

THE COMMON CORE OF PSYCHOTHERAPY SUPERVISION ESSENTIALS: A TRANS-THEORETICAL ELABORATION

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Abstract

I earlier proposed common factors, common processes, common practices supervision perspective, identifying a number of cross-cutting, trans-theoretically applicable, practice-defining supervision commonalities. In what follows, I update that earlier proposal, detailing ways in which the perspective has since evolved. Ten different areas of supervision commonality are identified and elaborated upon: Values, principles, supervisee characteristics, supervisor characteristics, supervisor-supervisee combined relational contributions, supervisee learning/change processes, supervisor roles, supervision interventions, supervisor listening/experiencing perspectives, and pan-theoretical markers of supervision concern. A foundational tenet for this perspective remains: All psychotherapy supervision approaches are guided by a nomological network of binding commonalities that enlivens and directs supervisory action. That binding, trans-theoretical nomological network is reflected across these 10 areas of supervision commonality, what we might think of as the *common core of psychotherapy supervision essentials*. I frame this common core as being embedded within an educational model of supervisory action that respectively accentuates at least one critical change condition, one critical change process, and one critical change mechanism: Relationship → Reflection → Reorganization.

Key words: supervision, psychotherapy, common factors, processes, practices

PREAMBLE

What follows is a three-part paper. Part I provides an elaboration and extension of the common factors, common processes, common practices supervision perspective [1], [2]. Part II brings together conceptually consistent material from four sources - an educationally-informed, learning-based supervision model [3],

the Supervision Pyramid [4], the generic supervision model [5], and the Contextual Supervision Relationship Model [2], [6], [7] - to provide an anchoring tripartite framework within which those core commonalities can be located. Part III builds on those elaborated commonalities, reviewed models, and anchoring framework to put forth a conceptual-imagined, learning-based, commonalities-infused supervision model [8],[9].

1. INTRODUCTION AND QUESTIONS OF CONCERN

As signature pedagogy of the helping professions (i.e., the primary method of fostering professional practice learning; [10]), psychotherapy supervision serves several critical purposes: (a) developing and enhancing conceptual and treatment skills; (b) developing and crystallizing a psychotherapist identity; (c) developing conviction about the meaningfulness of psychotherapy itself; and (d) monitoring treatment efforts and safeguarding client care [11],[12],[13]. It is a process about oversight and insight, a process of learning preparation, facilitation, cultivation, and inculcation. Eminently interdisciplinary in scope and increasingly international in reach, supervision may well be our *single most powerful contributor* to therapist competence development *and* practice excellence [14],[15],[16].

Down through the decades, three models of supervision practice—psychotherapy-focused, developmental, and social role/process—have robustly emerged [10], [17], [18]. Psychotherapy-focused supervision perspectives give specific focus to different forms of psychotherapy and their learning (e.g., cognitive behavioural supervisors working with cognitive behavioural therapists to learn cognitive behavioural therapy; [19], [20]); the supervision process is uniquely stamped by the psychotherapy being learned. Developmental supervision perspectives give focus to (a) the developmental stages and developmental issues that evolving therapists experience and (b) the supervisor’s matching developmental responsiveness [21], [22], [23]. Social role/process perspectives give focus to (a) supervisees’ evolving learning needs and (b) those supervisor roles that best address those evolving needs [24], [25], [26].

Over the course of these last 15 years, a growing number of second-generation supervision models have also emerged [10]. According to Bernard and Goodyear [10], these more recent models—which can still be grouped under the psychotherapy-focused, developmental, and social role/process umbrellas—include: combined models (i.e., model integration), target issue models (e.g., having a multicultural focus), and common factors models (i.e., identifying those core features that are common across perspectives). This continued model development reflects the theoretical vibrancy and ferment of our ever-evolving signature pedagogy [12].

But as we continue to benefit from that vibrancy and ferment, I have continued to wonder about two most fundamental supervision questions: (a) What are the ties that bind us together as supervisors? and (b) What do we all do that practically matters? Those questions have long fascinated and frustrated, excited and plagued me. I have wanted to better understand: Is there a common core that defines supervision practice? If so, what are those supervisory essentials? I subsequently take up those questions, sharing with you some of my efforts to provide answer.

2. PART I: FOCUS ON A COMMON FACTORS PERSPECTIVE

I begin by giving specific focus to and elaborating upon a common factors supervisory perspective, one of those recent second-generation models. My reasons and rationales for doing so are:

(a) it is my fundamental contention that all psychotherapy supervision approaches are grounded in and guided by a nomological network of binding commonalities that enlivens and invigorates, directs and determines, and actuates and actualizes supervisory action [1], [2], [6], [7]; better understanding the specifics of that nomological network, bringing more definition to supervisory conceptualization and conduct, could be of potential benefit to all supervisors and their practice [10];

(b) “Common factors models are especially important because they attempt to address the infrastructure of supervision” [10, p. 69]; with any such identified infrastructure by definition being trans-theoretical and, thereby, having trans-theoretical supervisory salience and implications, it would again seem highly important to better understand those ever-present, practice-affecting commonalities so potentially important for us all;

(c) articulated trans-theoretical and common factors supervision perspectives remain rare[1]; it was only six years ago that Bernard and Goodyear [27] rightly recognized that, “Although there is frequent reference to similarities among supervision approaches, there is little published literature on the topic” (p. 60–61); but if common factors supervision models do indeed make a “distinct contribution” [10, p. 68]), let us work to better explicate just how that is so; and

(d) it may well be that, in becoming a supervisor, “to develop an integrationist perspective probably is inevitable” [28, p. 108]); if that is so, developing a more defined portrait of supervision’s integrationist commonalities would seem most instructive in our being able to most informatively meet that inevitability; may we work to develop that portrait into realized practical reality.

2.1. COMMONALITY-BASED VISIONS OF PSYCHOTHERAPY SUPERVISION: THE VIEW SO FAR

A burgeoning base. Up until 2014, only four trans-theoretical/common factors supervision publications could be identified [27]. Three of those contributions [29], [30], [31] were conceptual in nature, the other one being empirical [32]. A number of other common-factors-focused supervision publications have since appeared, most emerging across these last five years [1-9], [33-40]. For a content summary across (most) publications, see Watkins [1]. What was earlier concluded about that burgeoning base of commonality contributions, their common message, still readily applies now: “(a) Supervision is most fundamentally a learning experience where the primary targets are therapist skills/competence and identity development; (b) the supervisor-supervisee relationship serves as *the* foundation of the supervision experience; and (c) the supervisor functions foremost from a stance of developmental responsiveness in stimulating supervisee growth...” [1, p. 142, italics in original].

A common factors, common processes, common practices perspective. Although I have long been interested in trans-theory and supervision [41], I have been especially interested in exploring and elucidating a common factors vision of supervision across this last decade. Again, the questions that have galvanized my study are these: (a) What are the ties that bind us together as supervisors? and (b) What do we all do that practically matters? In seeking answer, I earlier went “in search”, attempting to identify, demark, and define supervision’s common factors and practices [1]. My search strategy specifically involved the following: (a) examining supervision handbooks, books, and book chapters appearing since 1980 (the time of supervision’s transformative emergence; [42],[43],[44]); (b) examining supervision articles appearing since 1980 in supervision journals(e.g., *The Clinical Supervisor*) or journals that publish supervision articles (e.g., *Journal of Psychotherapy Integration*); (c) examining supervision competence frameworks (all largely products of the last approximate 15-year period; e.g., [45], [46]) and striving to remain informed about pertinent supervision happenings from around the globe; (d) studying, reflecting upon, and drawing tentative inferences about the myriad of common factor possibilities across those examined publications/documents; and (e) based on that continued process of study, reflection, and hypothesis generation, developing preliminary lists of common factors and practices, repeatedly revising those lists as needed, and eventually arriving at a finalized group of lists that seemingly best captured a much reasoned, highly reasonable, solidly defensible core of supervision commonalities.

My proposed view—what I have referred to as a common factors, common processes, common practices perspective [1], [2], [7] - identifies important supervision commonalities that cut across a host of critical areas. Some examples

are: supervisor qualities/characteristics (e.g., being empathic), supervisee change processes (e.g., self-reflection and insight development), supervision relationship components (e.g., alliance), and supervisor practices/interventions (e.g., providing feedback). My most fundamental contention is this: Those very commonalities identify the ties that bind us all together as supervisors, indicate what we all do that practically matters.

2.2. A RUNNING REVISION: THE COMMON FACTORS, COMMON PROCESSES, COMMON PRACTICES PERSPECTIVE NOW

This common factors view of supervision is not static and subject to revision. I have accordingly attempted to subject this view to a running revision process, whereby the five-step search strategy indicated above (in preceding section) remains in play and operational. I detail subsequently the most recent revisions to this common factors view, bringing together material from a number of different sources across these last seven years. All tables reflect that most recent updating. (For other commonalities not included here, see original paper [1].) Ten areas are addressed: Values, principles, supervisee characteristics/features, supervisor characteristics/features, supervisor-supervisee jointly created common factors, supervisee learning/change processes, supervisor roles, supervisor interventions, supervisor listening/experiencing perspectives, and pan-theoretical markers needing supervisor response.

Core supervision values. Values are thought of as ideals, that which is regarded highly, held dear, our judgments about what is important in life. Table 1 identifies five core values that are defining of and supremely significant for ‘supervision life’. These values provide the anchoring, orienting, direction-giving substrate from which all constructive supervisory action springs. What we see emphasized are: a preeminent prizing of supervision itself, a “holding on high” the supervisory relationship, supervisee and supervisor development, and facilitative, tailored responsiveness. These values guide and abide, seemingly shared across the entirety of the supervisory spectrum [22], [26], [47-55]. Let us think of the supervisor-supervisee relationship as a sacred trust, the supervision situation as a sacred space, and supervision action as sacramental service. These five values reflect the sanctity of and honour that supervisory relationship, space, and service.

Table 1

Five Core Psychotherapy Supervision Values Defined

<p><i>Eminent valuation</i> – assigning the highest value to, having the utmost respect for, supervision as an ever crucial and supremely significant educational intervention; the very foundation from which all other supervision values emanate; foremost communicated via actions that show a passionate prizing of all matters supervision. Defining message: Supervision is superordinate.</p>

Abiding fidelity – involves being studiously loyal and faithful, having full and complete commitment, to supervision and one’s supervisory development; reflected by supervisors taking matters of good practice and best practices ever so seriously, routinely challenging themselves via educational opportunities, and regarding being a supervisor as a lifelong learning process. Defining message: I as supervisor am forever faithful to supervision and its practice.

Relational privilege – involves granting supreme supervisory privilege and esteem, regarding as a sacred trust, the supervisor-supervisee relationship; relationship seen as the quintessential medium, mediator, and message, contributing mightily to supervision success or lack thereof. Defining message: I as supervisor preeminently value our supervisor-supervisee relationship as supervision’s foundation.

Accommodative attunement– involves holding on high the customization or tailoring of supervision to best match supervisees’ learning needs; a valuing of evolving change and matching movement, accommodating to navigate and tailoring to fit; as supervisees’ learning needs shift, supervisors responsively shift the supervisory situation. Defining message: I as supervisor forever follow and have as my guide your learning needs.

Developmental ascendancy– involves holding supervisee development as sacrosanct and granting it prized and privileged status; supervision at its core is about maximization of supervisee learning, stimulation of supervisee growth; supervisee development as value is of teleological import, endemic to supervision, an internationally embraced construct that touches every facet of the supervisory encounter. Defining message: I as supervisor will do all I can to forever foster your therapist development.

Sources: Taken/adapted from Watkins [2, pp. 31–32]; Watkins et al. [56, pp. 5–9].

Core supervision principles. Principles have gained considerable traction in psychotherapy as trans-theoretically-informing, practice-inspiring, educationally essential “If..., then...” statements of guidance [57], [58]. It is no different for psychotherapy supervision: Supervisors can readily benefit from being informed by and guided by supervisory principles [2, p. 37]. A supervision principle refers to “a general statement that identifies the conditions by which supervision change occurs..., frame-able in an “if..., then...”format and reflecting a concentrated truth of sorts...” [37, p. 166)]. Such principles can be of value by providing instructive, cross-perspective supervision intervention guidance. Table 2 identifies 25 such principles, which primarily give focus to the supervision relationship, intervention, and process/outcome considerations. These proposed principles — placed into rough groupings — have received some degree of support, by means of either expert opinion, empirical study, or some combination of the two. Although supervision principles lack the evidence-based backing of the therapeutic change principles [58] and must be viewed more tentatively, they still provide reasoned and reasonable guidance that can be informative for supervisory conceptualization and conduct. I contend that, as with supervision’s core values, these principles are trans-theoretically salient.

Table 2

Twenty-Five Core Psychotherapy Supervision Principles

Supervisor Attitude/Approach

1. Where supervision is granted supreme value, supervisors are best positioned to advantage and advance any and all facets of supervision;
2. Where supervisors are faithful to the project of supervisor development, they are increasingly apt to engage in informing, equipping supervisor development efforts;
3. A secure attachment pattern in the supervisor appears to facilitate the supervision process;

Supervisee Attitude/Approach

4. Supervisees with a high level of educationally interfering behaviours (e.g., defensiveness), compared with supervisees where that is not the case, are more likely to be hampered in fully investing in and deriving benefit from supervision;
5. Supervision outcome is likely enhanced when the supervisee actively embraces and engages in the supervision process;
6. Supervisee expectations, their fulfilment or lack of fulfilment, can be expected to play a key role in the favourable or unfavourable unfolding of the supervision experience;

Supervision Process/Outcome

7. Supervision process and outcome are likely enhanced when guided by a developmentally-informed perspective;
8. Supervision is likely to be most beneficial when supervisor and supervisee expectations are made transparent and used to inform the evolving supervisory process;
9. The most effective supervisions are likely to be those that do not induce supervisee resistance;
10. Supervision outcome is likely enhanced if pertinent intrapersonal aspects of the supervisee's functioning related to clinical problems are addressed in supervision;
11. Supervision outcome is likely enhanced if supervisee interpersonal issues related to clinical problems are addressed in supervision;

Supervision Relationship/Intervention

12. Supervisee learning is increasingly apt to be galvanized when supervisors create a forever enabling and empowering learning space;
13. Supervisee growth and self-exploration are likely best facilitated when guided by a supervisor ethos of developmental responsiveness (i.e., tailoring to match supervisee learning needs);
14. Positive change is likely enhanced if supervisors engage in forethought, planning, and reflection about how to best promote supervisee learning and a positive supervision experience;
15. To make supervisee engagement more likely, stimulate favourable supervision expectations;
16. Where supervisors relate to supervisees in an empathic way, adopt an attitude of acceptance and respect, and demonstrate open-mindedness, flexibility, and patience, then alliance development and establishment are likely facilitated and rendered increasingly realizable;
17. Where a strong, collaborative supervisor-supervisee working alliance is established and maintained, supervision process and outcome are apt to be increasingly favourably impacted;

18. Supervision is likely enhanced where a positive supervisor-supervisee real relationship exists;
19. Supervisee motivation for supervision is likely enhanced when the supervisor engages in strategic self-disclosure;
20. To increase the likelihood of supervisee skill/identity enhancement, provide supervisees with both new and corrective learning experiences;
21. To contribute to developmental consolidation, engage supervisees in repeatedly testing out their skills and perspectives;
22. Where culture is integrated into supervision and made an integral part of supervisory discourse, supervision effects are likely to be enhanced;
23. If supervisors are open to value differences and engaging in values discussions with their supervisees, supervision effects are likely to be enhanced;
24. Supervisors are likely to resolve alliance ruptures when addressing them in an empathic, flexible, and non-confrontational way;
25. Supervisees are likely to benefit from group supervision if a strong level of group cohesion is developed and maintained.

Sources: Taken/adapted from Watkins [1, pp. 166–170]; [2, p. 30]; [37, p. 146].

Supervisee and supervisor characteristics/features. Tables 3, 4, and 5 identify those common supervision relationship characteristics/features so important, respectively, for the supervisee, supervisor, and the supervisor-supervisee dyad. These tables perhaps further reinforce what Hess, Hess, and Hess [59] said so plainly and powerfully over a decade ago: “The relationship, the relationship, the relationship...is everything in supervision...” (p. 164). Openness, receptivity, connection, and reflection stand out with regard to the supervisee (Table 3), relational engagement, facilitation, and responsiveness for the supervisor (Table 4), and the creation of mutual trust, a work bond, personal bond, and allegiance (i.e., supervisor-supervisee belief in supervision; [7], [60]) for the developing dyad (Table 5). Much of what we see reflected across these three tables seems to give loud voice to two quintessential variables — the alliance and real relationship — as being the relational heart of supervision, core common factors that, again, are seemingly shared across the entirety of the supervisory spectrum [16], [35], [39], [58-61].

The alliance, first proposed almost 60 years ago by Fleming and Benedek [62], is well recognized as involving three components: (a) the supervisory bond; (b) goals agreed upon to guide supervision; and (c) tasks used in pursuing those goals. A collaborative structure, the alliance is a pact or compact between supervisor and supervisee, its focus being the work of supervision. Research into the alliance, about 30 years strong now, has been construct supportive, with results generally being as theoretically expected [59], [63]. The real relationship, introduced into the supervision literature within the past decade [58], gives focus to the non-work aspects of the supervisory relationship (e.g., social conversation, friendly interest and concern) and the supervisor-supervisee personal bond.

Although the real relationship may occupy only a small fraction of supervision space, that can be a most important fraction nonetheless [64], [65]. Real relationship research is only now beginning, but the construct appears to have empirical promise [66].

Table 3

Relationship – Supervisee Characteristics/Features Identified as Critical Common Factors

Psychological-mindedness	Educational incongruence	Active help seeking
Engagement/investment	Receptivity/Openness	Curiosity
Reflectivity	Self-disclosure	Positive expectations/hope
Supervisor viewed as credible educational provider		

Sources: Watkins [1, p. 144]; [2, p. 26]; [39].

Table 4

Relationship – Supervisor Characteristics/Features Identified as Critical Common Factors

Presence	Listening	Empathy	Respect
Encouragement/Reassurance	Genuineness	Self-disclosure	
Patience	Flexibility	Realism	Responsiveness
Role induction/preparation	Cultivating expectations	positive	Engagement/investment

Sources: Watkins [1, p. 144]; [2, p. 26]; [8]; [39].

Table 5

Relationship – Supervisor-Supervisee Common Factors in Supervision

Bond development	Collaborative goal setting	Collaborative task setting
Real relationship	Cultivation of shared trust	Allegiance

Sources: Watkins [1, p. 145]; [2, p. 26]; [8]; [39].

Supervisee learning/change processes. Table 6 identifies those common processes that give rise to supervisee learning and change. The therapist becoming experience is characterized by disruption, disorientation, and development, transformative in nature, where the therapist/supervisee increasingly moves from a position of doubt and disbelief in oneself as therapist to a position of confidence and conviction — coming to deeply feel and believe “yes, I can” [67], [68]. The “making” of a therapist is no easy feat [69], [70]. What we see in this table are those very transformation-inducing, change-making processes by which “therapist becoming” happens. Practice, reflection, experimentation, and risk, all pivotal in that becoming, are integrally reflected across these 13 identified processes.

Table 6

Common Supervisee Learning/Change Processes

Opportunity for catharsis/sharing (e.g., about therapist development concerns)	
Anxiety, distress, and tension reduction	Activation of self-observation
Exposure and confrontation of learning problems (taking risks)	
Reflective self-examination and insight development	Exploring internal frame of reference
Defining a therapeutic style/therapist identity	
Acquisition and practice of new learning (skills and perspectives)	
Success and mastery of new knowledge and skills	
Corrective learning experiences (cognitive, affective, behavioural)	
Assimilation of problematic learning experiences (learning from mistakes)	
Mental rehearsal	Ongoing therapy experience

Sources: Watkins [1, p. 144]; [2, p. 26]; [8].

Supervisor roles. Fleming [71], over half a century ago, talked about three important roles of the supervisor (e.g., jug to mug: where supervisors pour from their jug of knowledge into the supervisee’s empty mug). Hess [43], [44], [72] also later gave voice to a number of such supervisor roles, as have Bernard [10], [24] and Holloway [25], [26]. Consistent with these earlier contributions, Table 7 (reading across the first six table entries) identifies some of the commonly-recognized roles in which supervisors engage, the ways in which we interact with our supervisees over the course of the supervisory hour. Although certain supervisory perspectives may emphasize certain roles over others (e.g., cognitive-behavioural supervisors primarily emphasizing the educator/teacher role), each role appears to have a place in all supervisions at some point.

This table also includes (the other five entries) what could be thought of as those supervisor meta-roles that matter, those larger defining visions about the ways we wish to approach our supervisees and the supervision enterprise. For instance, we as supervisors all wish to serve as champions of our supervisees, to bear witness to their growth processes, and vitalize their educational experiences however we can. These meta-roles embody those well wishes.

Table 7

Supervisor Roles Identified as Being Commonly Practiced

Educator/Teacher	Monitor/Manager/Case reviewer	Coach
Counsellor/Therapist	Collegial peer	Consultant
Champion	Guardian/Steward	Witness
Vitalizer	Visionary	

Sources: Watkins [1, p. 146]; [2, p. 33].

Supervisor interventions. Table 8 identifies 13 common practices or interventions in which supervisors engage. But the first six interventions (reading across the table) seem to be those most readily recognized and unequivocally practiced across all supervisory perspectives (e.g., [22], [26], [48], [51]). Teaching, showing, asking, thinking together, wondering together, talking together are all reflected and on display. It is these very interventions that trans-theoretically breathe life into any and all supervisions from session to session [1], [2].

Although transference and countertransference may seem misplaced here, I propose that that is not the case. If those concepts are defined as the carryover of ill-fitting, problematic perceptions and ideas into the present supervision relationship, then all supervision approaches do indeed make space for such considerations (see Watkins [35], for examples). Thus, transference and countertransference examination can be viewed as a commonly-shared supervisory practice that transcends theoretical bounds (e.g., [73]).

Table 8

Supervision Interventions Identified as Common Practices

Case review/conceptualization	Providing feedback	Discussion
Teaching/instruction	Modelling	Reflective questions
Self-disclosure	Advice/suggestions	Learning needs assessment
Progress/skill development evaluation	Transference/countertransference analysis	
Utilization of parallel process	Rupture identification/repair	

Sources: Watkins [1, p. 147]; [2, p. 26]; [3]; [8].

Supervisor listening/experiencing perspectives. Listening is pan-theoretically pivotal in all supervisions, but how exactly do supervisors listen? How is the activity of listening approached? Table 9 identifies and defines three supervisor listening perspectives — subject-centred or empathic, other-centred, and self perspective — that have trans-theoretical applicability. Although these forms of listening have been specifically articulated within a self psychology framework [74], [75], [76], their reach and relevance extend far beyond any single vision of supervision.

Table 9

Common Supervisor Listening/Experiencing Perspectives

Subject-centred (empathic) listening — effort made to “understand from within”, grasp the unique vantage point of the supervisee’s or client’s perspective. It involves asking and trying to answer the question: What is this person’s experiencing? What is he/she/they thinking and feeling now? What was he/she/they thinking and feeling earlier?
Other-centred listening — effort made to understand as ‘an other’ in relationship with the supervisee or client. It involves asking and trying to answer the questions: What is it like to be in interaction with this person? What might others experience when interacting with him/her/them? Or what am I feeling now, as the other, in relating to this supervisee?

Listening to self (or self perspective) —the supervisor’s own supervisory self-experience or subjective experience, separate though never entirely separable from the supervisee and client. It involves asking and trying to answer the questions: What am I experiencing now? Apart from my thoughts and feelings about the supervisee and patient, what is going on with me now in this particular supervisory situation?

Sources: Watkins [74], [75], [76].

Pan-theoretical markers. Analogizing from Constantino, Boswell, Bernecker, and Castonguay’s [77] marker framework, I believe that we can identify “repeated concerning scenarios occurring across systems of supervision that require cross-system supervisor responsiveness” [36, p. 37]. Table 10 identifies four such scenarios, causes of common concerning the supervisory situation. Change ambivalence reflects the normative, developmental approach-avoidance conflict with which supervisees typically struggle on their way to becoming a therapist [34], [67], [68]. The other three concerns, though often less frequent supervision occurrences, can still prove highly problematic and, thereby, readily require supervisor attention post-haste.

Table 10

Pan-Theoretical Markers Indicating Need for Supervisor Response

Low outcome expectations — limited belief in supervision’s efficacy; supervisee has serious doubts about the supervisor or planned program of supervision
Change ambivalence —supervisee wanting yet threatened by the possibility of change; experiences approach-ambivalence about therapist development process
Problematic self-strivings — supervisee needs for self-enhancement and self-consistency in conflict; change ambivalence overlaid by far more problematic doubt, negativity, and defensiveness
Alliance ruptures — a deterioration in the supervisory alliance, manifested by a disagreement between the supervisee and supervisor on supervision goals, a lack of collaboration on supervisory tasks, or a strain in their emotional bond [after 78]

Source: Watkins [36].

Summary comments about Part I. I contend that supervision is a world awash in commonalities and is best understood with that foundational frame in mind. We as supervisors all begin with and operate from a commonalities framework. Being foremost informed about that framework and its impact on our practice would seem of paramount importance. The common factors, common processes, common practices perspective provides one such vision of supervision, a trans-theoretical way of supervisory seeing and doing. I have proposed an extension of that perspective here, (a) updating those earlier-identified commonalities [1] and (b) identifying additional areas of common supervisory concern (e.g., [2], [36], [74]). If commonalities do indeed provide our supervisory infrastructure [10], then let us work to articulate and appreciate the all-affecting specifics of that infrastructure.

3. PART II: PROVIDING A THEORETICAL ANCHOR FOR OUR COMMONALITIES FRAMEWORK

But here is the problem that plagues: Commonalities alone are not enough. If the contribution of commonalities to supervision practice is to be most appreciated, those very commonalities need some sort of theoretical anchor. The lack of such an anchor has been a reasonable criticism lodged against a common factors view of psychotherapy [79],[80],[81], the key question being: “Isn’t all this nothing more than a theoretical amalgamation — unending, unmoored lists of seemingly desirable characteristics that are endlessly strung together?”. That same question could also be posed about a common factors vision of supervision. But I believe that substantive, countervailing answer can be provided in response: Supervisory a theoretical amalgamation can be turned away by amalgamated, theory-driven meaning making. Across these last several years, I have primarily considered four anchoring models of supervision and their potential for capturing the common, broad-band essentials of supervisory action, those models being: a learning-based model [3], the supervision pyramid [4], the generic model [5], and the contextual supervision relationship model [2],[6],[7],[40],[82].

3.1. FOUR MODELS: ONE VOICE?

The essentials of those four models might best be summarized as follows. First, the learning-based model [3], analogized from Scaturio’s [83] tripartite psychotherapy formulations:(a) posits three broad-band supervision structures — relationship, interventions, and supervisee learning/re-learning — within which the more specific supervision commonalities (e.g., empathy) are situated; and (b) draws on educational/learning understandings [84], [85] to inform supervisory conceptualization and conduct. The model’s broad-band structures and more specific commonalities are indicated in Table 11. Second, the supervision pyramid [4], analogized from Fife et al.’s therapeutic pyramid [86], is yet another broad-band, commonalities-based structure; it is composed of five levels, three being about the supervision relationship and two being about desired outcomes. Fig. 1 provides a view of the pyramid. Third, the generic supervision model [5], analogized from Orlinsky and Howard’s [87] generic psychotherapy model, gives greater voice to the complexity of, and connectedness within, the supervisory situation. Fig. 2 provides a view of that model, reflecting the reverberation of system, relational, and developmental process considerations from top to bottom. Fourth, the contextual supervision relationship model [2], [6], [7], [40], [82], analogized from Wampold’s contextual psychotherapy relationship model [79], [80], [81], provides yet another way of theoretically grounding a commonalities-based perspective. Fig. 3 displays that model, emphasizing the importance of the alliance, real relationship, expectations, interventions, and actions in making supervisee and client change increasingly likely.

Across all models, three transcendent variables — *relationship, interventions, and learning/re-learning*— repeatedly emerge, are defining and, ideally, have impact on both *therapist development* and *client development*. Whatever the supervisory model, those broad-band commonalities provide the organizing frame within which any more specific supervision commonalities are located. Those commonalities and the identical flow of supervisory action are captured in Table 11 (moving from left to right) and Figures 1 (from bottom to top), 2 (from top to bottom), and 3 (from left to right). Although each of the four models is unique, they all speak with one voice.

Table 11

Tripartite, Learning-Based Conceptualization of Psychotherapy Supervision

Alliance Building and Maintenance	Educational Interventions	Learning/Relearning
Secure base/facilitating environment	Case conceptualization	Behavioural practice
Empathy, genuineness, positive regard	Stimulus questions	Mental practice
Remoralization	Feedback	Corrective behavioural experiences
Alliance rupture/repair processes	Modelling	
Supervisee readiness/preparation	Stimulus control	
Corrective affective experiences	Corrective cognitive experiences	

Source. Watkins & Scaturro [3, p. 79.]

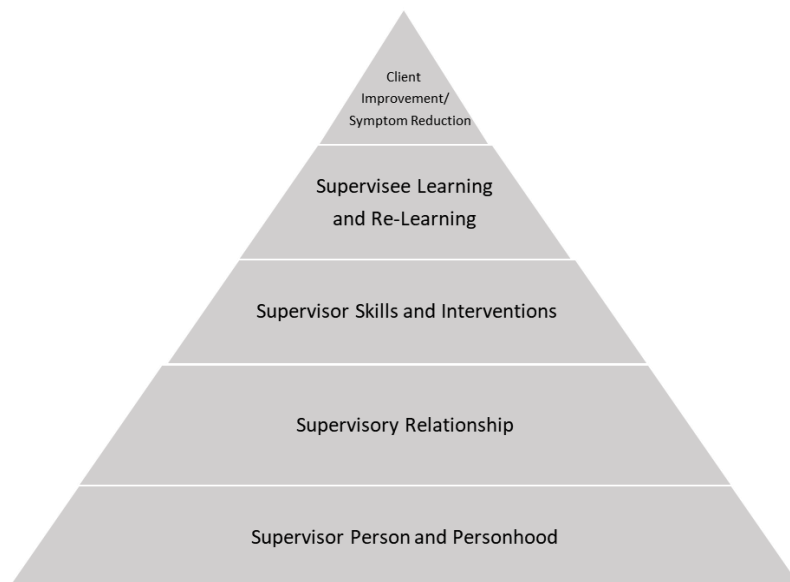


Figure 1. The Supervision Pyramid, from Watkins [4, p. 89]. Adapted with permission of American Psychiatric Association Publishing. Adapted originally from Fife, Whiting, Bradford, & Davis [86].

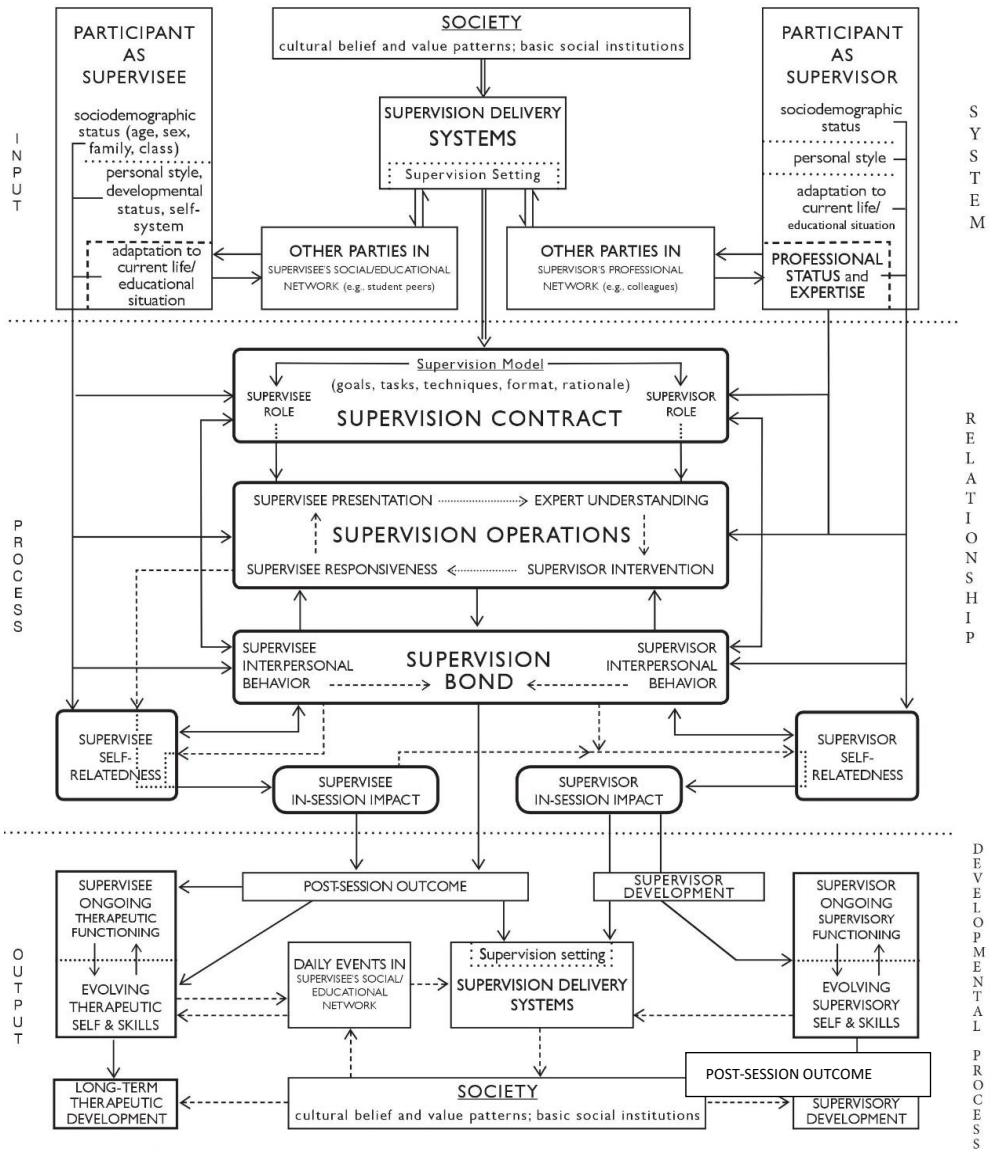


FIGURE 1. Generic Model of Psychotherapy Supervision: Interrelation of Input, Process, and Output Variables

Note. Generic supervision model adapted, with permission of John Wiley Publishers, from generic psychotherapy model; see Figure 1 in Orlinsky, D. E., Ronnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 307-389). New York, NY: Wiley.

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Figure 2. Adapted from Watkins [5, p. 528] with permission of American Psychological Association.

Note. Generic model of psychotherapy supervision: Interrelation of input, process, and output variables. Generic supervision model adapted, with permission of John Wiley Publishers, from generic psychotherapy model; see Fig. 1 in [88] Orlinsky, D. E., Ronnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change [89]. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.; pp. 307-389). New York, NY: Wiley.

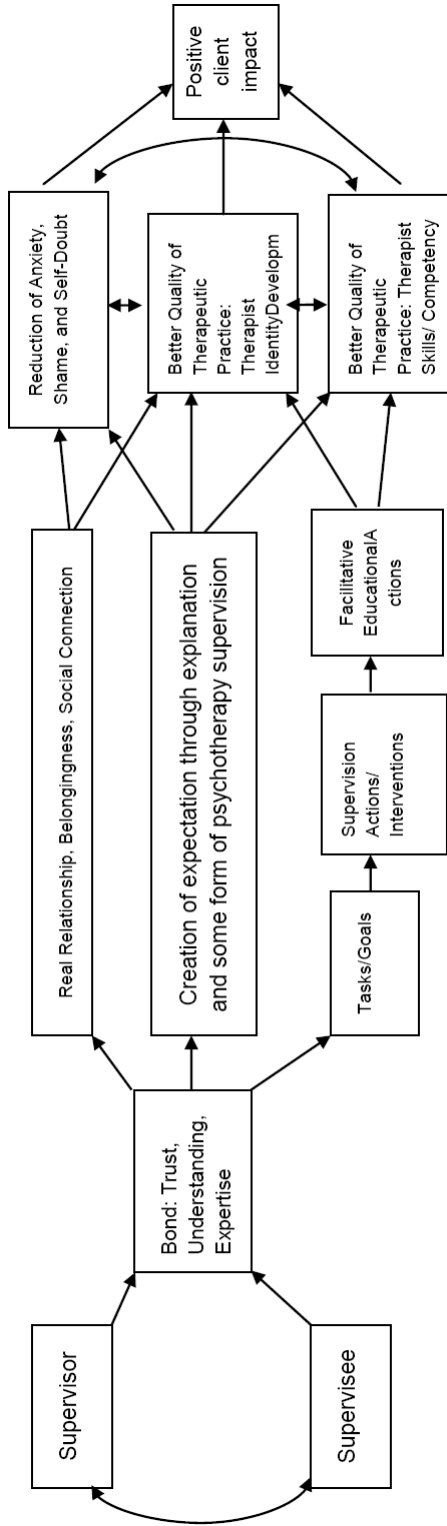


Figure 3. The Contextual Supervision Relationship Model (reprinted from Watkins [6] with permission of *Journal of Unified Psychotherapy and Clinical Science*)

Note. Line connecting the Supervisor and Supervisee blocks indicates that both parties enter the supervisory situation with their own respective thoughts, ideas, and expectations about supervision and the other supervision party, with their own experiences and training (or lack thereof) that can accordingly impact the unfolding nature of the supervision process. The CSR is foremost about what supervisee and supervisor are able to do via relationship with what they each bring to supervision.

4. PART III: FURTHER THINKING ABOUT SUPERVISION COMMONALITIES, ANCHORS, AND MECHANISMS

I would like to think further here about the implications of relationship, interventions, and learning/re-learning for supervisory understanding, bringing together and extending material from Parts I and II. In doing so, let me first frame what follows within the hope and scope of therapist development. We as supervisors strive in all that we do to facilitate that very development: “Any and all supervision perspectives begin with the most fundamental conviction that supervisees have the potential for and are in need of further development” [7, p. 207]. Inman et al. [89], based on their large-scale research review, concluded that supervisee development is indeed an important concept globally.

Bernard and Goodyear [10] have even gone so far as to assert that development is supervision’s most important construct: “There is no way to supervise without understanding the developmental process in supervision” (p. 69). So much of therapist development appears to involve an ongoing process of Exposure → Reflection → Reorganization [90], [91], where the beginning therapist is repeatedly exposed to (the treatment situation through) practice, reflects on that practice, and reorganizes that practice based on continued exposure and reflection [40], [67]. Thus, therapist development—eminently experiential in nature [92]—seemingly invokes at least one change condition (exposure), one change process (reflection), and one change mechanism (reorganization) in its process of unfolding [8], [67].

I contend that we can conceptualize of supervision in similar fashion, where it synchronously maps onto the therapist development experience: Relationship → Reflection → Reorganization. Psychotherapy supervision has impact through the supervisor’s efforts to build a facilitative supervisory relationship, stimulate supervisee reflection, and accordingly stimulate supervisee reorganization [9]. Thus, supervisor action—eminently experientially focused—also invokes at least one change condition (relationship), one change process (reflection), and one change mechanism (reorganization) in its unfolding process of developmental facilitation [8], [67]. Table 12 captures the spirit of that supervisory action. We have here (a) the melding of a broader swath of core supervision commonalities (tables from Part I); (b) placed within the context of an elaborated learning-based supervisory model (Table 11); (c) that can also be easily ped onto the more complex conceptual models (Figures 2 and 3). Matters of intervention and learning/re-learning are, respectively, framed under Reflection and Reorganization because: (a) our supervisory interventions are primarily about stimulating reflection [93]; and (b) learning/re-learning itself is fundamentally a process of change [94], reorganization, with new learnings being absorbed, old learnings being modified, and those collective changes being integratively organized.

If you look at Table 12, moving from left to right, what you see respectively identified under Relationship, Reflection, and Reorganization is a matching inspirational directive, superordinate objective, learning domain (or domains), and list of defining commonalities. Let us consider the Relationship column as example. Reflected there are the following:

- a) an inspirational directive: *to anchor and ground*; we foremost wish to create a safe space within which our supervisees feel freed to learn;
- b) a superordinate objective: *to cultivate connection and relationship*; a cultivated connection makes ever possible supervisee engagement and growth and supervision safety.

Table 1

The Platform for Transformative Learning Change in Psychotherapy Supervision
 Relationship Reflection Reorganization

To Anchor and Ground: Cultivating Connection and Relationship (affective domain invoked)	To Educate and Facilitate: Interventions that Stimulate Reflection and Dialogue (affective and cognitive domains invoked)	To Liberate and Emancipate: Fostering Learning Processes that Free and Fortify (affective, cognitive, and psychomotor domains invoked)
Bond development Collaborative goal setting Collaborative task setting Real relationship Provision of structure/role preparation Encouragement Reassurance Listening Empathy Respect Genuineness Self-disclosure Patience Flexibility	Case conceptualization Providing feedback Discussion Teaching/instruction Modelling Reflective questions Self-disclosure Advice/suggestions Transference/countertransference analysis Utilization of parallel process Assessment of supervisee learning needs Evaluation of progress/skill development Rupture identification/repair	Reflective self-examination and insight development Exploring internal frame of reference Defining a therapeutic style/therapist identity Confronting fears and taking risks Experimenting with new therapy behaviours New/corrective learning experiences (cognitive, affective, behavioural) Assimilation of problematic learning experiences (learning from mistakes) Working through (educational challenges) Testing out/refining newly acquired skills and perspectives Mental rehearsal Ongoing therapy experience Success experiences

Note. Adapted from Watkins [9] with permission of American Psychiatric Association Publishing.

c) learning domain: *affective domain invoked*; learning thrives in an environment of safety and trust; if we as supervisors are to best develop that safe space and cultivate connection, attending to the affective domain and affective learnings are sine qua non; and

d) list of specific, *Relationship-defining commonalities* (e.g., bond development); the particular ways by which we contribute to making supervisory connection and relationship happen.

If you look under the Reflection and Reorganization columns, you will similarly see their matching constituents — inspirational directive, superordinate objective, learning domains invoked, and specific commonalities —captured there. Table 12 provides a view into some of those most core supervision essentials that trans-theoretically contribute to therapist development.

Psychotherapy supervision is fundamentally a transformative learning process, the psychotherapy supervisor fundamentally an agent of transformation, a freedom fighter, who works to anchor and emancipate beginning therapists in their struggle to demark and define a sense of therapist identity. In striving to make that happen, supervisors function as relational facilitators, reflective instigators, curiosity conveyors, mentalization maximizers, even reorganization radicalizers (i.e., we dare our supervisees to dream, to be convicted, that they can indeed become full-fledged, fully-functioning, autonomous, effective psychotherapists). As supervisors, we believe in the hope, promise, and possibility of supervision, in the hope, promise, and possibility of our supervisees to become [95]. And it appears that so much of how that supervisory promise and possibility are realized occurs through our acting on this ever-present, all-affecting, roundly robust, dependably dynamic *common core of psychotherapy supervision essentials*.

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