

Psychotherapy-Driven Supervision: Integrating Counseling Theories into Role-Based Supervision

Quinn M. Pearson

Mental health counselors often play an integral part in the training and supervision of students and new practitioners. Whether they are teaching clinical skills in academic settings, providing on-site supervision for practicum and internship students, or serving as clinical supervisors for unlicensed or less experienced counselors, supervision is a relevant component of mental health practice. Designed as a practical approach that builds on the clinical strengths of mental health counselors, psychotherapy-driven supervision advocates blending psychotherapy-based approaches to supervision with role-based models of supervision. Strengths and weaknesses of psychotherapy-based approaches are discussed. Detailed descriptions of the teacher, counselor, and consultant roles of supervisors are presented. Psychotherapy-driven supervision is illustrated for three theoretical approaches: humanistic-relationship oriented, cognitive-behavioral, and solution-focused.

For many mental health counselors, their practice goes beyond direct service with clients and extends into the clinical supervision and training of students and new counselors. Clinical supervision is defined as “an intervention provided by a more senior member of a profession to a more junior member” (Bernard & Goodyear, 2004, p. 8) in which the focus is on “the supervisee’s clinical interventions that directly affect the client, as well as, those behaviors related to the supervisee’s personal and professional functioning” (Bradley & Kottler, 2001, p. 5). Implicit within these definitions are two major elements that are sometimes construed as conflicting. First, the theories of counseling and psychotherapy are integral to developing skilled counselors (Corey, 2005; Day, 2004), and removing psychotherapy theory and practice from supervision is neither feasible nor desirable. Second, clinical supervision is more than an extension of counseling theory. It is a specialty in its own right, complete with established models, practices, and interventions (e.g., Bernard, 1997; Stoltenberg,

Quinn M. Pearson, Ph.D., is associate professor in the Department of Counselor Education at the University of North Alabama. E-mail: qmpearson@una.edu.

McNeill, & Delworth, 1998). The purpose of this article is to present a case for psychotherapy-driven supervision, an inclusive model of supervision that incorporates and integrates two elements: counseling theory and practice with role-based supervision approaches.

PSYCHOTHERAPY-BASED APPROACHES TO SUPERVISION

Commonly referred to as psychotherapy-based models (Bernard, 1992; Bradley & Gould, 2001; Watkins, 1995) and more recently described as supervision models grounded in psychotherapy theory (Bernard & Goodyear, 2004), the supervision literature is replete with specific examples of psychotherapy-based approaches to supervision. A small sample of these approaches includes psychodynamic (Frawley-O'Dea & Sarnat, 2001); person-centered (Freeman, 1992; Tudor & Worrall, 2004a); experiential (Cummings, 1992); psychodrama (Coren, 2001; Wilkins, 1995); cognitive (Safran & Muran, 2001); cognitive-behavioral (Rosenbaum & Ronen, 1998); multimodal (Ponterotto & Zander, 1984); solution-focused (Presbury, Echterling, & McKee, 1999; Thomas, 1994); and narrative (Bob, 1999).

In his article reflecting on psychotherapy supervision trends, Watkins (1995) presented definitions of psychotherapy-based supervision by Bernard and Goodyear (1992) and Russell, Crimmings, and Lent (1984). While Russell et al. described psychotherapy-based supervision as stemming “directly from the major theoretical schools of counseling” (p. 627), Bernard and Goodyear described it as supervision “based totally and consistently on the supervisor’s theory of psychotherapy and counseling” (p. 11).

Without a doubt, psychotherapy-based models of supervision have many strengths. The strengths that each theoretical approach brings to the counseling setting are echoed in the strengths they bring to the supervision environment. For example, the facilitative conditions of empathy, genuineness, and warmth combined with the belief in supervisees’ natural tendencies to learn and grow are enduring contributions of the person-centered approach (Bernard & Goodyear, 2004). Likewise, strengths of psychodynamic, behavioral, and cognitive psychotherapy-based supervision were delineated by Bradley and Gould (2001). Major strengths mentioned for the psychodynamic approach included the recognition of interpersonal dynamics in the supervisory and counseling relationships and the emphasis on the supervisory working alliance, described as the relational bond based on a sense of shared goals and tasks (Bordin, 1979, 1983). For the behavioral approach, primary strengths included the adaptability of such techniques as modeling, role-playing, feedback, reinforce-

ment, individualized goal-setting, and evaluation for the purpose of teaching counseling skills. Strengths of the cognitive approach included its emphasis on collaborative goal setting, monitoring, and evaluation as well as the use of cognitive strategies for increasing counselors' awareness of their own thought processes that they bring to their therapeutic work with clients.

In addition to strengths associated with specific theory-based approaches, it is worth noting what psychotherapy-based approaches in general contribute positively to the supervision environment. Given that theories of psychotherapy are designed to promote growth and change in clients, it stands to reason that they could be similarly helpful in promoting growth and change in supervisees. Contributions of theory-based supervision approaches in general include the following: providing therapeutic relationship conditions, modeling counseling interventions, and providing a supervision environment that is isomorphic (i.e., equivalent in structure) (Thomas, 1994) to the counseling process (Bernard, 1992; Bernard & Goodyear, 2004; Bradley & Gould, 2001; Thomas, 1994). Moreover, given that counseling theories provide concepts for explaining human behavior and interventions for promoting positive change (Corey, 2005; Day, 2004), they offer useful guides for conceptualizing client situations, as well as choosing and implementing interventions.

Transferring strengths from psychotherapy approaches into the supervision arena definitely has merit. However, the overarching criticism of these approaches centers around the rigid application of psychotherapy models within the context of supervision. This criticism translates into two primary concerns: minimizing the educational needs of supervisees and failing to monitor client progress and welfare. In her review, Bernard (1992) emphasized that a fundamental difference between supervision and therapy is that supervision is more educational (i.e., instructional and evaluative) than therapeutic. She added that this difference "will inevitably frustrate the psychotherapy-based supervisor" (p. 236). In a more recent discussion of psychotherapy-based approaches, Bernard and Goodyear (2004) cautioned:

Supervisors who rely on this as their exclusive lens will miss important information about their supervisee's [sic] and about the range and impact of interventions they might use to help those supervisees. Often, this single lens also can lead supervisors to think in 'therapeutic' rather than educational ways about their supervisees. (p. 76)

Furthermore, Davenport (1992) warned that ethical and legal considerations, including client safety, could be jeopardized when training needs are emphasized over skill assessment and monitoring of client cases.

Criticisms of specific psychotherapy-based approaches are also worth noting. The biggest challenge for the person-centered model of supervision is the incompatibility of incorporating instruction and evaluation into a supervision environment that centers on providing the core therapeutic conditions (e.g., warmth, empathy, and unconditional positive regard) associated with this approach (Bernard, 1992). Less pointed descriptions of weaknesses of other psychotherapy-based models were offered by Bradley and Gould (2001). For the psychodynamic approach, a potential weakness was an overemphasis on supervisee personal insight and the possible blurring of supervision and counseling. A behavioral approach, on the other hand, may focus so heavily on supervisee skill acquisition that the supervisee as a person is ignored. Also emphasized was the limited role ascribed to affect and cognitions (seen as aspects of behavior) and the idea that motivations for behaviors were often ignored. For the cognitive approach to supervision, potential shortcomings cited were the lack of attention to feelings, unconscious processes, and insight.

Watkins (1995) noted that psychotherapy-based models have remained virtually unchanged for decades. He argued further that the problems which arose from “building supervision theory directly out of psychotherapy theory (because supervisees are not clients)...led to the emergence of alternate supervision paradigms” (p. 571), such as developmental and social role-based models. Similarly, Bernard (1992) concluded: “Making the pieces fit...becomes an ongoing challenge for the psychotherapy-based supervisor” (p. 237).

Perhaps in recognition of challenges and criticisms, more recent descriptions of psychotherapy-based models seem less rigid. Authors have been more willing to include supervision interventions that fall outside of the primary techniques used in the identified theoretical approach. For example, in their book on person-centered supervision, Tudor and Worrall (2004b) embraced the “formative or educative function of supervision” (p. 48) to develop supervisee skill and understanding as they pertain to clients and the therapeutic process. Emphasizing this point, they argued that this educative function “is entirely compatible with the person-centred approach and indeed is informed by the person-centred focus on the facilitation of learning” (pp. 48–49). Likewise, Coren (2001) argued that didactic teaching should be combined with clinical practice in the supervisory relationship when supervising and training clinicians to provide short-term psychodynamic therapy. In their description of solution-focused supervision, Presbury et al. (1999) acknowledged the need to address countertransference issues and supervisee behavior that could harm the client. Finally, Safran and Muran (2001) described an approach to supervision of cognitive psychotherapy which incorporated a relational

perspective and experiential learning.

While recent applications of psychotherapy-based models have begun to address their shortcomings and challenges, a gap remains between these models and alternative supervision paradigms which focus more directly on the process of supervision and the professional development of the supervisee. In this article, I suggest integrating one of these alternative paradigms, role-based supervision, with psychotherapy-based approaches. Such an integration would be a further step toward maximizing the strengths and minimizing the limitations of psychotherapy-based approaches.

ROLE-BASED MODELS OF SUPERVISION

Social role-based models are recognized as a foundational approach to clinical supervision in counseling and psychotherapy (Bernard & Goodyear, 1998, 2004; Pearson, 2001, 2004). These models outline the behaviors and expectancies associated with the various roles that supervisors play when working with supervisees (Bernard & Goodyear, 2004; Holloway, 1992). Bernard and Goodyear (1998, 2004) presented a table of supervisor roles suggested by a number of theorists and concluded that the supervisor roles of teacher and counselor were common to all six of the major models, and the consultant role was listed in all but one. Likewise, Bernard's (1979, 1997) discrimination model of supervision uses the three roles of teacher, counselor, and consultant.

Stenack and Dye (1982) conducted a seminal study on the three most commonly mentioned supervisor roles (i.e., teacher, counselor, and consultant) that were originally proposed by Bernard (1979). The results of their study supported the existence of the three roles, finding relatively clear distinctions between the teacher and counselor roles and some overlap between these two roles and the consultant role. Stenack and Dye outlined the focus, goal, and activities associated with each supervisor role. Extending the work of Stenack and Dye, Neufelt (1994) and Neufelt, Iversen, and Juntunen (1995) proposed additional advanced strategies that combined one or more supervisor roles.

Given the continued support in contemporary social-role based models (e.g., Bernard, 1997; Carroll, 1996) of Stenack's and Dye's (1982) groundbreaking work and their detailed explanations for each role, their descriptions will be used. In the teacher role, the focus of the supervision interaction is on "the supervisee as a counselor" (p. 302), and the "goal of the supervisor is to instruct" (p. 302). Operating from the teacher role, the supervisor "retains overt control of the interaction. The teacher-supervi-

sor remains in charge, determines the direction of interaction and functions as advisor/expert” (p. 302). From within the teacher role, specific activities include the following:

1. Evaluate observed counseling session interactions.
2. Identify appropriate interventions.
3. Teach, demonstrate and/or model intervention techniques.
4. Explain the rationale behind specific strategies and/or interventions.
5. Interpret significant events in the counseling session. (p. 302)

In the counselor role, the focus of the supervision interaction is on “the supervisee as a person” (Stenack & Dye, 1982, p. 302), and the “goal of the supervisor is to facilitate supervisee self-growth as a counselor” (p. 302). Operating from the counselor role, the supervisor “functions in much the same capacity as a counselor with a client” (p. 302), using the same counseling skills for the purpose of helping the supervisee function as a counselor. Although “the supervisee does not become a client...the counselor-supervisor does utilize many of the counseling behaviors” (p. 302). From within the counselor role, activities include the following:

1. Explore supervisee feelings during the counseling and/or supervision session.
2. Explore supervisee feelings concerning specific techniques and/or interventions.
3. Facilitate supervisee self-exploration of confidences and/or worries in the counseling session.
4. Help the supervisee define personal competencies and areas for growth.
5. Provide opportunities for supervisees to process their own affect and/or defenses. (p. 302)

In the consultant role, the focus of the supervision interaction is on “the client of the supervisee” (Stenack & Dye, 1982, p. 302), and the “goal of the supervisor is to generate data” (p. 302). Working from the consultant role, the supervisor “allows the supervisee to exert overt control of the interaction...provides alternative and options instead of answers...[and] encourages supervisee choice and responsibility” (p. 302). From within the consultant role, activities include these described below:

1. Provide alternative interventions and/or conceptualizations for supervisee use.
2. Encourage supervisee brainstorming of strategies and/or interventions.
3. Encourage supervisee discussion of client problems, motivations, etc.
4. Solicit and attempt to satisfy supervisee needs during the supervision session.
5. Allow the supervisee to structure the supervision session. (p. 302)

In addition to these activities outlined for specific supervisor roles, Neufelt (1994) proposed several advanced strategies that combined functions of these roles. These strategies included, among others, helping supervisees conceptualize cases and identify cues in client and therapist behaviors; exploring supervisees' feelings to increase understanding of clients; exploring supervisees' intentions and boundaries in the counseling relationship; modeling appropriate counseling interventions through parallel process; reframing supervisees' behaviors and ideas to build on strengths; and providing developmental challenges to supervisees.

Incorporating these three roles into psychotherapy-based supervision not only provides some direction for utilizing therapeutic skills in supervision, it also offers an avenue for filling in the missing links related to instruction, evaluation, and client progress. From within the counseling role, supervisors can utilize their repertoire of counseling skills to facilitate the self-growth of the supervisee as a counselor. The consulting role allows the supervisor and supervisee to apply theoretical concepts to client situations and brainstorm interventions for clients. Finally, the teaching role provides opportunities for assessing supervisees' skills and teaching supervisees to apply concepts and interventions from various theoretical approaches to psychotherapy.

PSYCHOTHERAPY-DRIVEN SUPERVISION: AN INTEGRATIVE ILLUSTRATION

Psychotherapy-based models of supervision are seen as limiting when the supervisor is confined to the actions they would perform as a therapist from that theory and subsequently restricted to the counseling interventions from the counselor role. Role-based models of supervision emphasize the importance of moving in and out of the teacher, counselor, and consultant roles freely, depending on the needs of the counselor and his or her client (Pearson, 2001). Applying a psychotherapy-driven approach incorporates the best of both models by encouraging supervisors to bring all their theoretical approaches and skills into supervision while intentionally and flexibly incorporating the supervisor roles of teacher, counselor, and consultant. This integrative practice is illustrated by the application of three approaches to the same supervision scenario. These approaches include the following theoretical perspectives: humanistic-relationship oriented, cognitive-behavioral, and solution-focused.

The supervision scenario involves a young adult counselor who is working in an outpatient setting seeing adult and adolescent clients. Early in the supervision meeting, the counselor asks for help with a dysthymic, middle-aged female client. Previous discussions of this client indicate that

a good counseling relationship has been established and that the client poses no danger to self or others. When providing details of the case and the counselor's questions and concerns, several times the counselor mentions frustration about "feeling stuck" with this client.

Humanistic-Relationship Approach

In responding to the counselor from a humanistic-relationship perspective (Refer to Rogers, 1961; Schneider, Bugental, & Pierson, 2001; Yalom, 1980), the supervisor might begin from the counselor role with some of the following responses: This mired down feeling is starting to wear on you. Stay with the stuck feeling for awhile and see what images come to mind. What's the glue that's holding you and the client in place? Reflect on your discomfort with this "stuckness." What might this client be here to teach you? Just as a reality check, working with a chronically depressed client can be draining, and at times I have felt similarly tired and frustrated.

From the consultant role, potential responses might include: How do you think your client would respond to some of your personal reactions that we have just explored? How might your feelings of frustration impact your relationship and work with your client? To what extent do you believe your reactions to the client mirror the reactions of others to her? As you imagine wearing your client's shoes and being stuck to the floor, what feelings or images surface?

Moving into the teacher role, the supervisor might initiate discussion with the following: Let's step out of our process for the moment and see if we can identify what aspects of our work facilitated your personal exploration and insight. What did we do together that best helped you understand your client? How would you assess your level of empathic communication? Let's discuss translating some of your insights regarding yourself and your client into empathic responses or using immediacy. Let's discuss how you might use some of the strategies I used with you regarding the stuck feeling in helping your client work with her feelings, images, and metaphors.

Cognitive-Behavioral Approach

From the cognitive-behavioral approach (Refer to Barlow, 2001; Dobson, 2001), the supervisor might begin from the consultant role with one or more of the following: Tell me about the work you did together in your last session with this client. What were some of your client's reactions to your attempts to examine her thoughts? How might some of your client's thought patterns be contributing to this stuck feeling? To what degree is your work together coinciding with the treatment plan? What

do you think about reviewing the treatment plan with your client and evaluating the degree to which goals are being met or need to be revised?

From the counselor role, the supervisor might initiate dialogue with any of several responses, including: Tell me about the last time you felt stuck with this client; what was happening just before you had this feeling, what thoughts were going through your mind at the time, what did you do in response to your thoughts and feelings, and what happened next? Let's closely examine some of your thoughts in this situation. How do some of these thoughts relate to your own cognitive patterns (e.g., performance demands, perfectionism, unrealistic demands, and approval needs)? What alternative thoughts can you tell yourself the next time this situation or these feelings arise to help you work more effectively with this or other clients?

In the teacher role, the supervisor might use some of the following interventions: The process we used to explore, evaluate, and modify your own thoughts in this situation is the same process you use with clients from a cognitive approach. For instance, you could ask your client to reflect on her thoughts related to specific troublesome situations or feelings. Let's examine together your treatment plan with her to see what changes might be needed. We can also practice strategies for reviewing treatment plans with clients. It might be helpful to read selected materials about cognitive patterns and related interventions associated with depression.

Solution-Focused Approach

In the counselor role using a solution-focused approach (Refer to Berg, 1992; De Jong & Berg, 2002), the supervisor might engage the counselor in the following process: On a scale of 1 to 10, with 10 being fully stuck and 1 being not stuck at all, where would you place your work with this client? How are you managing to keep it at an 8 instead of a 9 or a 10? Tell me about a time when your work with the client was progressing better; what were you doing at those times? What will be the first sign that you are becoming unstuck? What will you be doing differently? What will the client notice that you are doing differently?

From the teaching role, the supervisor could use several strategies, including: What part of our discussion (from the counselor role) was most helpful to you? Let's discuss how the strategy worked for you on the receiving end. Let's discuss strategies that I used with you included scaling questions, exception-finding questions, and presuppositional questions. If it would be helpful to you, let's review the rationale for each strategy and look at some specific examples. Pick the strategy that you have experienced the most success with and tell me how you've been able to

use it successfully. Identify a strategy that you've had the least success with and tell me how you will know that you are making progress with it.

In the consultant role, the supervisor might initiate a discussion with such responses as follows: Going back to this client, how might you apply a scaling technique? To what extent do you believe this client is a visitor, a complainant, or a customer? Let's brainstorm some strategies for moving her to the customer role. What strategies have you used successfully with other clients who were not customers? What homework assignments have you tried with her?

CONCLUSION

Although originally practiced as an extension of psychotherapy, clinical supervision has evolved into a specialty in its own right, complete with specific models for training and developing new counselors. Clinical supervision, however, does not have to be an "either-or" proposition in which one approach is practiced to the exclusion of others. Combining psychotherapy-based approaches and social role-based models of supervision allows each to complement the strengths of the other. Psychotherapy-driven supervision advocates the blending of the best from both perspectives. Given that theories of psychotherapy have proven strategies for explaining human behavior and promoting change, their presence in supervision is essential to training new counselors. Likewise, supervision-based practices attend specifically to the learning needs of the developing counselor. Integrating practices from both viewpoints allows supervisors to model and teach psychotherapeutic practices in a way that meets the unique learning needs of new counselors.

From a practical standpoint, mental health counselors are providing supervision, trained or not. From a philosophical perspective, a skilled supervisor must, first and foremost, be a skilled practitioner. Although mental health counseling and clinical supervision are specialties in their own right, they are inherently linked. The psychotherapy-driven approach is presented as a practical link between counseling and supervision. This approach encourages mental health counselors to bring all of their therapeutic tools to the table and to rearrange them in a way that best serves supervisees, their clients, and the profession.

REFERENCES

- Barlow, D. H. (Ed.) (2001). *Clinical handbook of psychological disorders: A step-by-step treatment manual* (3rd ed.). New York: Guilford.
- Berg, I. K. (1992). *Family based services: A solution-focused approach* (Rev. ed.). Milwaukee, WI: Brief Family Therapy Center Press.
- Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counselor Education and Supervision, 19*, 60–68.
- Bernard, J. M. (1992). The challenges of psychotherapy-based supervision: Making the pieces fit. *Counselor Education and Supervision, 31*, 232–237.
- Bernard, J. M. (1997). The discrimination model. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 310–327). New York: Wiley.
- Bernard, J. M., & Goodyear, R. K. (1992). *Fundamentals of clinical supervision*. Boston, MA: Allyn & Bacon.
- Bernard, J. M., & Goodyear, R. K. (1998). *Fundamentals of clinical supervision* (2nd ed.). Boston, MA: Allyn & Bacon.
- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston, MA: Allyn & Bacon.
- Bob, S. R. (1999). Narrative approaches to supervision and case formulation. *Psychotherapy, 36*, 146–153.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice, 16*, 252–260.
- Bordin, E. S. (1983). A working alliance based model of supervision. *Counseling Psychologist, 11*, 35–42.
- Bradley, L. J., & Gould, L. J. (2001). Psychotherapy-based models of counselor supervision. In L. J. Bradley & N. Ladany (Eds.), *Counselor supervision: Principles, process, and practice* (3rd ed., pp. 147–180). Philadelphia, PA: Brunner-Routledge.
- Bradley, L. J., & Kottler, J. A. (2001). Overview of counselor supervision. In L. J. Bradley & N. Ladany (Eds.), *Counselor supervision: Principles, process, and practice* (3rd ed., pp. 3–27). Philadelphia, PA: Brunner-Routledge.
- Carroll, M. (1996). *Counseling supervision: Theory, skills, and practice*. London: Cassell.
- Coren, A. (2001). *Short-term psychotherapy: A psychodynamic approach*. New York: Other Press.
- Corey, G. (2005). *Theory and practice of counseling and psychotherapy* (7th ed.). Belmont, CA: Brooks/Cole.
- Cummings, A. L. (1992). A model for teaching experiential counseling interventions to novice counselors. *Counselor Education and Supervision, 32*, 23–31.
- Davenport, D. S. (1992). Ethical and legal problems with client-centered supervision. *Counselor Education and Supervision, 31*, 227–231.
- Day, S. X. (2004). *Theory and design in counseling and psychotherapy*. Boston, MA: Lahaska Press.
- De Jong, P., & Berg, I. K. (2002). *Interviewing for solutions* (2nd ed.). Pacific Grove, CA: Brooks/Cole.
- Dobson, K. S. (Ed.) (2001). *Handbook of cognitive-behavioral therapies*. New York: Guilford Press.
- Freeman, S. C. (1992). C. H. Patterson on client-centered supervision: An interview. *Counselor Education and Supervision, 31*, 219–226.

- Holloway, E. L. (1992). Supervision: A way of teaching and learning. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (2nd ed., pp. 177–214). New York: John Wiley.
- Neufelt, S. A. (1994). Use of a manual to train supervisors. *Counselor Education and Supervision, 33*, 327–336.
- Neufelt, S. A., Iversen, J. N., & Juntunen, C. L. (1995). *Supervision strategies for the first practicum*. Alexandria, VA: American Counseling Association.
- Pearson, Q. M. (2001). A case in clinical supervision: A framework for putting theory into practice. *Journal of Mental Health Counseling, 23*, 174–183.
- Pearson, Q. M. (2004). Getting the most out of clinical supervision: Strategies for mental health counseling students. *Journal of Mental Health Counseling, 26*, 361–373.
- Ponterotto, J. G., & Zander, T. A. (1984). A multimodal approach to counselor supervision. *Counselor Education and Supervision, 24*, 40–50.
- Presbury, J., Echterling, L. G., & McKee, J. E. (1999). Supervision for inner vision: Solution-focused strategies. *Counselor Education and Supervision, 39*, 146–155.
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Boston: Houghton Mifflin.
- Rosenbaum, M., & Ronen, T. (1998). Clinical supervision from the standpoint of cognitive-behavior therapy. *Psychotherapy, 35*, 220–230.
- Russell, R. K., Crimmings, A. M., & Lent, R. W. (1984). Counselor training and supervision: Theory and research. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (pp. 625–681). New York: Wiley.
- Safran, J. D., & Muran, J. C. (2001). A relational approach to training and supervision in cognitive psychotherapy. *Journal of Cognitive Psychotherapy: An International Quarterly, 15*, 3–15.
- Schneider, K. J., Bugental, J. F. T., & Pierson, J. F. (Eds.). (2001). *The handbook of humanistic psychology: Leading edges in theory, research, and practice*. Thousand Oaks, CA: Sage.
- Stenack, R. J., & Dye, H. A. (1982). Behavioral descriptions of counseling supervision roles. *Counselor Education and Supervision, 21*, 295–304.
- Stoltenberg, C. D., McNeill, B., & Delworth, U. (1998). *IDM supervision: An integrated developmental model for supervising counselors and therapists*. San Francisco: Jossey-Bass.
- Thomas, F. N. (1994). Solution-oriented supervision: The coaxing of expertise. *The Family Journal: Counseling and Therapy for Couples and Families, 2*, 11–18.
- Tudor, K., & Worrall, M. (Eds.). (2004a). *Freedom to practice: Person-centred approaches to supervision*. Herefordshire, UK: PCCS Books.
- Tudor, K., & Worrall, M. (2004b). Person-centred perspectives on supervision. In K. Tudor & M. Worrall (Eds.), *Freedom to practice: Person-centred approaches to supervision* (pp. 43–63). Herefordshire, UK: PCCS Books.
- Watkins, C. E. (1995). Psychotherapy supervision in the 1990s: Some observations and reflections. *American Journal of Psychotherapy, 49*, 568–581. Retrieved June 9, 2005, from the EBSCOhost database.
- Wilkins, P. (1995). A creative therapies model for the group supervision of counsellors. *British Journal of Guidance and Counselling, 23*, 245–257.
- Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.