attraction event within the therapy before returning to a discussion of the supervisee's problematic attitude in supervision (i.e., one trumps the other).

In this book, we focus on one-on-one, face-to-face supervision, although critical events clearly also take place in group supervision. Each chapter begins with research and theory relevant to the critical event under discussion. Next, we suggest a conceptual model for addressing each kind of event, in which the supervisory task at hand is marked by various possible behaviors or comments on the part of the supervisee. As described earlier and illustrated in the foregoing figures, each process model contains a marker, task environment (with suggested interactional sequences), and resolution. Following the description of each model are abbreviated transcripts that illustrate successful or unsuccessful task

resolutions. Alongside the dialogue are the participants' perceptions, intentions, and reactions as the event is ongoing. At the conclusion of each chapter, we discuss some special considerations, which are noteworthy issues that may arise in working through each kind of critical event.

## FINAL THOUGHTS BEFORE VENTURING FORWARD

As we explained earlier and continue to emphasize: Context is key. That is, critical supervisory events do not occur in a vacuum. Like clients and therapists, supervisors and supervisees bring to the table a variety of backgrounds, personal experiences, and salient concerns that result in an exciting, yet sometimes bumpy, process of supervision. To capture the complexity of these contextual dynamics, our illustrative cases have varying characteristics of supervisors and supervisees, settings, and formats of therapy and supervision. In this way, we have strived to demonstrate the wide application of our model in hopes of encouraging readers to consider the diversity of supervision practice across fields of specialization.

One important point needs to be stressed at the outset. Supervisees are expected to come to supervision with an openness to the supervisory process and with at least rudimentary skills, knowledge of psychotherapy processes, and some degree of self-awareness. When a supervisee lacks these essential characteristics, it behooves the supervisor to recognize the supervisee's shortcomings as soon as possible in their work together so as to address them responsively and responsibly. Sometimes this can be done as a critical event but other times, such as when a supervisee lacks even rudimentary skills, could involve remediation before clinical interactions occur.

We realize that the personal/emotional aspect of supervision tends to be poorly understood by beginning supervisees, and the process of self-discovery can be threatening even for experienced supervisees. For this reason, a crucial aspect of supervision is clarification of role expectations at the outset. Indeed, informed consent for supervision that includes clear role expectations is required (see *Guidelines for Clinical Supervision in Health Service Psychology*, American Psychological Association, 2014) to circumvent role conflict or ruptures in the supervisory

alliance. Clarification of expectations is essential so that from the outset, the supervisee understands and agrees that his or her personal concern or background may become a focus of the supervision conversation, but the goal of such a conversation is not to change the supervisee's personality structure or to work through his or her personal problems. Rather, the goal of this kind of supervision conversation is to address specific personal barriers that may be impeding the supervisee's work with clients or hindering his or her productive participation in supervision.

Any discussion of professional behavior should be conducted with a clear delineation of professionalism. Although this book is not an ethics casebook, our case descriptions and discussions may well raise pertinent ethical issues. For this reason, we encourage supervisors to consider their respective professional ethical codes and guidelines.

We believe that good supervision of good therapeutic work is good supervision of good therapeutic work, regardless of whether it is called *counseling* or *psychotherapy*. For this reason, we use the term *supervisee* rather than *trainee* to include postdegreed practitioners who are receiving supervision. For ease of reading, we vary the gender of supervisor and supervisee, but in all cases the choice of gender is arbitrary. Further, because we believe that the field's differentiation of "counseling" from "psychotherapy" is neither precise nor meaningful, we use the term *psychotherapy* for purposes of consistency. Ultimately, we acknowledge the richness of the many professional disciplines in which the supervision of psychotherapy is provided and researched.