

The Common Factors Discrimination Model: An Integrated Approach to Counselor Supervision



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Numerous models of clinical supervision have been developed; however, there is little empirical support indicating that any one model is superior. Therefore, common factors approaches to supervision integrate essential components that are shared among counseling and supervision models. The purpose of this paper is to present an innovative model of clinical supervision, the Common Factors Discrimination Model (CFDM), which integrates the common factors of counseling and supervision approaches with the specific factors of Bernard's discrimination model for a structured approach to common factors supervision. Strategies and recommendations for implementing the CFDM in clinical supervision are discussed.

Keywords: supervision, common factors, specific factors, discrimination model, counselor education

Clinical supervision is a cornerstone of counselor training (Barnett, Erickson Cornish, Goodyear, & Lichtenberg, 2007) and serves the cardinal functions of providing support and instruction to supervisees while ensuring the welfare of clients and the counseling profession (Bernard & Goodyear, 2014). Numerous models of clinical supervision have been developed, varying in emphasis from models based on theories of psychotherapy, to those that focus on the developmental needs of the supervisee, to models that emphasize the process of supervision and the various roles of the supervisor (Bernard & Goodyear, 2014). However, despite the abundance of available supervision models, there is little evidence to support that any one approach is superior to another (Morgan & Sprenkle, 2007; Storm, Todd, Sprenkle, & Morgan, 2001). Thus, a growing body of clinical supervision literature underscores a need for strategies that integrate the most effective elements of supervision models into a parsimonious approach rather than emphasizing differences between models (Lampropoulos, 2002; Milne, Aylott, Fitzpatrick, & Ellis, 2008; Morgan & Sprenkle, 2007; Watkins, Budge, & Callahan, 2015). *Common factors* models of supervision bridge the various approaches to supervision by identifying the essential components that are shared across models, such as the supervisory relationship, the provision of feedback, and supervisee acquisition of new knowledge and skills (Milne et al., 2008; Morgan & Sprenkle, 2007). Other common factors approaches to supervision draw on psychotherapy outcome research, aiming to extrapolate common factors of counseling and psychotherapy—such as the therapeutic relationship and the instillation of hope—to clinical supervision approaches (Lampropoulos, 2002; Watkins et al., 2015).

Although reviews of the supervision literature allude to commonalities among supervision approaches (Bernard & Goodyear, 2014), there is a dearth of published literature offering practical strategies for bridging common factors of counseling and supervision. Perhaps even more limited is literature that addresses the necessary convergence of both common *and* specific factors, or the integration of common factors of supervision with particular interventions that are applied in various supervision approaches (e.g., role-playing or Socratic questioning; Watkins et al., 2015). In a recent article, Watkins and colleagues (2015) proposed a supervision model that extrapolates Wampold and Budge's (2012) psychotherapy relationship model to specific factors of supervision, encouraging supervisors to apply such relationship common factors to some form of supervision. However,

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there remains a need for a structured approach to supervision that integrates the common factors of counseling and supervision with the specific factors of commonly used, empirically supported models of clinical supervision.

Because the common factors are, by definition, elements that are shared among theories of counseling and supervision, it can be argued that common factors approaches can be applied to almost any supervision model. However, we argue for the integration of common factors with the discrimination model for several reasons. First, the relationship has been found to be the essential common factor shared among counseling (Lambert & Barley, 2001; Norcross & Lambert, 2014) and supervision approaches, and is often cited as the most critical element of effective supervision and other change-inducing relationships, such as counseling, teaching and coaching (Lampropoulos, 2002; Ramos-Sánchez et al., 2002). The supervisory roles of teacher, counselor and consultant are built into the discrimination model, providing supervisors with natural avenues for fostering a strong supervisory relationship. However, the proposed Common Factors Discrimination Model (CFDM) expands on the discrimination model by providing specific recommendations for how supervisors might use such roles as opportunities for developing and maintaining the supervisory relationship. Second, we consider Bernard's (1979, 1997) discrimination model to lend itself well to common factors approaches to supervision, as both are concerned with process aspects of supervision, such as tailoring supervision interventions to the needs of the supervisee. Finally, because the discrimination model is widely used by practicing supervisors (Timm, 2015), common factors approaches are likely to fit naturally with customary supervision practices of more experienced supervisors who espouse the discrimination model, yet the CFDM is concise enough for novice supervisors to grasp and apply. Thus, the purpose of this manuscript is to build on Watkins and colleagues' (2015) model by presenting the CFDM, an innovative approach to supervision that converges common factors identified in both counseling and supervision and integrates them with the specific factors of Bernard's (1979, 1997) discrimination model. Specifically, we will (a) review the relevant literature on common factors approaches to counseling and supervision and the discrimination model; (b) provide a rationale for a model of supervision that integrates the specific factors of the discrimination model with a common factors approach; and (c) offer strategies and recommendations for applying the CFDM in clinical supervision.

The Common Factors Approach

The notion of therapeutic common factors resulted from psychotherapy outcome research suggesting that psychotherapies yield equivalent outcomes when compared against each other and, thus, what makes psychotherapy effective is not the differences between therapies, but rather the commonalities among them (Lambert, 1986). Wampold's (2001) landmark research revealed that the theoretical approach utilized by the therapist (e.g., psychodynamic therapy) explained less than 1% of therapy outcome. In light of these findings, researchers and clinicians have been urged to minimize the importance placed on specific clinical techniques and interventions; instead, an emphasis on the commonalities among therapies that are associated with positive outcomes (Norcross & Lambert, 2011), such as the therapeutic alliance, empathy, positive regard, and collaboration within the therapeutic relationship (Norcross & Lambert, 2014; Norcross & Wampold, 2011), is more useful for describing therapeutic changes.

Among the most influential common factors approaches is Lambert's model of therapeutic factors (see Lambert & Barley, 2001, for a review). Although lacking in stringent meta-analytic or statistical methods, Lambert and Barley (2001) presented four primary factors that are shared among therapeutic approaches (with the percentage that each factor contributes to therapy outcome

indicated): (a) *extratherapeutic factors* (i.e., factors associated with the client, as well as his or her environment; 40%); (b) *common factors* (i.e., relationship factors such as empathy, warmth, positive regard, supporting the client in taking risks; 30%); (c) *placebo, hope, and expectancy factors* (i.e., the client's hope and expectancy for improvement, as well as trust in the treatment; 15%); and (d) *skills/ techniques factors* (i.e., components specific to various therapies, such as empty chair or relaxation techniques; 15%). Although a variety of common factors have been identified in the psychotherapy outcome research, numerous meta-analyses have identified the therapeutic relationship as the *sine qua non* (Norcross & Lambert, 2011, p. 12) of common factors that account for positive outcomes irrespective of the specific treatment utilized (Norcross & Wampold, 2011). They stated: "although we deplore the mindless dichotomy between relationship and method in psychotherapy, we also need to publicly proclaim what decades of research have discovered and what tens of thousands of relational therapists have witnessed: The relationship can heal" (Norcross & Lambert, 2014, p. 400).

Although the common factors are necessary for producing positive counseling outcomes, this does not mean that specific factors are irrelevant (Norcross & Lambert, 2011). On the contrary, prior research indicates that engaging in specific treatment interventions is associated with the working alliance and with positive counseling outcomes (Tryon & Winograd, 2011; Wampold & Budge, 2012). Watkins and colleagues (2015) noted that treatment interventions are necessary in maintaining client hope and expectations for positive counseling outcomes, stating, "The specific ingredients create benefits through the common factor of expectations, and respecting that interdependent common/specific factor dynamic is vital to treatment outcome" (p. 221).

Common Factors Approaches to Supervision

Although the concept of common factors in counseling and psychotherapy is not a new one and has been the focus of considerable empirical research (Frank, 1982; Lambert & Barley, 2001; Lambert & Ogles, 2004; Rosenzweig, 1936), applying the common factors approach to clinical supervision is relatively novel (Morgan & Sprenkle, 2007). Counseling and clinical supervision are distinct interventions; however, Milne (2006) makes a case for extrapolating findings from psychotherapy research to supervision, as both share common structures and properties of education, skill development, problem-solving and the working alliance. Furthermore, Bernard and Goodyear (2014) noted, "because therapy and supervision are so closely linked, developments in psychotherapy theory inevitably will affect supervision models" (p. 59).

Despite frequent reference to the similarities among supervision models, literature that specifically addresses common factors of supervision approaches is scarce (Bernard & Goodyear, 2014). In our review of the supervision literature, we identified five articles that endorsed common factors approaches to supervision and counselor training (Castonguay, 2000; Lampropoulos, 2002; Milne et al., 2008; Morgan & Sprenkle, 2007; Watkins et al., 2015). Following Castonguay's (2000) seminal work on training in psychotherapy integration, Lampropoulos (2002) was among the first to address the parallels that exist between common factors of both counseling and supervision, advocating for a theoretically eclectic approach to supervision and for the prescriptive matching of common factors to supervisee needs. For example, Lampropoulos (2002) suggested that supervisors might integrate psychodynamic theory as a means of increasing supervisees' awareness of countertransference and attachment patterns, or cognitive theory in order to restructure supervisees' unhelpful thoughts about counseling and supervision.

In contrast to Lampropoulos's (2002) model, which extrapolates common factors of counseling to supervision, Morgan and Sprenkle (2007) and Milne and colleagues (2008) endorsed approaches that bridge similarities between supervision models. Morgan and Sprenkle (2007) identified a

number of common factors among models of supervision, grouping these factors into the following three dimensions falling on their respective continua: (a) *emphasis*, ranging from specific clinical competence to general professional competence; (b) *specificity*, ranging from the idiosyncratic needs of supervisees and clients to the general needs of the profession as a whole; and (c) *supervisory relationship*, ranging from collaborative to directive. The authors (Morgan & Sprenkle, 2007) then proposed a model of supervision that applies these three dimensions of supervision to the supervisor roles of coach, teacher, mentor and administrator. In contrast, Milne and colleagues (2008) conducted a best evidence synthesis of the supervision literature to summarize the current state of empirical research on supervision practices and applied their findings to a basic model of supervision. Although both models (Milne et al., 2008; Morgan & Sprenkle, 2007) contributed viable descriptive models of common factors approaches to supervision, they were limited in providing specific strategies for supervisors to employ in a given situation. Furthermore, neither model specifically addressed the intersection of common factors of counseling and common factors of supervision. Thus, noting that common factors of counseling and specific factors of supervision approaches are interdependently related, Watkins and colleagues (2015) proposed a common/specific factors model, designating the supervisory relationship as the crowning common factor and encouraging supervisors to apply this relationship-centered model to the specific factors of “some form of supervision” (Watkins et al., 2015, p. 226). Following Watkins and colleagues’ recommendations, we therefore present an integrated approach to supervision by applying the common factors of counseling and supervision to the specific factors of the discrimination model.

The Discrimination Model

The discrimination model (Bernard, 1979, 1997) provides a conceptualization of clinical supervision as both an educational and a relationship process (Bernard & Goodyear, 2014; Borders & Brown, 2005). In essence, the discrimination model involves the dual functions of assessing the supervisee’s skills and choosing a supervisor role for addressing the supervisee’s needs and goals. The supervisee is assessed on three skill areas, or foci: (a) intervention (observable behaviors that the supervisee demonstrates in session, such as demonstration of skills and interventions); (b) conceptualization (cognitive processes, such as the supervisee’s ability to recognize the client’s themes and patterns, as well as the supervisee’s level of understanding of what is taking place in session); and (c) personalization (supervisee self-awareness and ability to adapt his or her own personal style of counseling while maintaining awareness of personal issues and countertransference). Furthermore, over 30 years ago, Lanning (1986) proposed the addition of assessing the supervisee’s professional behaviors, such as how the supervisee approaches legal and ethical issues.

When the supervisor has assessed the supervisee’s skill level in each of the three foci, the supervisor utilizing the discrimination model assumes the appropriate role for addressing the supervisee’s needs and goals: (a) teacher (assumed when the supervisor perceives that the supervisee requires instruction or direct feedback); (b) counselor (appropriate for when the supervisor aims to increase supervisee reflectivity, or to process the supervisee’s internal reality and experiences related to his or her professional development or work as a counselor); or (c) consultant (a more collaborative role that is assumed when the supervisor deems it appropriate for the supervisee to think and act more independently, or when the supervisor aims to encourage the supervisee to trust his or her own insights). It is important to note that the supervisor does not take on the singular form of any of the three roles, but rather makes use of the knowledge and skills that are characteristic of each role (Borders & Brown, 2005). The discrimination model is situation-specific; therefore, supervisor roles and foci of assessment might change within a supervision session and across sessions. Consequently, supervisors are advised to remain attuned to the supervisee’s needs in order to attend to his or her

most pressing focus area and to assume the most suitable role for addressing these needs rather than displaying strict adherence to a preferred focus or role (Bernard & Goodyear, 2014).

The discrimination model is considered to be an accessible, empirically validated model for supervisors and can be adapted in complexity depending on the supervisor's level of readiness (Bernard & Goodyear, 2014; Borders & Brown, 2005). Using multidimensional scaling in an empirical study of the discrimination model, Ellis and Dell (1986) provided validation for both the teacher and counselor roles, although the consultant role did not emerge as a distinct role. Their findings are consistent with other studies that provided support for the teacher and counselor roles, but not for the consultant role (Glidden & Tracey, 1992; Goodyear, Abadie, & Efros, 1984; Stenack & Dye, 1982). Thus, the consultant role might be more difficult to distinguish from the teaching and counseling roles, perhaps, as Bernard and Goodyear (2014) noted, because the consultant role requires supervisors to put aside their position of *expert* or *therapist* and act more collaboratively with their supervisees. Ellis and Dell provided an alternate (and conflicting) explanation, suggesting that consultation might be an underlying component of both the teaching and counseling roles. These findings indicate a need for future research and possible modification of the discrimination model; however, the discrimination model is generally supported by empirical research.

Rationale for an Integrated Model

Watkins and colleagues (2015) stated: "Akin to the 'great psychotherapy debate' about effectiveness (Wampold, 2001), a 'great psychotherapy supervision debate' about effectiveness is eminently likely" (p. 17). Several cross-cutting models of clinical supervision have been proposed (Milne et al., 2008; Morgan & Sprenkle, 2007), as well as models that extrapolate common factors of counseling to supervision practices (Lampropoulos, 2002; Watkins et al., 2015); however, there has yet to be a model that systematically converges both. Given the abundance of empirical support for common factors in counseling, we have conceptualized a new model, the CFDM, to integrate a supervision approach that is grounded in effective counseling and supervision practices. Furthermore, Watkins and colleagues encouraged supervisors to apply common factors of counseling to the specific factors of some form of supervision; however, to our knowledge, no such model integrating common factors with the specific factors of an empirically supported model of supervision has been published. Thus, the CFDM combines essential factors of supervision models, converges them with common factors of counseling approaches, and applies them to the specific factors of Bernard's (1979, 1997) discrimination model for a structured approach that bridges effective elements of both counseling and supervision.

Bernard and Goodyear (2014) pointed to the supervisory relationship as one of the most essential factors in supervision; however, a major criticism of the discrimination model is that the model itself does not thoroughly address the supervisory relationship (Beinart, 2004). Similarly, Freeman and McHenry (1996) found that supervisors ranked the development of clinical skills as their top goal for supervising counselors-in-training and identified that supervision involves taking on the roles of teacher, challenger and supporter, but relationship building did not surface as an emphasis of counselor supervision (Bell, Hagedorn, & Robinson, 2016). Thus, the CFDM builds on the discrimination model by incorporating tenets of the supervisory relationship that are consistent with common factors of counseling and supervision, such as the working alliance (Bordin, 1983), the real relationship (Watkins, 2015), and the instillation of hope (Lambert & Barley, 2001; Lampropoulos, 2002). Historically, the supervision literature suggests that novice supervisors, in particular, might manage feelings of self-doubt and uncertainty by employing a highly structured supervision style, focusing on providing supervisees with feedback on counseling techniques or client diagnosis and

placing less emphasis on attending to the supervisory relationship (Hess, 1986; Hess & Hess, 1983). Furthermore, whereas building rapport is a top priority in many therapeutic relationships, counselor supervisors might prioritize other factors instead, such as scheduling, paperwork, and evaluation, before establishing a relationship with the supervisee (Bell et al., 2016). Because the discrimination model is a widely used approach to supervision (Timm, 2015), experienced counselors who wish to incorporate common factors of supervision and counseling into their customary supervision practice will likely find the CFDM to be an intuitive supervision approach. The following section provides a description of the four primary tenets of the CFDM, as well as strategies and recommendations for applying the CFDM in supervision.

The Common Factors Discrimination Model

The CFDM is an innovative model of supervision that aims to integrate the common factors of counseling and supervision with the specific factors of Bernard's (1979, 1997) discrimination model for a structured, relationship-centered approach to clinical supervision. The CFDM builds on existing supervision models that extrapolate common factors of counseling to supervision practices (Lampropoulos, 2002; Watkins et al., 2015). The CFDM also draws on the discrimination model (Bernard, 1979, 1997) as a method of assessing supervisee needs and tailoring feedback and support accordingly. Although the melding of common factors with the discrimination model has yet to be empirically tested as an integrated approach to supervision, both approaches have received substantial empirical support as standalone models. Empirical research supports common factors approaches to counseling and other change-inducing relationships; however, the CFDM's underpinnings in the more prescriptive discrimination model provide a structured approach to common factors supervision. In addition, there is evidence to suggest the effectiveness of common factors approaches across cultures (Dewell & Owen, 2015).

We have proposed a model that combines effective common factors of counseling and supervision with the specific factors of Bernard's (1979, 1997) widely used, empirically supported and accessible discrimination model for a structured approach to common factors supervision. The primary tenets of the CFDM were derived by reviewing the literature on common factors models of supervision and purposively selecting the most common elements, including: (a) development and maintenance of a strong supervisory relationship, (b) supervisee acquisition of new knowledge and skills, (c) supervisee self-awareness and self-reflection, and (d) assessment of supervisees' needs and the provision of feedback based on the tenets of Bernard's (1979, 1997) discrimination model. The following section provides a brief fictional case illustration followed by specific strategies for applying the CFDM to supervision. Specific examples for matching common factors with tenets of the discrimination model are provided in Table 1, based on an illustrative case example, followed by a discussion of the primary tenets of the case to the CFDM.

Case Illustration

André, a master's student in mental health counseling, is completing his first semester of clinical practicum at his university's community counseling center. Although André demonstrates competency across many clinical and professional domains, as a novice counselor trainee he struggles with reflecting feeling with clients in session. His supervisor has noticed that André tends to sidestep emotional topics in session and, instead of reflecting feeling, responds to emotional content by asking the client unrelated questions or by changing the subject. In the few instances in which he has attempted to reflect feeling, André has been inaccurate in his reflections, undershooting the intensity of the client's feelings or misreading the client's emotions altogether. This has sometimes led to

tension and frustration between André and his clients. Using the CFDM, his supervisor might utilize the following strategies in supervision with André. In the following section, the case of André is discussed, integrating the primary tenets of the CFDM.

Application of the CFDM

The Supervisory Relationship

Bernard and Goodyear (2014) suggested that the supervisory relationship is a critical factor in effective supervision, regardless of the model of supervision that is followed. Thus, the central tenet of the CFDM is the development of a collaborative supervisory relationship that is characterized by the Rogerian conditions of empathy, genuineness, and unconditional positive regard (Lampropoulos, 2002). Utilizing the CFDM with André, the supervisor approaches her supervisory roles of teacher, counselor and consultant with warmth and acceptance as she addresses André's difficulty reflecting feeling with his client, rather than using a confrontational or critical approach. Furthermore, she explores with André his personal experiences with emotion, taking into consideration his background and cultural factors that could play a role in his relationship with emotion.

The real relationship. The *real relationship* (Lampropoulos, 2002; Watkins, 2015) refers to a supervisory relationship that is unaltered by transference or countertransference and is characterized by empathy, warmth, genuineness, unconditional positive regard and trust. The expression of humor and optimism also is recommended in developing a common factors-influenced supervisory relationship. Extrapolating from Gelso's (2014) tripartite model of the psychotherapy relationship, Watkins (2015) defined the real relationship as "the personal relationship between supervisor and supervisee marked by the extent to which each is genuine with the other and perceives/experiences the other in ways that befit the other" (p. 146). Factors of the real relationship are critical in supervision, as they allow supervisees to develop trust in the supervisory relationship and provide safety for supervisees to disclose vulnerabilities, mistakes and personal concerns (Storm et al., 2001).

Because the evaluative and hierarchical nature of supervision might make the supervisory relationship vulnerable to supervisory ruptures (Burke, Goodyear, & Guzzardo, 1998; Nelson & Friedlander, 2001; Safran, Muran, Stevens, & Rothman, 2007), the CFDM utilizes a collaborative evaluation process (Rønnestad & Skovholt, 1993), in which supervisees have the opportunity to practice evaluating their skills independently throughout their training either by journaling or by completing an evaluation form about their session and submitting their self-evaluation to their supervisor. Supervisee self-evaluations are then processed in supervision. The CFDM supervisor in the case illustration might use this strategy with André to allow him to raise self-awareness and to receive regular feedback on his skills. Furthermore, assuming the teacher role of the discrimination model, his supervisor might direct André to conduct a self-assessment of his reflections of feeling following each session, which he could bring into supervision to discuss and receive her feedback.

Because the supervisory relationship is the central tenet of the CFDM, it is advisable to evaluate and monitor the relationship throughout supervision. Furthermore, Lampropoulos (2002) recommended that supervisors identify and attempt to repair ruptures as soon as possible, as ruptures can be deleterious to supervision process and outcome. One such measure for evaluation of the supervisory relationship is the *Supervisory Relationship Questionnaire* (SRQ; Palomo, Beinart, & Cooper, 2010), a 67-item assessment of the supervisee's perceptions of the supervisory relationship. Other plausible measures include the *Working Alliance Inventory* (Bahrnick, 1990) and the *Revised Relationship Inventory* (Schacht, Howe, & Berman, 1988). Allowing André to assess the supervisory relationship and give his supervisor feedback can provide insight into André's perception of their

relationship and can allow the supervisor to consider making changes in her approach, if necessary. This also conveys to André that his feedback is valuable and that their supervisory relationship is collaborative.

The working alliance. The *working alliance* in supervision refers to the collaborative development of goals and tasks for supervision (Bordin, 1983; Constantino, Castonguay, & Schut, 2002; Lampropoulos, 2002). The working alliance is established in the CFDM by collaboratively developing a supervision contract between the supervisor and the supervisee (Lampropoulos, 2002) at the very beginning of the supervisory relationship. Goals for supervision that are addressed in the contract include evaluating supervisees' strengths and areas for growth and identifying specific skills to be learned, as well as issues related to supervisee theoretical orientation. The tasks used to reach these goals can include process notes, live supervision, and interpersonal process recall (IPR; Kagan & Kagan, 1997) as a collaborative approach to processing André's strengths and areas for growth, and for facilitating André's self-reflection and self-awareness. The purpose of these tasks is to provide structure and opportunities for instruction, feedback, and evaluation, while allowing the supervisee to engage in self-evaluation, application of new skills, corrective action, and exploration of alternative approaches. The CFDM draws from the discrimination model when developing the contract as a means of evaluating supervisee's three levels of foci (i.e., intervention, conceptualization and personalization). For example, when developing the supervision contract with André, the supervisor would consider André's current level of competency with regard to techniques and clinical skills, case conceptualization skills, and self-awareness and personal style.

Instillation of hope and the creation of expectations. Frank and Frank (1991) noted the impact of positive expectations and hope in effecting change in counseling. Placebo, hope and expectancy factors emerged as a single common factor among most counseling approaches, with Lambert and Barley (2001) noting that instillation of hope accounts for 15% of client outcome. Watkins (1996) addressed the issue of demoralization in supervision, stating that beginning counselors can experience poor self-efficacy and might feel overwhelmed as they navigate their professional identity development. Watkins (1996) stated that supervisors are able to utilize the supervisory relationship as a means of encouraging supervisees and providing structure within the relationship to foster hope. Recently, Watkins and colleagues (2015) endorsed the creation of expectations and the provision of some method of supervision as a pathway by which supervisee change occurs. CFDM supervisors can incorporate hope and expectancy into supervision by using the consultant role of the discrimination model to explain to supervisees the process of supervision, and by collaborating with supervisees to provide supervision that builds on those expectations. Practical tools that André's supervisor might implement to promote hope and positive expectations include developing a supervision contract with André or providing him with a professional disclosure statement in order to explain the process of supervision and to set supervisory rituals in motion (Watkins et al., 2015). Lampropoulos (2002) also suggested setting short- and long-term goals with supervisees as a means of instilling hope.

Supervisee Self-Awareness and Self-Reflection

An additional tenet of the CFDM is supervisee self-reflection concerning issues that influence professional development (Lampropoulos, 2002). CFDM supervision emphasizes the importance of encouraging supervisees to explore their strengths and areas for growth, and personal issues that might affect their work in counseling, as well as their therapeutic styles (Lampropoulos, 2002; Milne et al., 2008). The CFDM attempts to facilitate supervisee self-reflection by implementing strategies such as collaborative evaluation and the supervision contract (discussed above). Furthermore, the CFDM utilizes IPR (Kagan & Kagan, 1997), in which the supervisor and supervisee watch videotape

of a supervisee's counseling session together, pausing the tape at moments that either the supervisor or supervisee deems critical for further inquiry and processing. Taking on the role of counselor, the supervisor utilized IPR to explore what André was experiencing during that moment of the counseling session that might have prevented him from demonstrating reflection. Consistent with the common factors model, the supervisor confronted André with warmth, empathy and acceptance.

Acquisition of Knowledge and Skills

According to the discrimination model (Bernard, 1979, 1997), one of the primary roles of the supervisor is that of teacher. Thus, in addition to providing support and feedback, supervisors are in a position to impart knowledge and to facilitate supervisees' acquisition of skills—a factor of supervision that surfaces in the majority of supervision models (Milne et al., 2008; Morgan & Sprenkle, 2007). Lampropoulos (2002) stated that supervisees might learn through direct instruction, through shaping (i.e., gradual learning of a desired behavior) and through their own personal experience. In addition, supervisees have opportunities to learn by imitating the behaviors of their supervisors and other counselors (Lampropoulos, 2002). Given that skills and techniques factors account for 15% of counseling outcome (Lambert & Barley, 2001), supervisors are in a position to model skills and techniques of counseling in supervision as a means of fostering supervisee learning and skill acquisition. Integrating common factors with the discrimination model, André's supervisor might take on the role of teacher to watch a video clip with André of a recent counseling session in which André struggled to reflect feeling, directing him to role-play with his supervisor other ways that he could respond to his client when emotional content is disclosed. André's supervisor also could provide him with a list of "feeling words" or other relevant resources in order to help him to increase his awareness of emotion and to broaden his feelings vocabulary.

Assessment of Supervisee Needs and the Provision of Feedback

A final tenet of the CFDM is assessment of supervisee needs and the provision of feedback utilizing the roles and foci presented in the discrimination model. Using the CFDM, the supervisor would implement *tailoring* (also referred to in the counseling literature as *prescriptive matching*)—or adapting supervision to fit the characteristics, worldviews and preferences of the supervisee—as would be done with clients in common factors approaches to counseling (Norcross & Halgin, 1997). In their review of the literature on clinical supervision, Goodyear and Bernard (1998) identified attending to supervisees' individual differences as an essential component of effective supervision. Furthermore, tailoring is inherent in the discrimination model, which recommends matching the supervisor's role to supervisee needs (Bernard, 1979, 1997). As a beginning clinician, André might express a greater need for structured, directive supervision compared to more experienced supervisees (Stoltenberg, McNeill, & Crethar, 1994). Because André self-disclosed his perception of emotion and how this relates to his identity as a male, his supervisor should include this in her conceptualization of André and how he approaches work with clients. Furthermore, this is a value that she might continue exploring with André in future supervision sessions if it could have an impact on his clinical work with clients. Multiple supervision models have recommended matching supervision to the supervisee's therapeutic approach and cognitive and learning styles (e.g., level of cognitive complexity; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981), and Norcross and Halgin (1997) suggested beginning the supervisory relationship with a needs assessment to determine the supervisee's unique needs, goals and preferences for supervision. Although tailoring can pose unique challenges for supervisors providing triadic or group supervision, individual differences such as supervisees' level of experience, learning goals, gender and ethnicity can be taken into account in these formats.

Table 1

CFDM: Examples of DM Focus and Role Intersections and Common Factors Strategies (CFS)

| Supervisor Roles (DM) | | | |
|-------------------------------------|---|--|---|
| Supervision Focus Area (DM) and CFS | Teacher | Counselor | Consultant |
| <i>Intervention</i> | André reports that he is uncertain of how to perform a lethality assessment. | André struggles to reflect feeling and meaning with clients. | André is interested in using children's books in session with elementary-aged children. |
| Common Factors Strategy: | Supervisor teaches André the necessary steps of assessing for lethality, then the dyad engage in a role play in which the supervisee tests his new knowledge by performing a lethality assessment with the supervisee acting as the client. (Acquisition of New Knowledge and Skills) | Supervisor asks André to reflect on the fact that he demonstrates empathy toward his clients while in supervision but struggles to show empathy by reflecting feeling and meaning in session. (Self-Exploration, Awareness, and Insight) | Supervisor provides André with resources for using bibliotherapy in child counseling and offers to help the supervisee brainstorm methods for utilizing this intervention in counseling. (Acquisition of Knowledge and Skills) |
| <i>Conceptualization</i> | André struggles to provide client with accurate diagnosis. | André perceives himself as being an ineffective counselor because he has difficulty choosing interventions in session. | André requests more information on client stages of change. |
| Common Factors Strategy: | Supervisor and André practice diagnosing fictional clients using case studies from a <i>DSM-5</i> casebook. Supervisor then assigns André homework to practice completing a few case studies independently. Supervisor and André review and discuss André's answers collaboratively during following supervision session. (Acquisition of Knowledge and Skills) | Supervisor reflects supervisee's feelings of inadequacy, offers encouragement, and normalizes the developmental challenges of supervisees. (Supervisory Relationship – Instillation of Hope and Raising of Expectations) | Supervisor assists supervisee with locating information on client stages of change and discusses with supervisee the idea of conceptualizing client's progress in counseling within the context of the client's stage of change. (Acquisition of Knowledge of Skills) |
| <i>Personalization</i> | André exhibits behaviors that resemble racial microaggressions. | André's performance anxiety causes him to appear distracted in session. | André shares that a client reminds him of his deceased mother. |
| Common Factors Strategy: | Supervisor reviews videotape of session with André and identifies an instance in which he exhibits a microaggression toward client. Supervisor gives André feedback on microaggressions and encourages André to engage in self-reflection on personal biases. (Provision of Feedback) | Supervisor reflects André's feelings of anxiety and asks André to reflect on how his anxiety may be affecting his work with clients. (Supervisory Relationship – The Real Relationship) | Supervisor offers to help André process countertransference and communicates to André that he has handled the situation ethically and professionally by sharing with his supervisor his feelings of countertransference toward his client. (Supervisory Relationship and Provision of Feedback) |

Practical Challenges and Limitations

Utilization of the CFDM might pose challenges that warrant discussion. For example, the CFDM might intensify the parallel process due to its similarities to the structures and processes of counseling. Moreover, CFDM's parallels to counseling might blur the lines between supervision and counseling, making it important for supervisors to clearly delineate the role and functions of supervision. Thus, the CFDM endorses utilizing the Rogerian condition of genuineness to facilitate an open, collaborative discussion between the supervisor and supervisee when potentially problematic issues of parallel processing arise in supervision. Furthermore, the CFDM might be vulnerable to challenges in dual relationships, as the various discrimination model roles that the supervisor might assume could blur the lines between the supervisory relationship versus other relationships that the supervisor might have with the supervisee, such as that of instructor. Therefore, supervisors utilizing the CFDM are encouraged to have an open discussion with supervisees from the beginning of supervision concerning the purposes, limitations and boundaries of the supervisory relationship. Such conversations can be facilitated with the use of a professional disclosure statement that outlines the supervisor's roles (Blackwell, Strohmer, Belcas, & Burton, 2002; Cobia & Boes, 2000).

Because the central tenet of the CFDM is the identified supervisory relationship, a potential challenge that is perhaps inherent in the CFDM is addressing weaknesses and ruptures in the supervisory relationship. The CFDM might also be challenging for supervisors or supervisees who inherently struggle to establish strong supervisory and therapeutic relationships. Supervisees who demonstrate limited ability to establish a strong therapeutic relationship might benefit from direct instruction on behavioral skills that facilitate the therapeutic relationship, such as reflections of feeling and meaning. Lampropoulos (2002) recommended that gatekeeping measures be implemented for students who consistently demonstrate deficiency in establishing a strong therapeutic relationship with clients. Finally, outcome research is indicated to examine the validity of applying common factors principles of psychotherapy to clinical supervision, as well as the empirical merit of an integrated common factors and discrimination model of supervision.

Conclusion

The supervision literature abounds with approaches for supervising counselors; however, there is little evidence that any one approach outperforms another. Common factors approaches to counseling and supervision draw on the components that are shared among models for a parsimonious approach that places emphasis on the factors that are essential in producing positive counseling and supervision outcomes. However, although such factors are necessary, they are not sufficient for yielding positive change. Therefore, Watkins and colleagues (2015) noted the necessity of applying the specific factors of some form of supervision to a common factors approach. We have responded to this call by presenting the CDFM, which integrates the specific factors of Bernard's (1979, 1997) discrimination model with the most common elements of counseling and supervision approaches: (a) the supervisory relationship, (b) supervisee acquisition of new knowledge and skills, (c) supervisee self-awareness and self-reflection, and (d) assessment of supervisees' needs and the delivery of feedback according to the tenets of the discrimination model.

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