INTEGRATED DEVELOPMENTAL MODEL OF SUPERVISION

CASAT WEBINAR
APRIL 3, 2013

LEARNING OBJECTIVES

- Develop an understanding of the Integrated Developmental Model of Supervision (IDM)
- Identify the various elements that comprise the IDM and the Discrimination Model
- Articulate the ways awareness, motivation, and autonomy are influenced by a supervisee's developmental level
- Begin to develop a framework to assess supervisees' level of development and methods to support on-going skill development
- Assess supervisor level of development and appreciate the ways that supervisor development influences the supervisory relationship
1) True/False: Trainees typically follow a developmental trajectory from novice to expert.

2) According to IDM foundational cognitive theories, skill development comes from the process of ________ and ________.

3) There are __ domains of clinical practice that are addressed by the IDM.

4) The IDM identifies ________, ________, and ________ as the three overarching structures.

5) The hallmark of a Level 2 therapist is: ambivalence/fluctuating motivation or high levels of insight of self and others/high motivation.

6) True/False: A Level 1 supervisor can provide adequate supervision to all levels of trainees.

7) When a trainee clearly presents with unresolved personal issues, what actions are recommended?

8) How does a supervisor evaluate a supervisees level of development across domains?

9) Within the discrimination model, the three roles of supervisors are ________, ________, and ________.

10) True/False: The role a supervisor plays within supervision is primarily based on the need of the supervisee and their developmental level.
OVERVIEW

- Brief history of the IDM
- Current constructs related to the model
- Model overview
- Level 1 Supervisee
- Level 2 Supervisee
- Level 3 Supervisee
- Level 3i Supervisee
- Supervisor Developmental Levels
- Discrimination Model Overview
DEVELOPMENT OF THE IDM

- Based on over 25 years of research; built upon previous developmental models
- Has been criticized for being overly complex
- Combines theories of learning, change, social roles and influence, and human development
- Differs from other models as it focuses on the unique processes of supervision; not a reiteration of psychotherapy processes
- Extensively researched, taught, and applied
CURRENT PERSPECTIVES

Over time, the IDM has

“developed into a complex integration of changing characteristics and needs of trainees and how these interact with various domains of counselor/psychotherapist activity and the supervision process.”
CRITICAL FOUNDATIONS OF THE IDM

- Cognitive Models
- Expert Versus Novice
- Interpersonal Influence and Social Intelligence
- Motivation
- Models of Human Development
COGNITIVE MODELS

- Conceptual organization of declarative and procedural knowledge
- Development of schemata-activation of one schema can allow access to closely related schema
- Similarities for classification, often disregard differences at first
  - Dog -> big -> 4 legs -> wagging tail -> pants and barks
  - Dog -> small -> 4 legs -> wagging tail -> pants and barks
- All dogs have 4 legs, wagging tails, pant and bark
- Regarding counselor development, novice counselors may only attend to similarities, must move towards flexible approach to compare new experiences and information.
- Skill development comes from the process of reflection and learning from experience, can be enhanced through motivation, feedback, monitoring implementation, elimination of discrepancies
EXPERT VS. NOVICE

- Dependent on knowledge and experience however, it is not sufficient—memory is needed
- Novice: more likely to take trial and error approach and may attend to extraneous factors related to diagnosis or treatment approach
- Expert: attend to client factors and use memory and experience to inform diagnosis and treatment formulation
The supervisory relationship has varying degrees of influence.

Power and authority: expert, referent, legitimate and informational.

Dynamic changes as the supervisee's needs change.

Supervisors can effectively use the power bases within the relationship to influence supervisee's learning, level of influence depends on the level of the supervisee.

The supervisory alliance is an element of the learning environment.

The supervisors assesses the supervisee and provides interventions to support learning and growth.
Motivation influences learning, at times the path of least resistance can take over and inhibit learning.

Continuum between amotivation, extrinsic motivation, and intrinsic motivation.
SUPERVISEE DEVELOPMENT

Reflection Question: How do individuals become therapists?
SUPERVISEE DEVELOPMENT

- There is a gradual increase of knowledge and skill over time
- There is a qualitative difference between levels of counselor development
- The effective learning environment/supervisory alliance:
  - individualized
  - supports the development of skills and knowledge
  - increases awareness of self and others
  - fosters motivation
  - enhances insight
  - allows for fluctuations in autonomy
Integrated Developmental Model (IDM)

- 8 Domains
- 3 Overriding structures
SUPERVISION

Supervisors are then tasked with:

- Assessing the level of competency of their supervisee between domains and within domains
- Providing optimal supervision for different levels of supervisees
- Demonstrating how to move from supervision strategies related to a specific level of development in one domain to a specific level of development in another domain....

*Sometimes within a single supervision session!*
OVERARCHING STRUCTURES
SELF AND OTHER AWARENESS
COGNITIVE AND AFFECTIVE

Cognitive:
Thought Process

Affective:
Emotion
MOTIVATION

- Effort, interest, and investment in training and practice
- Tends to begin at high levels, vacillate from day to day and client to client, then stabilize
- Supervisor’s ability to recognize and respond to varying degrees of motivation can influence how the power structure is used
- Amotivation, extrinsic motivation, intrinsic motivation can all be aspects of a trainee’s experience
- Confusion to clarity; self-absorption, to empathy, anxiety to self-confidence and self-efficacy.
INTEGRATED DEVELOPMENTAL MODEL (IDM)

Level of Development and Supervisee Characteristics

Motivation

High

Medium

Low

Level 1  Level 2  Level 3
AUTONOMY/DEPENDENCE

- Beginners overly dependent
- Move into dependency-autonomy conflict
- Experience and supervision allow supervisees to begin to learn how to assess their own skills and areas of needed improvement
- The opportunities to participate in their own development increase their sense of autonomy
INTEGRATED DEVELOPMENTAL MODEL (IDM)

Level of Development and Supervisee Characteristics

Dependency/Autonomy

High

Medium

Low

Level 1  Level 2  Level 3
DOMAINS OF CLINICAL PRACTICE

Reflection Question:
List areas of clinical practice you see relevant to interns development as clinicians.
SPECIFIC DOMAINS

- Intervention Skills and Competence
- Assessment Approaches & Techniques
- Individual/Cultural Differences
- Interpersonal Assessment
- Theoretical Orientation
- Problem conceptualization
- Selecting Goals & Plans
- Professional Ethics
- Awareness
- Motivation
- Autonomy
THERAPIST DEVELOPMENT
LEVEL 1

These supervisees have limited training, or at least limited experience in the specific domain in which they are being supervised

- **Awareness**: High self-focus, with limited self-awareness; apprehensive about evaluation.

- **Motivation**: Both motivation and anxiety are high; focused on acquiring skills. Want to know the “correct” or “best” approach with clients.

- **Autonomy**: Dependent on supervisor. Wants to leave major decision making to supervisor. Needs structure, positive feedback, and little direct confrontation.
ETHICAL CONSIDERATIONS WITH LEVEL 1 THERAPISTS

Reflection Question: What are some ethical challenges related to supervising a Level 1 therapist?
SUPERVISORS APPROACH
LEVEL 1

General considerations:
- Provide structure and keep anxiety manageable

Client assignment:
- Mild presenting problems or maintenance cases

Interventions:
- Facilitative (supporting, encouraging)
- Prescriptive (suggest approaches)
- Conceptual (some, and theory)
- Catalytic (late level 1)
SUPERVISORS APPROACH
LEVEL 1

Mechanisms:
- Observation (video or live)
- Skills training
- Role-playing
- Interpret dynamics (limited, client or trainee)
- Readings
- Group Supervision
- Appropriate balance of ambiguity/conflict
- Address strengths, then weaknesses
- Closely monitor clients
SUBLEVEL 1 TRAINEES

Reincarnated Trainee: Providing nurturing to clients to address lack of nurturing in their own life; “I will give them what I never had”

Savior Trainee: Disallowing negative emotions; “the path to salvation is the one I took”

Unfinished Client/Denying Trainee: Overidentification with clients struggles as they reflect an unresolved conflict in their own life; “I must help them see the right way to proceed to prevent similar harm”

Suspicious/Distrustful Trainee: Judgmental and angry; “I must right a wrong I have experienced”

Addicted or Nonpracticing Trainee: Philosophy that an addictive personality is the root of all problems, even in non-SUD clients; “I went to 12 step and it helped me therefore it will help you”

Ideological Trainee: New perspective is the perspective to have; “I must address all issues through this new lens”
ADDRESSING BLOCKS FOR SUPERVISEES

- Remember the power differential when addressing concerns.
- Supervision is not therapy and sometimes therapy is warranted.
- Seek consultation prior to recommending therapy to a supervisee to discuss ways to potentially intervene within supervision.
- Provide different training opportunities while issue is being addressed.
- Be open to the idea that if a block becomes an issue that is not amenable to intervention may evoke the gatekeeper role.
Motivation: May decrease for new approaches techniques

Autonomy: May desire more than is warranted

Awareness: Begin to move towards client – away from self
THERAPIST DEVELOPMENT
LEVEL 2

Supervisees at this level are making the transition from being highly dependent, imitative, and unaware in responding to a highly structured, supportive, and largely instructional supervisory environment.

- **Awareness:** Greater ability to focus on and empathize with client. However, balance is still an issue. Problem can be veering into enmeshment with the client.
- **Motivation:** Supervisee vacillates between being very confident to self-doubting and confused.
- **Autonomy:** Although functioning more independently, supervisee experiences conflict between autonomy and dependency. Can manifest as resistance to the supervisor.
MANAGING THE AUTONOMY/DEPENDENCY CONFLICT

Reflection Questions:
What are the signs that a supervisee is confronting an autonomy/dependence conflict?
How can you support them through this developmental stage?
SUPERVISORS APPROACH
LEVEL 2

General considerations:
- Less structure provided, more autonomy encouraged particularly during periods of regression or stress

Client assignment:
- More difficult clients with more severe personality problems (e.g., personality disorders)

Interventions:
- Facilitative
- Prescriptive (only occasionally)
- Confrontation (now able to handle it)
- Conceptual (more alternative views)
- Catalytic (process comments, highlight counter transference, deal with affective reactions to client/supervisor)
SUPERVISORS APPROACH
LEVEL 2

Mechanisms:
- Observation (video or live)
- Role playing (though less important now)
- Interpret dynamics and parallel process
- Group Supervision
- Broader clientele
THERAPIST DEVELOPMENT
TRANSITION TO LEVEL 3

- **Motivation:** Increased desire to personalize orientation

- **Autonomy:** More conditionally autonomous, better understands limitations

- **Awareness:** Focus begins to include self-reactions to client
Supervisees at this level are focusing more on a personalized approach to practice and on using and understanding of “self” in therapy.

- **Awareness**: Supervisees are now able to remain focused on the client while also stepping back to attend to their own personal reactions to the client.

- **Motivation**: Supervisee begins to integrate own style of therapy and work on strengths and weaknesses. Seesawing slows, and he or she feels more consistent about skills. Id freely able to receive feedback from supervisor.

- **Autonomy**: Feels comfortable functioning more independently. When doubts arise, supervisee feels he or she can consult with others without losing his or her sense of professional identity.
SUPERVISORS APPROACH
LEVEL 3

General considerations:
- More structure provided by supervisee, more focus on personal and professional integration and career decisions

Interventions:
- Facilitative
- Confrontation
- Conceptual; from personal orientation
- Catalytic: in response to blocks or stagnation

Client Assignment:
- Focus on areas where Level 3 has not yet been attained

Mechanisms:
- Peer supervision
- Group Supervision
- Strive for integration
THERAPIST DEVELOPMENT
TRANSITION TO LEVEL 3 INTEGRATED

- Motivation: Strives for stable motivation across domains

- Autonomy: Moves conceptually and behaviorally across domains; Professional identity solid across relevant domains

- Awareness: Personalized understanding across relevant domains; Monitors impact of personal on professional life
INTEGRATED DEVELOPMENTAL MODEL (IDM)

Level of Development and Supervisee Characteristics

(Awareness, Motivation, Dependency)
Reflection Questions:
As a therapist, where do you think you are relative to the developmental levels, 1, 2, 3, or 3i?
Do you think your developmental level as a therapist impacts your ability to supervise? How?
SUPERVISOR DEVELOPMENT ASSUMPTIONS

- Supervision requires a specific set of knowledge, skills, and training unique to supervision.
- A supervisor moves through stages of development similar to a therapist.
- For a supervisor to be at a Level 3, they must have the requisite skills needed to function beyond a Level 1 therapist.
- Just as therapists are matched with clients that match their skills sets in complexity, supervisors should be assigned supervisees according to their level of development.
SUPERVISOR DEVELOPMENT
LEVEL 1

- Tend to be highly anxious or naïve
- Focused on doing things correctly
- May be highly motivated by new role
- Difficulty with role of “expert” may defer power within supervisory relationship
- Depend heavily on their own recent or current supervision
- Typically highly structured
- Find comfort in teaching supervisees to model their style
- Discomfort with feedback and administrative roles
SUPERVISOR DEVELOPMENT
LEVEL 2

- Resembles a Level 2 therapist in terms of confusion and conflict
- Insight into the complexity of supervision may contribute to wavering motivation
- May view supervisees as not possessing requisite skills or not able to implement feedback
- Level 2 tends to be short for many supervisors as they typically have the skills of a level 3 therapist and possess the insight into self and others that allows them to evaluate their role and functioning; often seek out support and supervision
SUPERVISOR DEVELOPMENT
LEVEL 3

- Many supervisors move on to achieve Level 3 in their development
- Motivation at this level becomes stable and consistent
- Engaged in improving their performance and sees their role as valuable
- Functionally autonomous; seeks consultation as appropriate
- Aware of trainee and self, seeks balance between own needs and those of trainee and setting
SUPERVISOR DEVELOPMENT
LEVEL 3I

- Often referred to as master supervisors
- Can work equally well with all levels of trainees
- May provide supervision to less experienced supervisors
- Attained Level 3i therapist skills and can move fluidly across domains
- Integrate supervision with other domains
Reflection Questions:
Based on the levels of development for supervisors, which level do you think you are? Which level supervisee do you prefer? Why?
PREFERENCE AND PREPAREDNESS

Reflection Questions:
Do you feel adequately prepared to supervise a level 2 or 3 supervisee?
How do you address areas of needed growth for your own development as a supervisor?
THE DISCRIMINATION MODEL

- Perhaps the other most sited and used model of supervision.
- Based on Social Role Theory
- Developed by Bernard (1979); Bernard & Goodyear (1998), the model differentiates between the roles supervisors play within the supervisory relationship and the primary focus of the supervision.
THE DISCRIMINATION MODEL

Roles:

- Teacher
- Counselor
- Consultant
THE DISCRIMINATION MODEL

Areas of Focus:
- Intervention Skills
- Conceptualization Skills
- Personalization Skills

Areas of focus depend on what is most salient in the supervisory session.

There is a complex interplay between area of focus and role of the supervisor.
PUTTING IT ALL TOGETHER

“Supervision is a complex integration of changing characteristics and needs of trainees and how these interact with various domains of counselor/psychotherapist activity and the supervision process.”

Supervisors also move through a developmental process and strive towards greater professional growth and integration of knowledge, skills, and roles.
1) True/False: Trainees typically follow a developmental trajectory from novice to expert.
2) According to IDM foundational cognitive theories, skill development comes from the process of __________ and __________.
3) There are __ domains of clinical practice that are addressed by the IDM.
4) The IDM identifies ________, ____________, and __________ as the three overarching structures.
5) The hallmark of a Level 2 therapist is: ambivalence/fluctuating motivation or high levels of insight of self and others/high motivation.
6) True/False: A Level 1 supervisor can provide adequate supervision to all levels of trainees.
7) When a trainee clearly presents with unresolved personal issues, what actions are recommended?
8) How does a supervisor evaluate a supervisees level of development across domains?
9) Within the discrimination model, the three roles of supervisors are ________, ____________, and _____________.
10) True/False: The role a supervisor plays within supervision is primarily based on the need of the supervisee and their developmental level.
1) **True/False**: Trainees typically follow a developmental trajectory from novice to expert.

2) According to IDM foundational cognitive theories, skill development comes from the process of **reflection** and **learning from experience**.

3) There are **8** domains of clinical practice that are addressed by the IDM.

4) The IDM identifies **motivation, awareness, and autonomy** as the three overarching structures.

5) The hallmark of a Level 2 therapist is: **ambivalence/fluctuating motivation** or high levels of insight of self and others/high motivation.

6) **True/False**: A Level 1 supervisor can provide adequate supervision to all levels of trainees.

7) When a trainee clearly presents with unresolved personal issues, what actions are recommended? **Address, consult, refer, determine goodness of fit**

8) How does a supervisor evaluate a supervisee’s level of development across domains? **Observation, formal evaluation, content, process**

9) Within the discrimination model, the three roles of supervisors are **teacher, counselor, and consultant**.

10) **True/False**: The role a supervisor plays within supervision is primarily based on the need of the supervisee and their developmental level.
THANK YOU