

The Integrated Developmental Model of Supervision (Stoltenberg)

Based on two models of human development:

Mechanistic approach – the acquisition of skills and knowledge over time

Organismic approach – an interaction between the organism and the environment

The goal is to develop new and more complex ways of conceptualizing in addition to acquiring a broader array of skills and knowledge.

8 Domains of Clinical Activity

1. *Intervention skills competence*: the ability to implement therapeutic interventions with assuredness
2. *Assessment techniques*: the ability to utilize assessment protocols and devices with assuredness
3. *Interpersonal assessment*: the ability to theoretically conceptualize a client's interpersonal dynamics
4. *Client conceptualization*: the ability to organize client data into a meaningful diagnostic understanding upon which to base clinical treatment
5. *Individual differences*: the ability to include the influences of diversity and difference into the understanding of an individual client
6. *Theoretical orientation*: the ability to utilize and integrate different clinical theories and approaches
7. *Treatment plans and goals*: the ability to contract for change with a client and to effectively intervene to achieve therapeutic progress
8. *Professional ethics*: the ability to coordinate professional and personal ethics with standards of practice

3 Overriding Structures of Professional Growth

1. Self-other awareness: thoughts and feeling about the self and about the client; self-preoccupation, awareness of the client's world, enlightened self-awareness
2. Motivation: nature and stability of investment in training and practice over time; interest, investment, effort expended in training and practice
3. Autonomy: movement from dependence upon the supervisor's authority to independent clinical functioning

Ronnestad and Skovholt's 14 Themes of Therapist-Counselor Development

1. Professional development involves an increasing higher-order integration of the professional self and the personal self. Across time, a professional's theoretical perspective and professional roles become increasingly consistent with his or her values, beliefs, and personal life experiences.
2. The focus of functioning shifts dramatically over time, from internal to external to internal. During formal training, a person drops an earlier reliance on internal, personal epistemology for helping in order to rely on the professionally based knowledge and skills that guide practice. Later, during postdegree experience, professionals gradually regain an internal focus and, with it, a more flexible and confident style.
3. Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience. A straightforward observation, but its implications for supervision and substantial. It implies, for example, that supervisees should be taught self-reflection and self-supervision.
4. An intense commitment to learn propels the developmental process. Importantly, R & S found that, for most of their respondents, enthusiasm for professional growth tended not to diminish with time.
5. The cognitive map changes: Beginning practitioners rely on external expertise, seasoned practitioners rely on internal expertise. Early on, supervisees seek "received knowledge" of experts and therefore prefer a didactic approach to supervision. They later shift increasingly to developing "constructed knowledge" that is based on their own experiences and self-reflections.
6. Professional development is a long, slow, continuous process that can be erratic.
7. Professional development is a lifelong process.
8. Many beginning practitioners experience much anxiety in their professional work. Over time. Anxiety is mastered by most.
9. Clients serve as a major source of influence and serve as primary teachers.
10. Personal life influences professional functioning and development throughout the professional life span. Family interaction patterns, sibling and peer relationships, one's own parenting experiences, disability in family members, other crises in the family, personal trauma and so on influenced current practice and more long term development in both positive and adverse ways.
11. Interpersonal sources of influence propel professional development more than "impersonal" sources of influence. Growth occurs through contact with clients, supervisors, therapists, family and friends, and (later) younger colleagues. R & S have found that, when asked to rank the impact of various influences on their professional development, therapists ranked clients first, supervisors second, their own therapists third, and the people in their personal lives fourth.
12. New members of the field view professional elders and graduate training with strong affective reactions. It is likely that the power differences magnify these responses, which can range from strongly idealizing to strongly devaluing teachers and supervisors.

13. Extensive experience with suffering contributes to heightening recognition, acceptance, and appreciation of human variability. Through this process, therapists develop wisdom and integrity.
14. For the practitioner there is realignment from Self as hero to Client as hero. Over time the client's contributions to the process are better understood and appreciated, and therapists adopt a more realistic and humble appreciation of what they actually contribute to the change process. If these "blow to the ego" are processed and integrated into therapists' self-experience, they may contribute to the paradox of increased sense of confidence and competence while also feeling more humble and less powerful as a therapist.