The Application of Counseling Theory to Clinical Supervision: Enhancing the Effectiveness of Supervision

By Lori K. Amon, M.A./CCC, P.D. – Hofstra University

Supervision in the field of Communication Disorders has been defined as "…a process that consists of a variety of patterns of behavior…dependent upon the needs, competencies, expectations and philosophies of the supervisor and the supervisee, and the specifics of the situation…" (Anderson, 1998). Historically, however, research has been limited in it's ability to define the means by which supervisors can develop skill and competency in effecting behavior change in their students and, ultimately their clients. Supervision has actually been given relatively little attention in the literature and has only, in the last decade, begun to be incorporated into educational programs.

There currently exists no formal means of monitoring the education or qualification of supervisors working in the New York area. Several graduate and continuing education programs have been developed to address this professional domain, however specific training protocols remain underdeveloped. Werner (1977) discussed the need for research in supervision, with particular attention to the role of supervision in fostering client behavior change.

A main focus of early research was to 'validate' the supervisory process (Farmer and Farmer, 2989) and to describe supervision as a two-way linear process. (Andrews and Andrews,(1990). More recent research has begun to explore the notion of a supervisory 'triangle',, which expands the dyadic model of supervision to include the client as a third member of its' functioning unit. This philosophy has strong basis in counseling theory, specifically Systems Theory (Minuchin, 1974). Farmer and Farmer (1989) were among the first to parallel the supervisory process to the process of counseling by applying Systems Theory to their model of supervision. They proposed that:

Supervision systems should be open;

Supervision systems should exhibit "wholeness" in which all parts are related and change in one part of the system will result in changes in all other parts;

Supervision systems should exhibit "equifinality"; Similar initial conditions can result in different outcomes, and similar outcomes can yield from different initial conditions.

Friedlander et. al. (1989) later proposed that effective models of supervision in Speech-Language Pathology and Audiology must rely upon "extrapolations from counseling theory" in order to be effective. Related research stressed similarities between supervision and counseling by identifying shared features, including emphasis on learning, personal growth, responsibility, empathy and facilitation of change (Brasseur and Anderson, 1983); Gillam e.al., 1990; Masters, 1992). Farmer and Farmers "Triagonal Model of Supervision" further argues against the use of a linear, dyadic unit of supervision. Their theory, and others, support the

expansion of the learning dyad to a three-point model which includes the client and client behavior change as part of its' educational unit. In its' adaptation from Systems Theory, this model implies that any change or movement in any member of the supervisor-supervisee-client triad would ultimately effect all parts of the triad. In more simpler terms, change in the supervisor will enact change in the supervisee which will, in turn, impact upon client progress. Conversely, as the supervisee develops new clinical skills, the supervisor will change in response altering the supervisory triad as a whole.

New clinicians require strong supervisory support. This is especially true of entry level practicum students who have only basic skills and some academic coursework behind them when they begin their clinical education. These individual benefit from supervision and teaching strategies which match their individual skills and learning styles. Perhaps we can look at skilled supervision as "counselors" who are able to successfully facilitate behavior change in their student while providing models which these students can utilize to facilitate behavior change in their clients.

Literature has identified a variety of supervisory tasks including but not limited to:

- Developing student awareness of the dynamics of human interaction;

- Facilitating the development of shared goals;

- Developing the ability to observe, document, monitor and teach behavior;

- Developing the ability to provide feedback; recognize strengths and weaknesses;

- Developing motivation towards personal and professional growth;

- Developing sensitivity to and appreciation of individual differences and cultural norms.

Although the above tasks imply that it is the role of the supervisor to help his/her students develop these skills, effective supervision must begin with the supervisor's own development of the same skills. In turn, supervision can facilitate the client's development of these abilities if they apply. A triangle can be formed, with all points interrelating; a circular, fluid process within a triangular context.

Training workshops, hands-on programs and seminars designed to enhance the quality of supervision are critical to the clinical education process. Such programs should look towards support from related fields to define the tasks of supervision, to provide alternative and current approaches to supervision, and to encourage the expansion of the old linear model to one which is more adaptable.

Modeling is a highly effective teaching too. Programs aimed towards educating supervisory personnel by providing self-study tasks would greatly enhance this process. Educational programs should strive to provide trained clinicians with the means to work within a systemic framework and to utilize Systems Theory as a basis for teaching and intervention. Counseling theory can be easily adapted to the field of Speech-Language Pathology and Audiology when behavior change is seen as a central feature of both. Supervisors can learn to address differences in learning rate and style, anxiety, role and expectation issues, values and biases when this model is employed.

In order to accomplish these goals, experienced professionals need to work with mental health specialists, as well as with local and national organizations to develop educational seminars and workshops in supervision. A multi-disciplinary approach, combining traditional theory and Systems Theory, as well as input from other disciplines would improve the training process. We can work together to develop the recognition of supervision as an independent entity along the professional continuum. It is an integral part of the profession, and should be recognized as such. Improving the quality of supervision by expanding the notion of a simple dyadic process to one which is more complex and circular in nature. This will result in a higher professional and clinical standard. We can view ourselves as "counselors" who strive for positive behavior change in ourselves, our students and ultimately, our clients.