

Counselling Supervision

Lecture 4

MODELS OF COUNSELLING SUPERVISION

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Lecture Four Outline

- 4.1 Introduction
- 4.2 Expected Learning Outcomes
- 4.3 Meaning of the term model
- 4.4 Understanding models of Counselling Supervision
- 4.5 Models of counselling supervision
 - 4.5.1 Psychotherapy-based models
 - 4.5.2 Developmental models
 - 4.5.3 Social –Role models
 - 4.5.4 Eclectic or Integrationist models
- 4.6 Summary
- 4.7 Further Reading

4.1 Introduction

In this lecture, we will define the terms models in the context of counselling supervision. We will explore the following models of counselling supervision; Psychotherapy-based models, Developmental models, Social –Role models and Eclectic or Integrationist models.

4.2 Expected Learning Outcomes

By the end of this lecture, you should be able to:

- a) Explain the models of counselling supervision.
- b) Demonstrate understanding of different models of supervision.

4.3 Meaning of the Terms Model

In counselling supervision, operating within a model grounds the supervision practice and helps practitioners to be intentional and consistent. A supervision model is the systematic manner in which supervision is applied (Borders and Brown, 2005). Models help in interpreting and understanding complex phenomena. They help in learning complex skills. Models put words and meaning to concepts, that would not be understood without them. Models provide a framework for

counsellors to practice and communicate. Finally, models show the protocols and the steps to take to make an intervention beneficial. Supervision models offer a conceptual frame for supervisors (Bernard & Goodyear, 2013).

Supervisors should outline their model of supervision, discuss how decisions regarding the focus of supervision are generally determined, discuss their expectations of the supervisee and explain the evaluation of the supervision process. Often this information is included in a professional disclosure statement presented to the supervisee.

During supervision, supervisees should take the opportunity to discuss their general preferences for receiving feedback, their methods of learning, their expectations of support and critical feedback. They should question what to do if they perceive that something is not effectively going on well in the supervision process. This discussion, at the beginning and throughout the course of the relationship, may aid in facilitating a positive relationship that leads to counsellor development.

Training in models of supervision increases supervisor's knowledge and provides guidance for how to direct the supervision student learning, as well as how to understand the supervisee experience and development.

4.4 Understanding models of supervision

According to Corey, Haynes, Moulton & Muratori (2010), a model of supervision is a theoretical description of what supervision is and how the supervisee is learning and professional development occur. Some models describe the process of learning and development as a whole; others describe the specifics of what occurs in supervision to bring about learning and development. A complete model addresses both how learning occurs and what supervisors and supervisees do to bring about that learning. Effective supervisors have a clearly articulated model of supervision; they know where they are going with the supervisee and what they need to do to get there. An adequate model of supervision explains the following elements:

- The process through which learning and development occur in individuals.
- The role of individual and multicultural differences in supervision.
- The goals of supervision.

- The role of the supervisor.
- Intervention strategies the supervisor will use to assist the supervisee in accomplishing the goals of supervision.
- The supervisor's style.
- The role of evaluation in supervision.

Supervision models have developed over time, early models of supervision relied heavily on psychotherapeutic processes. This was consistent with the notion that once clinicians became skilled in conducting therapy, they should accordingly be skilled in supervision. As the body of information regarding supervision has advanced, models designed for supervision have developed (Stoltenberg, McNeill, & Delworth, 1998).

Corey et al (2010) have provided samples of model categorization. Some authors classify supervision models into two groups; psychotherapy-based models, which rely on the assumptions, methods, and techniques of a psychotherapy theory when training supervisees and supervision-specific models, which focus on supervision processes. According to Gonsalvez and Calvert (2014), a great number of models have been developed and clustered into four categories.

Corey et al (2010) came up with a three-dimensional system, categorizing the models as developmental, psychotherapy based, or integrative. This schema reflects the most significant models of supervision. The purpose of describing these models by category is to enhance understanding of the nature and process of supervision.

In summary, the supervision model serves as the theoretical roadmap for developing supervision techniques. Understanding how one views the supervisee, the task of supervision and the roles of the supervisor, will help determine which of the many intervention strategies one will choose.

4.5 Models of Counselling Supervision

A great number of models have been developed and clustered into four categories. This includes;

1. Psychotherapy-based models.
2. Developmental models.

3. Social –Role models.

4. Eclectic or Integrationist models.

4.5.1 Psychotherapy- based model

Psychotherapy-based models use the concepts developed for psychotherapy and apply them to the supervision setting. That which is useful in bringing about change with clients is likely to be useful in bringing about change with supervisees. The concept behind this model was that the supervisee needed to experience the process of therapy from the role of the client, while simultaneously learning how to build the complex cognitive and emotional competencies necessary to become a skilled counsellor. Depending on a supervisor's therapy orientation, they may find that one or more of these models resonate with their own style. Below are the three models under psychotherapy-based model.

- Psychodynamic counsellor supervision.
- Person centered counsellor supervisor.
- Cognitive behavioral approach.

Psychodynamic model

The core focus of psychodynamic counsellor supervision is teaching to the supervisee. Supervision takes responsibility for the client's welfare through the therapist. The main concentration is transference and counter-transference relationship between the therapist-client and supervisor-supervisee. Where the therapist has personal problems regarding their work with clients, they are encouraged to go for personal therapy. The psychodynamic techniques also apply in the supervisory relationship.

According to Bradley and Gould (2001), supervision "is a therapeutic process focusing on the intrapersonal and interpersonal dynamics in the supervisee's relationship with clients. The primary focus of supervision is on the supervisee's development of self-awareness of these dynamics and on development of the skills necessary to use a psychodynamic approach in counselling. The supervisor is concerned with the supervisee's personal issues to the extent that these issues are influencing the course of therapy. With this model, the emphasis is on the dynamics of supervisees, such as resistance, their way of reacting to clients, and the client's reactions (transference) to the therapist. Because transference is common in the therapeutic process, it is important to

conceptualize the meaning of a client's reactions to a counselor and for the counselor to understand his or her own reactions to the client's transference.

The psychodynamic model offers the richest perspective for grasping the implications of both transference and countertransference. In psychodynamic approaches, transference and countertransference are central to the therapy process. With this model of supervision, there is emphasis in understanding how client–counselor reactions influence the course of therapy. Parallel process is one of the key concepts in the psychodynamic approaches (Borders & Brown, 2005).

It refers to the supervisee's interaction with the supervisor that parallels the client's behavior with the supervisee as the therapist. The supervisor's task is to explore these parallel relationships or processes with the supervisee as a key to learning how to become a better therapist. For example, a counsellor may experience difficulty terminating with clients. Her ambivalence about ending a therapy relationship may mirror the client's resistance to talking about ending the professional relationship. The counsellor may have unresolved personal conflicts pertaining to losses and ending relationships in her own life, and this may surface when concluding the supervisory relationship. The parallel process provides a lens to view the effects of the therapist's unresolved personal problems.

Here are some examples of questions and statements typically made by supervisors with a psychodynamic orientation:

- What similarities do you see between our supervisory work and the relationship you share with your client?
- We have talked about your wanting my approval as a supervisor. It appears to me that you are hesitant to challenge your client lest she will not approve of you.
- Think aloud for a bit about what purpose your client's resistance might be serving.
- You appear to be having a very strong emotional response to your client; where and with whom else in your life might you experience this emotion?

The following are the key tasks of the supervisor in the psychodynamic model;

- Educate supervisee on how to understand and apply psychoanalytic theory and knowledge, and develop techniques
- Develop skills in assessment and case formulation within a psychodynamic framework
- Build and strengthen the capacity to recognize and understand significant patterns in the clinical material within a psychoanalytic framework
- Learn how to turn psychodynamic theory and case material into appropriate and effective therapeutic strategies and techniques
- Learn how to recognize, understand, and address the transference and countertransference processes occurring in the relationship between the supervisee and the client
- Develop the ability of the supervisee to recognize and control his own emotional experience within the therapeutic relationship.

Person-Centered Model

Focus of supervision will be on the development of the supervisee's skills through a collaborative process, enhancing the supervisee's capacity to utilize his/her resources for effective clinical work. The role of the supervisor is to provide an environment in which the supervisee is supported in being aware of his/her own experience and fully engaged with the client.

In the person-centered approach to supervision, the supervisor assumes that the supervisee has immense resources for both personal and professional development. The supervisor is the expert who does all the teaching; rather, the supervisee assumes an active role in this process. Learning that occurs in the supervisory process results from a collaborative venture between supervisor and supervisee (Sadow, Wyatt, Aguayo, Diaz, & Sweeney, 2008). According to Lambers (2000), the "supervisor and supervisee must be clear from the onset what the supervision relationship is about and both need to take responsibility for maintaining and managing the boundaries of the relationship". Rather than relying on counselling supervision in providing supervisees with directives or advice, supervisors encourage supervisees to think about how they might best proceed with their cases. In a counselling session, the quality of the therapeutic relationship affects the outcome of therapy, in supervision the outcomes of the process hinge on the quality of the relationship between supervisor and supervisee (Tudor & Worrall, 2004). In this model,

development of a trusting and facilitative relationship between supervisor and supervisee characterized by the supervisor's empathy, warmth, and genuineness provides an atmosphere in which the supervisee can grow and develop. "The bottom line is that when supervisees feel heard and understood by their supervisors, they are more likely to be motivated and open to feedback" (Campbell, 2006). It is the job of the supervisor to provide this atmosphere where growth can flourish. Furthermore, when supervisees feel understood, they are more likely to take an active role in bringing their concerns to supervision sessions. Supervision from the person-centered perspective criticizes the evaluative and gatekeeping role of the supervisor.

Here are some examples of the kinds of statements or questions typically used by the person-centered supervisor:

- I would like to hear you talk more about how it was for you to be with the client for that session.
- I encourage you to begin to place more trust in your own internal direction.
- How differently would you handle the situation?
- Tell me what you found to be important about the experience you shared with your client today.
- I would like to hear you talk more about the climate you are creating with your client.
- To what degree do you feel you understand the world of your client?
- What are your expectations for our session today?

The key tasks of a supervisor in the person-centred model are;

- Understand how to develop a therapeutic relationship in order to set the framework for successful person centred work; genuineness, empathy and unconditional positive regard.
- Comprehend how to establish a clinical environment in which the client can be open to his/her own experience and utilize his/her own resources to find solutions to problems.
- Teach the key techniques and tools of the theoretical orientation: focus on the present, listening, accepting, understanding, and sharing in a collaborative manner.

Cognitive Behavioural model

Just as in the cognitive behavioural counselling practice, counsellor supervision driven by cognitive behavioural theories assumes the same stance based on the theory. This is a case of

psychotherapy driven supervision practice. The key assumptions on which cognitive behavioural counsellor supervision is based on include:

- Precision and empirical evaluation gives expected outcomes.
- Dealing with current problems and influencing factors of behaviour.
- Supervisees actively engaging in specific actions to deal with their dilemmas.
- The supervisees acquire skills of self-management.
- Focusing on assessing overt and covert behaviour, identifying the problem and evaluating change.
- Interventions are tailored to specific problems
- There is collaborative partnership between supervisee and supervisor.
- Supervisors strive to develop culture-specific procedures and obtain the supervisees' adherence and cooperation.

One of the key tasks in cognitive behavioural supervision is teaching cognitive behavioural techniques and correcting misconceptions about this approach with clients. These sessions are structured, focused, and educational. Both supervisor and supervisee are responsible for the structure and content of the sessions (Liese & Beck, 1997). In supervision, the focus is on how the supervisee's cognitive picture of his or her skills affects his or her ability as a therapist. By focusing on this, the supervisee also learns how to apply these cognitive behavioural methods with clients.

Liese and Beck (1997) outlined nine steps that typically occur in cognitive therapy supervision. These steps provide an example of the content of a session.

1. Check-in: The supervisor asks, "How are you doing?" to break the ice.
2. Agenda setting: The supervisor teaches the supervisee to prepare carefully for the supervision session and asks, "What would you like to work on today?"
3. Bridge from previous supervision session: The supervisor reviews the previous session by asking questions like, "What did you learn last time?"

4. Inquiry about previously supervised therapy cases; by reviewing progress or challenges.
5. Review of homework since previous supervision session: Homework might include readings, writing about cases, or trying new techniques with a client.
6. Prioritization and discussion of agenda items: A review of the supervisee's tape-recorded therapy sessions is a major focus for the supervisory session. Teaching and role-playing are common supervision methods.
7. Assignment of new homework: From the session, the supervisor gives new assignments to help the supervisee develop knowledge and skills in cognitive-behaviour therapy.
8. Supervisor's capsule summaries: The supervisor's reflections of the session keep the focused and emphasize important points.

4.5.2 DEVELOPMENTAL APPROACHES TO SUPERVISION

The Developmental Models emphasise different stages of supervisees' development (novice to expert), suggesting that each stage of supervisees' development consists of specific supervisees characteristics and skills that require supervisor interventions appropriate to each level. For example, during the beginning/ novice stage, supervisees have to have limited skills and lack confidence. Supervisees during the middle stage acquired more skills and confidence but have conflicting feelings about how they perceive their independence/dependence on their supervisor. At the expert end of supervisees' developmental stage, they use good problem-solving skills and reflect on their counselling and supervision processes well (Haynes, Corey & Moulton, 2003).

The developmental milestones in this model include; fear, anxiety, uncertainty, feelings of inadequacy, transference, counter transference, enmeshment, over identification with clients, conflicts in values, remaining unbiased, and being non-judgmental. These milestones will move the novice supervisee from a place of dependency to a place of independency.

The Lifespan Developmental Models work with principles that therapists develop across their lifespan instead of just in their first few years of their professional life. For example, the Ronnestad and Skovholt Model emphasise six stages with each stage articulating the different supervisees' needs (Bernard & Goodyear, 2009).

Integrated Development Model (IDM) is the most researched developmental model of supervision. It describes three developmental levels over eight dimensions. Supervisors utilise skills and approaches that correspond to the developmental level of the supervisee. (Stoltenberg, McNeill & Delworth, 1998). Task-Focused Developmental Models use the premise that supervision can be broken down into manageable tasks. For example, Carroll (1996) integrative/social role model, suggests seven central tasks of clinical supervision: creating the learning relationship, teaching, counselling, monitoring, evaluation, consultation and administration.

The Developmental Models focus on the processes of supervisee's work. For example, the reflective models of practice where reflection improves practice (Bernard & Goodyear, 2009). Supervisors who use developmental approaches should first accurately identify the supervisee's stage of development and then provide feedback and support appropriate to that developmental stage, while simultaneously facilitate supervisee's progression to the next stage (Stoltenberg & Delworth, 1987; Bernard & Goodyear, 2009). Developmental models view supervision as an evolutionary process and each stage of development has defined characteristics and skills. The novice counsellor lacks confidence and has limited basic skills. The more advanced supervisee has developed confidence and skill with experience and supervision and is becoming a self-sufficient counsellor. In developmental models, supervision methods should relate to the confidence and skill level of supervisees.

Three influential models reflecting the developmental perspective are; Intergrated Developmental Model by Bernard & Goodyear, 1998, Littrell, Lee-Borden and Lorenz Model (1979) and Stoltenberg and Delworth Model (1987).

1. Littrell, Lee-Borden, & Lorenz Model (1979)

This model attempts to match supervisor behaviour to the developmental needs of the supervisee. Briefly summarized, there are four stages to this model:

Stage 1: Characterized by relationship building, goal setting, and contracting.

Stage 2: The supervisor vacillates between the role of counsellor and teacher as the trainee is faced with affective issues and skill deficits.

Stage 3: The supervisor adopts a more collegial role of consultant as the trainee gains confidence and expertise.

Stage 4: The supervisor's role becomes "distant" and he or she serves as a consultant. At this stage the supervisee takes responsibility for his or her learning and development as a counsellor.

2. The Stoltenberg and Delworth Model (1987)

One of the most useful developmental models is the Integrated Developmental Model (IDM) created by Stoltenberg et al. (1998). This model describes three levels of supervisee development and the corresponding role of the supervisor for each developmental level. Stoltenberg et al (1998) emphasized that, as with human developmental stages, the supervisee does not pass cleanly through the three levels. A supervisee, for example, may be highly skilled in individual therapy, yet be a novice when it comes to leading group therapy. Level one supervisees are entry-level therapists and generally lack confidence and skill. They need more structure and direction from the supervisor. Level two supervisees are more confident and begin to rely on their own abilities and decision-making processes. The supervisor may occasionally provide direction but focuses more on process issues, examining how the supervisee's own personal reactions and issues affect his or her functioning as a therapist. In level three, the supervisee provides most of the structure in supervision. Confidence levels are growing rapidly, and the supervision is more informal and more collegial with the supervisor acting as a consultant.

Stoltenberg and colleagues identified eight specific domains of counselling practice in which to assess the developmental level. Those domains are intervention skills competencies, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics.

The IDM is a well-conceived developmental model of supervision. It is useful for supervisors to understand the developmental stages of the supervisee and the corresponding skills and approaches for the supervisor. The IDM allows for a wide range of supervision methods and techniques to be employed to help the supervisee move through the stages in becoming a competent counsellor.

Stoltenberg and Delworth revised the earlier contribution of Stoltenberg (1981) and included aspects of other models by Loganbill, Hardy, and Delworth model (1982). Stoltenberg and Delworth described three developmental levels of the supervisee and eight dimensions;

The three structures proposed to trace the progress of trainees through the levels on each dimension are:

1. The supervisee's awareness of self and others.
2. Motivation toward the developmental process.
3. The amount of dependency or autonomy displayed by the trainee.

The eight dimensions suggested

1. Intervention skills
2. Assessment techniques
3. Interpersonal differences
4. Client conceptualization
5. Individual differences
6. Theoretical orientation
7. Treatment goals and plans
8. Professional ethics.

The Skovholt and Ronnestad Model (1992)

This model, one of few that is grounded in research, went beyond focus on supervisee development and recognized that therapist development continues throughout the lifespan. A brief description of the stages follows:

Stage 1: Competence; persons at this stage, although possibly having some experience with clients, are untrained. They may stay at this level for many years. The central task at this stage is to use what one already knows; the conceptual system is based upon "common sense."

Stage 2: Transition to Professional Training (First year of graduate school); the central task at this level is for the supervisee to assimilate information from a number of sources and apply this information to practice. The conceptual system is driven by the urgency to learn conceptual ideas and techniques.

Stage 3: Imitation of Experts (Middle years of graduate school); the supervisee central task is to imitate experts at the practical level, while maintaining openness to a diversity of ideas and positions; the supervisee is developing a conceptual map of some sort, though typically, it is not complex.

Stage 4: Conditional Autonomy (Internship); Supervisee have the central task of functioning as professionals; they have begun to develop a refined mastery of conceptual ideas and techniques.

Stage 5: Exploration (Graduation---2-5 years); there is a move to explore beyond what is known. There will be rejecting of some previously held ideas and models.

Stage 6: Integration (lasts 2-5 years); professional's work toward developing authenticity. The conceptual system is individualized, thus enabling them to act in natural and productive ways.

They are most likely integrative or eclectic in their approach to working with clients.

Stage 7: Individuation (lasts 10-30 years); it is central task is a highly individualized and personalized conceptual system. There is a move toward an even deeper authenticity.

Stage 8: Integrity (lasts 1-10 years); the task is to become oneself and prepare for retirement. At this point, the conceptual system is highly individualized and integrated.

4.5.3 SOCIAL ROLE SUPERVISION MODELS

The social role models focus on the roles, tasks, foci, the process, and the functions of counselling supervision (Bernard & Goodyear, 2009). As differentiated from the premise of the developmental models, social role models focus on the roles in which the supervisor engages and the focus of supervision. "The social role model specifies that the supervisor act and perform certain roles, tasks, and functions that take into account behaviors, beliefs and attitudes that the supervisee is expected to follow. It is through this modeling of behaviors, attitudes, and tasks that the supervisee learns what is required in order to achieve independent status. The supervisor has to imitate these roles. Competency occurs when these roles are entrenched in the supervisee".

The supervisor may assume any of the following three roles;

1. Teacher

Supervisor takes responsibility for determining what is necessary for the supervisee to learn.

Evaluative comments are also part of this role.

2. Counsellor

Supervisor addresses the interpersonal or intrapersonal reality of the supervisee. In this way, the supervisee reflects on the meaning of an event for him- or herself.

3. Consultant

Supervisor allows the supervisee to share the responsibility for learning. Supervisor becomes a resource for the supervisee but encourages the supervisee to trust his or her own thoughts, insights, and feelings about the work with the client.

DISCRIMINATION MODEL OF COUNSELLING SUPERVISION

The Discrimination Model (Bernard, 1979) conceptualises supervision as both, an educational and a relationship process where the supervisor has two functions: assessing the supervisee's three skills and to offer support and reassurance by choosing an appropriate supervisor (teacher, consultant, counsellor) to address the supervisee's needs and goals.

1. **Intervention Skills:** What the supervisee is doing in the session that is observable by the supervisor (interventions, skills, techniques, etc.)
2. **Conceptualization Skills:** How the supervisee understands what is occurring in the session, identifies patterns, or chooses interventions—all covert processes.
3. **Personalization Skills:** How the supervisee interfaces with a personal style with therapy at the same time he or she attempts to keep therapy uncontaminated by personal issues and countertransference responses

The Hawkins and Shohet Model (1989)

The supervisor's role is to offer support and reassurance, but also to contain any overwhelming affective responses that a supervisee might have. There are six foci that are addressed in this model.

Focus 1: Reflection on the content of the therapy session (therapist narrative)

Focus 2: Exploration of the strategies and interventions used by the therapist (therapist activity)

Focus 3: Exploration of the therapy process and relationship (therapy process).

Focus 4: Focus on the therapist's countertransference (supervisee's state).

Focus 5: Focus on here-and-now process as a mirror or parallel of the there-and-then (supervision process). What has been discussed by others as parallel processes.

Focus 6: Focus on the supervisor's countertransference (supervisor experience).

4.5.4 ECLECTIC OR INTEGRATIONIST MODELS

Integrative models of supervision, like integrative models of counselling and psychotherapy, rely on more than one theory and technique. A variety of integrative approaches can be designed that are based on a combination of techniques, common principles, and concepts from a number of different theories. An integrative approach based on various techniques offers more flexibility than does a single approach, because interventions can be combined in a way that uniquely fits the supervisor's beliefs and values about change, the therapeutic process, and the client's needs. Technical eclecticism tends to focus on differences, chooses from many approaches, and is a collection of techniques. This path calls for using techniques from different schools without necessarily subscribing to the theoretical positions that spawned them. Technical eclecticism aims at selecting the best treatment techniques for the individual and the problem. For technical eclectics, there is no necessary connection between conceptual foundations and techniques.

In truth, it is likely that most supervisors behave as integrationists or eclectics. Indeed, supervisors who operate within the social role models also attend to the developmental levels of the supervisee. Norcross and Halgin (1998) suggested that supervisors should attend to the "cardinal principles of integrative supervision." Among these principles are to:

- Conduct a needs assessment;
- Consider the therapy approach (method of supervision should parallel the content of supervision);
- Blend supervision methods;
- Operate from a coherent framework;
- Customize supervision to the individual student;
- Match supervision to supervisee variables;
- Consider the developmental level of the trainee, and the trainee's personal idiom;
- Assess the trainee's therapeutic skills;

- Address with trainees their “relationships of choice”;
- Construct explicit contracts;
- Evaluate the outcomes.

Most supervisors develop their own, unique, integrationist perspective, it is important that the supervisor and supervisee engage in a discussion about the processes and model of supervision.

4.6 Summary

In this lecture, we have explored the meaning of models in the context of counselling supervision. We have discussed in details the various models of counselling supervision.

4.7 Further Reading

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