The Integration of Reflectivity in Developmental Supervision: Implications for Clinical Supervisors

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In this article, counselor development and supervision is introduced through the lens of an integrated reflective (Neufeldt, 1997) and developmental (e.g., Blocher, 1983; Stoltenberg & McNeill, 2010) approach to clinical supervision. A definition of reflective, developmental supervision is reviewed along with supervisee development within five distinct processes: (1) supervisory relationship, (2) developmental assessment, (3) contextual adjustment, (4) skill acquisition, and (5) professional transition. In addition, this article discusses the theoretical tenets, empirical support, applications, and implications of reflective, developmental supervision for clinical supervisors.

KEYWORDS   clinical supervision, counselor education and development, developmental supervision, reflectivity

INTRODUCTION

As in counseling, clinical supervision requires the application of a sound theory from which to direct effective and ethical practice (Bernard & Goodyear, 2009; Falender & Shafranske, 2004). In addition, clinical supervision approaches tend "to be more integrative in nature" (Watkins, 1997, p. 7) than counseling theories, often drawing from a counselor's therapeutic orientation. This article introduces a clinical supervisory approach grounded in reflective (e.g., Neufeldt, 1997) and developmental (e.g., Blocher, 1983; Harvey, Hunt, & Schroder, 1961; Piaget, 1977; Stoltenberg & McNeill, 2010)

theories. The integrative model presented herein reinforces principles of effective supervision and provides supervisors with a framework for conceptualizing their work with their supervisees. First, a definition of clinical supervision is introduced, followed by a brief overview of the reflective and developmental models of supervision. Next, an integrated reflective, developmental supervision (RDS) approach for clinical supervisors is presented. Specifically, the following elements of RDS are discussed:

1. theoretical tenets and major concepts,
2. research supporting the primary construct of RDS,
3. potential challenges in utilizing this approach,
4. practical implications for clinical supervisors, and
5. plausible strengths and limitations of RDS.

CLINICAL SUPERVISION

Clinical supervision is the process by which an advanced clinician, possessing appropriate training and credentials, facilitates the growth process of a more novice member of the same profession (Lambie & Sias, 2009). Within clinical supervision, three primary elements are implicit: (1) the multifarious supervisory roles, (2) the focus of supervision, and (3) the evolving relationship between supervisor and supervisee (Bradley & Ladany, 2000). Specifically, three multifarious supervisory roles and functions were identified by Bernard's (1997) Discrimination Model: (1) teacher, (2) counselor, and (3) consultant. RDS draws from Bernard's model as supervisors adjust their supervisory role and style to appropriately match their supervisees' needs. With reference to the primary focus of supervision, Bernard (1997) identified three foci: (1) intervention skills, (2) conceptualization skills, and (3) personalization skills. As such, clinical supervision entails the processes by which a supervisor and supervisee focus on the development of intervention, conceptualization, and personalization skills in counseling.

Regarding the supervisory relationship within clinical supervision, a strong, working alliance between the supervisor and supervisee—grounded in open and honest communication—is necessary for effective supervision to occur (Falender & Shafranske, 2004). The supervisory relationship "has consistently been cited as a foundational component of counselor supervision" (Vaccaro & Lambie, 2007, p. 52). The supervisor-supervisee relational characteristics found to promote supervisee growth and development include the following:

- empathic understanding,
- openness to change,
- commitment,

- communication,
- genuineness, and
- respect (among others; Bernard & Goodyear, 2009; Falender & Shafranske, 2004; Nerdrum & Ronnestad, 2002).

Therefore, the supervisor-supervisee relationship parallels the counselor-client alliance, in that to promote supervisee (client) growth and development a warm, trusting, empathic, and nonjudgmental relationship is primary.

REFLECTIVE AND DEVELOPMENTAL THEORIES

Reflectivity

The RDS model builds upon Neufeldt's (1997) approach to supervisee reflectivity. The primary goal of Neufeldt's model of supervision is to facilitate autonomous (i.e., self-authorized) knowing by helping the supervisee develop the skill of self-reflection otherwise known as *reflectivity*. Reflectivity in clinical supervision is the process by which supervisees reconstruct therapeutic experiences by processing multiple perspectives, images, and actions to reframe a difficult event so that they can problem-solve in complex situations (Neufeldt, 1996; Ward & House, 1998). Supervisors support reflectivity by attending to and investigating supervisees' thoughts, interactions, actions, and emotions during the supervisory and counseling sessions. Reflectivity involves co-developing and co-investigating hypotheses and adapting one's therapeutic/supervisory approach when necessary (Neufeldt, 1996). The central principles that aid in the reflective process are based upon the assumptions that (1) supervision changes in every context; (2) knowledge is constructed jointly with the supervisee and supervisor; (3) knowledge is acquired through personal and professional experience; and (4) knowledge, when tested practically, results in clinical wisdom (Neufeldt, 1997). Furthermore, promoting reflectivity is a central premise of RDS.

RDS draws upon theoretical and empirical literature related to the central construct of reflectivity. The following paragraphs discuss the aforementioned literature related to reflectivity and the RDM model. Research has supported the contribution of reflectivity in counselor development and functionality (Falender & Shafranske, 2004). Skovholt and Ronnestad (1995) conducted a six-year qualitative investigation of the relationship between counselor reflectivity and professional burnout throughout the life span. They found that counselors who frequently reflected on their therapeutic practices and relationships were more likely to develop a wide variety of unique therapeutic approaches with clients and less likely to prematurely leave the field of counseling.

In addition, in theoretical reviews, several researchers have discussed the role and importance of reflectivity in the supervisory process. For

example, Schön (1987) asserted that the skill of reflectivity increased a super-visee's ability to respond appropriately to ambiguous situations throughout the counseling process. He further noted that a counselor's ability to reflect in a given situation increased the likelihood that he or she would be able to improvise in problem situations where concrete solutions were not evident. Pearson (2004) discussed the importance of supervisee reflectivity in the recognition and alleviation of transference and countertransference and affirmed reflectivity was one of a supervisee's best tools for developing as a counselor. Coburn (1997) stated reflectivity "invites creativity, novelty, reorganization, and of course, learning" (p. 22). He further noted reflection could help supervisees clarify their needs, expectations, and fears within the supervisory relationship and organize external stimuli that would help the supervisee conceptualize how supervision may impact the therapeutic process. Supervisee reflectivity within the supervisory context is thought to advance their professional judgment (Hoshmand, 1994), work with individual clients (Coburn, 1997), and clinical wisdom (Pearson, 2004). Thus, super-visees were noted to develop professionally through the acquisition of reflective skills. Reflection facilitated supervisees' development by decreasing professional burnout and increasing their ability to problem-solve in ambiguous client situations and diversify their theoretical approaches to meet their clients' needs. Therefore, Neufeldt's (1997) model of reflective supervision supports counselors' functionality and development. Although theoretical and empirical research supports the contribution of reflectivity to supervisees' professional development, reflectivity has not been integrated into most developmental models of counselor supervision (Bernard & Goodyear, 2009).

Developmental Supervision

Developmental approaches to clinical supervision (e.g., Blocher, 1983; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981; Stoltenberg & McNeill, 2010) provide a framework for counselor growth and development. As developmental supervisory approaches are grounded in cognitive developmental theory (e.g., Harvey et al., 1961; Loevinger, 1976; Piaget, 1977), the originators advocate that counselor development occurs in sequential and hierarchical stages, where higher levels are associated with more functional counselor qualities such as increased tolerance for ambiguity, greater flexibility and adaptivity, as well as enhanced case conceptualization. Within developmental supervision, supervisors match their supervisory style and interventions to their supervisee needs and then, through a balance of support and challenge, work to promote the supervisee's growth and development. Supervisees at lower levels of development are more concrete in their thinking and more dependent upon supervisors for structure, specific behavioral tasks, and direction. In these supervisory relationships, the

supervisor takes the role of a supportive and directive coach. Supervisees at higher levels of development demonstrate more complex thinking and tolerance for ambiguity. As such, these supervisory environments tend to be less structured and more collegial, and are more focused on interpersonal processes and personal development with a supervisor as a supportive mentor (Lambie & Sias, 2009).

Integrated Developmental Supervision

As Haynes, Corey, and Moulton (2003) noted, the Integrated Developmental Model (IDM; Stoltenberg & McNeill, 2010) is "one of the most useful developmental models" (p. 113) and is grounded in more than 10 years of research. In addition, Stoltenberg and McNeill stated that "IDM is the most investigated model of supervision with the most support to date" (p. 232). Thus, RDS draws significantly from IDM.

According to IDM (Stoltenberg & McNeill, 2010), supervisee development occurs in four hierarchical, sequential, and distinct levels: (1) Level 1, (2) Level 2, (3) Level 3, and (4) Level 3-Integrated. In order for a supervisee to progress from one level to the next, the lower level must first be reached and successfully completed. The four IDM levels are characterized by three growth indicators for supervisees: (1) awareness, (2) motivation, and (3) autonomy. Supervisees at Level 1 experience high levels of motivation with low levels of awareness and autonomy and are often anxious and dependent on their supervisors. Fluctuating motivation, autonomy, and moderate developing levels of awareness characterize Level 2 supervisees' growth indicators. A supervisee's movement to Level 3 is marked by the rise and stability in all three of these growth areas, and stable, confident levels of motivation, autonomy, and awareness are achieved at Level 3. Level 3-Integrated, the final stage in a supervisee's developmental progression, involves reaching a stable state of awareness, motivation, and autonomy in regard to all of the domains of counseling: (1) intervention, (2) conceptualization, and (3) personalization (Bernard & Goodyear, 2009). It should be noted that the aforementioned domains are classifications developed by Bernard and Goodyear and not those of the IDM (Stoltenberg & McNeill, 2010). Therefore, supervisee maturity and professional growth can be identified and evaluated in terms of these three developmental factors. Supervisee growth occurs in a progression of identifiable levels. So, a supervisor's task is to identify what level of counselor development (which can differ across different domains) the supervisee is functioning at and facilitate his or her progression to the next level. Stoltenberg and McNeill (2010) included suggestions for contextual interventions at each level of development that were designed to promote supervisees' transition to successive levels. Supervisors are encouraged to provide a context of challenge and support to help galvanize growth in their supervisees (Blocher, 1983).

Empirical research has supported the validity of IDM and other developmental models of counselor supervision (e.g., Leach & Stoltenberg, 1997; McNeill, Stoltenberg, & Pierce, 1985; Ronnestad & Skovholt, 1993). Ronnestad and Skovholt (1993) empirically investigated the supervisory context with beginning and advanced supervisees. Supervisors who were working with beginning supervisees provided more support, directives, feedback, and teaching. The overall supervisory context with beginning supervisees was more supportive. The supervisory context with advanced supervisees, on the other hand, was given to consultation and challenge. Supervisors were noted to clarify, correct, confront, and reflect. Likewise, Ronnestad and Skovholt (1993) theorized that clinical supervision is only effective if supervisors adjust their supervisory approach to meet their supervisees' needs. In their empirical study, Leach and Stoltenberg (1997) found as supervisees advanced through the latter levels of development outlined in IDM, their autonomy and ability to work with diverse clients also increased. McNeill and colleagues (1985) investigated the trainees' level of development as reported in Stoltenberg's (1981) model of supervision and found that higher-level trainees reported greater levels of awareness, autonomy, acquisition of counseling skills, and understanding of theory than counselors at lower levels of development. Therefore, some of the foundational tenets of RDM have been empirically supported as elements of sound clinical supervision. Thus, the authors assert the integration of reflectivity into a developmental model of supervision is necessary in supporting supervisee growth. The application of RDS is presented in the following section.

APPLICATION OF REFLECTIVE, DEVELOPMENTAL SUPERVISION

The application of RDS including supervisees' behavioral, emotional, and conceptual development, supervisory interventions, and context are presented in this section. RDS outlines supervisee development into five distinct processes: (1) supervisory relationship, (2) developmental assessment, (3) contextual adjustment, (4) skill acquisition, and (5) professional transition.

Process I: Supervisory Relationship

The first of the five RDS supervision processes, the supervisory relationship, involves the establishment of a working supervisory alliance. The establishment of a working supervisory relationship is the most important process involved in the supervisory context because this relationship is the source for which all supervisory transactions take place (Falender & Shafranske, 2004; Neufeldt, 1997). As warmth, empathy, genuineness, and unconditional positive regard were theorized to foster a working relationship with supervisees, supervisors are encouraged to openly model these characteristics with

all their supervisees (Stoltenberg & McNeill, 2010). Furthermore, supervisors are encouraged to adopt and model an attitude of non-judgmental curiosity with regard to supervisees and their clients. It is hoped that the assumption of a nonjudgmental and curious attitude creates a safe supervision environment, thereby facilitating counselor development by fostering reflectivity, honesty, and communication, and alleviating anxiety (Pearson, 2004). Finally, Neufeldt, Karno, and Nelson (1996) suggested the acquisition of four supervisor characteristics for developing a context of reflective learning: (1) intention, (2) active inquiry, (3) openness, and (4) vulnerability. The first characteristic, *intention*, involves the selection of specific supervisory behaviors with a clear purpose in mind (Schmidt, Schneider, Utts, & Walach, 2004). The second characteristic, *active inquiry*, requires the supervisor to employ the use of questioning rather than dispersing information (i.e., lecturing or teaching the supervisee). By modeling active inquiry, supervisors demonstrate an acceptance of not knowing, thereby conveying to supervisees that they are not expected to know everything; but rather, they are only expected to be curious and willing to grow (Pearson, 2004). Similarly, by demonstrating an *openness* and *vulnerability* within supervision, supervisors communicate an acceptance of imperfection, of self, and of individuality. Therefore, the primary process of RDS, establishing a working relationship, may be facilitated through these specific supervisor characteristics.

Process II: Developmental Assessment

Developmental assessment is the second process intrinsic to RDS. RDS divides counselor development into three levels: (1) Level 1, (2) Level 2, and (3) Level 3; and into three developmental categories within these levels (1) reflectivity, (2) affective qualities, and (3) adaptability. The RDS developmental levels (Level 1, 2, and 3) are considered to be hierarchical and sequential as suggested by Stoltenberg and McNeill (2010) and other developmental supervisory approaches (e.g., Blocher, 1983; Loganbill et al., 1982). In other words, the highest level of supervisee development, Level 3, is considered to be the most desirable level for a supervisee. Higher levels of counselor development within RDS are indicative of more advanced counselors. In RDS, supervisors assess their supervisees' development using the Developmental Assessment in Supervision: Reflectivity, Affective Qualities, and Adaptability as presented in Table 1.

In the supervisory session, the reflective, affective, and adaptive qualities cited within Table 1 are assessed through the supervisor's utilization of active inquiry. RDM supervisors make use of reflection, active listening, and questioning within these three areas in order to appraise the level of development of the supervisee. Direct questions such as, "How do you feel when you are with your client?", "What do you think your client is thinking or feeling in this situation?", and/or "What interventions or processes have

TABLE 1 Developmental Assessment in Supervision: Reflectivity, Affective Qualities, and Adaptability

	Reflectivity	Affective Qualities	Adaptability
Level 1	Limited ability to identify and formulate questions concerning own and client's thoughts, feelings, and actions Reports/identifies arbitrary client observations Limited ability to see other perspectives Self-focused	Self-doubting Anxious Motivated Confused Overwhelmed	Limited flexibility No or few behavioral changes in session Focused on individual interventions No or limited perceptual changes Right/wrong way to do things
Level 2	Actively identifies and formulates questions concerning own and client's thoughts, feelings, and actions Identifies processes and observations of client Ability to see other perspectives Ability to focus on client and self	Affect fluctuates depending on the complexity of the situation between Autonomy- dependence Clarity-confusion Confidence-self-doubt	Beginning to problem-solve in unfamiliar situations Ability to see and process other perceptions Perceptual shift to belief that there is more than one helpful way to do things Trying new behaviors in session Fluctuation between intervention and process
Level 3	Formulates multiple inquiries concerning own and client's thoughts, feelings, and actions Focus on client and self-processes and the interaction between the two Identifies multiple client processes Ability to see multiple perspectives Can focus on client and process information, including own reactions	Firm belief in own autonomy Accepting of self, strengths, and weaknesses High empathy Sense of when it is necessary to seek consultation Some remaining doubts, but not disabling	Ability to adapt and diversity approach to meet client's needs Counseling theory remains constant; however, interventions differ in sessions to meet diverse clients' needs Focused on therapeutic process Perceptual shifts as new information is acquired

Note: Adapted from Neufeldt, Karno, & Nelson (1996) and Stoltenberg (1981).

you considered?'' may be used to gain insight into the supervisee's developmental level of functioning. In addition, the use of expressive art activities may be employed to mutually help supervisees reflect on their own development, thoughts, and feelings and help the supervisor gain insight into their developmental level. For example, having supervisees create masks that depict (1) how they feel and behave, while they are in the counselor role; (2) how they think their clients view them during the counseling session; and (3) how they would like to feel and behave during the therapeutic session (Trepal-Wollenzier, 2002) may assist the supervisor in his or her developmental assessment.

Process III: Contextual Adjustment

Contextual adjustment, the third ongoing process of RDS, calls for continual assessment and adjustment on the part of the supervisor. The supervisor is responsible for assessing the level of the supervisee's development (Level 1, 2, or 3) and supplying a context of challenge and/or support in order to cultivate the developmental growth of the supervisee (Lambie & Sias, 2009). Supervisees reach Level 3 development through the acquisition of increased skills of reflection, levels of confidence and aptitude for taking multiple perspectives, processing information, problem-solving, conceptualizing cases, diversifying their approaches, and developing and testing hypotheses. Supervisors support their supervisees' developmental maturation by providing less environmental structure as they progress. Supervisors also adjust their contextual role within supervision to support the development of their supervisees. To accomplish this role adjustment, supervisors move from a prescriptive, nonconfrontational, supportive role to a non-directive, occasionally confrontational, facilitative role (Stoltenberg & McNeill, 2010). Thus, the contextual process for the supervisor involves transition from a teaching to a consulting role and balancing interventions of both challenge and support, while maintaining characteristics that sustain a working supervisory relationship (counselor role). For a guide of RDS supervisory interventions and complementary supervisee developmental levels, see Table 2.

Process IV: Skill Acquisition

The fourth process in RDS is skill acquisition. The goal of the skill acquisition process is for the supervisor to support supervisees in attaining reflective skills so that they can continue their development as autonomous counseling professionals, independent of their supervisors. The supervisor facilitates the acquisition of conceptualization, intervention, and personalization skills by co-formulating hypotheses; the supervisee next tests these formulated hypotheses, and then the supervisor and supervisee reflect on this process

TABLE 2 Contextual Adjustment in Supervision: Supervisory Adjustment/Intervention

	Supervisory Adjustment/Intervention
Level 1	Spend time conceptualizing cases
	Provide structure
	Give suggestions
	Attend to and investigate supervisee's thoughts, interactions, actions, and feelings
	Offer some alternative behavioral, interventional, and conceptual alternatives
	Lead the co-development of hypotheses concerning the supervisee's and client's thoughts, interactions, actions, and feelings
	Discuss observations in relation to larger processes
	Provide support and gentle challenge.
Level 2	Increase the use of conceptualization
	Remove contextual structure
	Act as a facilitator
	Ignite rather than control topics
	Employ the use of confrontation
	Attend to and investigate supervisee's thoughts, interactions, actions, and feelings.
	Co-investigate multiple alternative behavioral, interventional, and conceptual alternatives
	Co-develop hypotheses and encourage exploration/testing of these hypotheses
	Co-investigate client processes
	Provide balance of support and challenge.
Level 3	Supervisee provides contextual structure
	Act as a facilitator
	Occasionally employ the use of confrontation
	Co-investigate supervisee-led behavioral, interventional, and conceptual alternatives
	Co-investigate supervisee-led hypotheses and the results of these tested hypotheses
	Investigate client and self-processes and the interaction between the two
	Discuss multiple perspectives
	Provide support and increased challenge.

Note: Adapted from Neufeldt, Karno, & Nelson (1996) and Stoltenberg (1981).

together (Neufeldt, 1997). Ideally, supervisors model and explore reflection and hypotheses formulation with Level 1 supervisees. For instance, an RDS supervisor may first ask the supervisee to give a brief overview of the client (e.g., presenting concern, progress thus far, psychosocial factors, etc.). Next, the supervisor would begin posing inquiring guesses concerning the client's thoughts, behaviors, and feelings in the form of "I wonder ifs" or "What ifs." For example, the supervisor might propose, "I wonder if the client felt anxious when that happened," "I wonder what the client was thinking in that moment," or "What if the client was to do this?" Also, the supervisor may pose questions to the supervisee in order to generate self-reflection and awareness (e.g., "How did you feel when?" or "What were you thinking when?").

    Level 2 supervisees would be expected to propose reflections and hypotheses jointly with the supervisor. Ideally, the supervisee and supervisor

would begin exploring possible explanations for the client's behavior, thinking, and feeling at this level of development. Potentially, several hypotheses and perspectives may be generated between the supervisee and supervisor.

Level 3 supervisees would lead the supervisory sessions by proposing several personal, conceptual, behavioral, and process reflections concerning the client context. Supervisees would also discuss hypotheses individually developed and tested in sessions and explore other possibilities with the supervisor. The supervisee would utilize active listening and reflection, plus open and closed questions in counseling to test the validity of the hypotheses formulated in the supervisory session and formulate their own therapeutic hypotheses within the counseling session as they gain more information. Thus, they would be able to independently reflect, generate hypotheses, and test those hypotheses. As supervisees progress from Level 1 to Level 3, they are able to demonstrate reflective skills (i.e., formulate multiple inquiries concerning their own and their clients' thoughts, feelings, and actions; view multiple perspectives; and identify multiple client processes) during therapy and supervision.

Process V: Professional Transition

The final process of RDS, professional transition, involves the supervisee's move from reliance on the supervisor to professional interdependence. The work of social psychologists (e.g., Hofstede, 2001; Markus & Kitayama, 1991) was utilized to characterize the distinction between independence and interdependence. Independence suggests human separateness, whereas interdependence considers human connectivity. Professional transition, characterized by interdependence, is indicative of a supervisee who is cooperative, considerate of other professionals, and aware of the impact of his or her behavior on others. In RDS, interdependent supervisees are distinguished by an ability to process multiple conjectures concerning possible interventions and client behaviors and affect. Supervisees at Level 1 are heavily reliant on their supervisors, whereas Level 3 supervisees tend to seek consultation only when faced with difficult client situations (Stoltenberg & McNeill, 2010). Ideally, supervisees in the later levels of development would also exhibit the ability to diversify their approach in response to different clientele and possess all of the Level 3 characteristics presented in Table 1. Thus, professional transition is a process by which a supervisee moves from a position of dependence to professional autonomy through the development of Level 3 supervisee characteristics.

Evaluation

Evaluation is a primary element of clinical supervision (Bernard & Goodyear, 2009). A supervisor's ethical codes require accurate assessment of one's supervisees' professional suitability (American Counseling Association [ACA], 2005). A supervisor's primary responsibility is to the clients their

supervisees serve (ACA, 2005; Association for Counselor Education and Supervision [ACES], 1993). Supervisory evaluation and feedback is necessary to help promote non-malfeasance and beneficence in regard to the client in counseling. The supervisor is ethically responsible for balancing the need for creating a safe environment for supervisees while protecting the welfare of current and future clients by serving as a gatekeeper to the profession (ACA, 2005; ACES, 1993). By clearly outlining the processes that govern their conceptualization of feedback, observation, and evaluation, supervisors can help facilitate this balance. Within RDS, supervisors are deliberate and provide a written summation and copies of any standard evaluations they use. Furthermore, supervisors must continually assess supervisees' understanding of their individualized processes and procedures for providing feedback, observation, and evaluation. RDS recommends the use of valid, consistent measures for summative assessment and feedback. In order to match the developmental needs of supervisees, RDS also advocates strength-based formative feedback with Level 1 supervisees. In addition, constructive verbal feedback is to be given, provided in increasing quantities, as the supervisee developmentally advances to Levels 2 and 3. Regular supervisee self-assessment is recommended for use with RDS as well. Supervisors must balance meeting their supervisees' developmental needs and protecting the welfare of the clients they serve. The balance between monitoring both client welfare and supervisees' needs may be achieved by outlining and discussing feedback processes in a concrete fashion, using valid instruments for supervisee assessment and feedback, promoting supervisee self-assessment, and developmentally matching feedback quantities and modes.

DISCUSSION

RDS supervisors may incur challenges within the context of clinical supervision. An awareness of some of the possible challenges that may arise may facilitate appropriate supervisor responses, should one of these challenges occur. Therefore, the following three core considerations within clinical supervision are defined and discussed in relation to RDS: (1) countertransference and transference, (2) parallel process, and (3) multicultural considerations.

Core Considerations

COUNTERTRANSFERENCE

Ladany, Ellis, and Friedlander (1999) conducted the only found empirical investigation of countertransference in the supervisory relationship. They found countertransference to be a supervisor's unrealistic response to a supervisee's interpersonal manner (likely resulting from a supervisor's

unresolved issues) and/or manifestations of various contextual interactions within the supervisory relationship. As RDS supports reflective skills, supervisors are encouraged to practice self-reflection, identify patterns to adverse reactions, obtain personal counseling when needed, develop hypotheses concerning their negative reactions, and test their hypotheses by seeking consultation from colleagues in order to address countertransference.

For example, if a supervisor were to experience undue emotion in response to a supervisee's interpersonal manner, investigating one's own thoughts and actions surrounding this emotion would benefit an RDS supervisor. If the self-identification of hypotheses concerning the origin of the supervisor's unwarranted emotion or emotions does not lead to either a resolve of the emotion in the supervisees' presence, or increased control over one's actions surrounding the emotion, professional consultation or counseling should be sought.

To cite a specific illustration, if a supervisor were to feel excessive anger toward a supervisee who habitually interrupts the supervisor, an RDS supervisor would need to self-reflect in order to accurately identify (1) the emotion (i.e., anger) and (2) the trigger to the emotion (i.e., supervisee's interruptions). Next, the supervisor would begin to formulate hypotheses concerning his or her own thoughts surrounding the emotion, such as "Perhaps I feel angry because I believe the supervisee is communicating disrespect" or "I wonder if I feel angry because I believe interrupting reflects poor listening skills and I think this supervisee should always demonstrate good listening skills." Follow-up self-reflective inquiry might include "Why do I need to feel respected?" or "Must counselors always demonstrate perfect listening skills?" In this way, RDS supervisors can increase their own self-awareness through self-reflection and can either resolve their own unwarranted emotional reactions or know when to seek personal counseling and/or consultation.

TRANSFERENCE

Transference is evident when supervisees reassign feelings they have toward another individual onto the supervisor (Bernard & Goodyear, 2009). A supervisee's previous experiences with supervision or his or her relationship history with primary caregivers were noted to influence a supervisee's perception of the supervisor (Allphin, 1987). Typically, transference manifests in idealization of the supervisor, which can lead to a greater power differential and thus hinder supervisees' development (Bernard & Goodyear, 2009). Facilitating balance by fostering supervisees' professional independence (i.e., self-efficacy) and respecting their need to idealize their supervisor is recommended for supervisee developmental progression within RDS.

The authors of RDS recommend methods for supporting supervisee self-efficacy to oppose transference that presents as idealization of the supervisor. These methods include adopting sincere belief in supervisees' abilities and trusting supervisees have their own innate strengths and resources that

they can utilize to problem-solve. The supervisor can demonstrate this by evoking problem-solving strategies from the supervisee. Some examples of specific questions that can be utilized for this purpose include "What interventions have you considered so far?", "What has worked with your client in previous sessions?", and "What is the most important factor to address with your client in the next session?"

PARALLEL PROCESS

Parallel process involves the combined elements the supervisee, client, and supervisor contribute to the supervisory process (Neufeldt, 1997). Within parallel process, the supervisee reenacts, often out of conscious awareness, previous client interactions with the supervisor (Bernard & Goodyear, 2009). Ellis and Douce (1994) noted that the manifestation of parallel process within the supervisory relationship often resembles the interactive pattern between the counselor and client within the counseling relationship.

Similar to transference, the counselor unwittingly assigns emotions originally associated with another individual (i.e., the client in this case) onto the supervisor. However, whereas transference refers to the assignment of unresolved emotional conflict from past relationships, parallel process in supervision specifically refers to "the condition in which the mental states of the client-therapist and/or the therapist-supervisor are aligned" (Mazzetti, 2007, p. 100). In other words, the counselor behaves with the supervisor as his or her client acts with him or her. The RDS supervisor can interrupt parallel process by way of recognition, reflection, and behavioral change (Ellis & Douce, 1994). Thus, the RDS supervisor needs to be mindful of parallel processes and utilize reflection to promote behavioral change and disrupt these processes.

Thus, similar to the reflective tactics recommended for countertransference, RDM supervisors should frequently identify their own thoughts, actions, and emotions, recognize triggers to their emotions, and explore origins of these thoughts, actions, and emotions. This process (i.e., active reflection) would ideally lead to an increased awareness of the supervisor's, supervisee's, and client's thoughts, feelings, actions as well as interactive patterns such as that which occurs within parallel process. Furthermore, only upon awareness that parallel process is occurring in the supervisory relationship can steps can be taken to interrupt this process. The steps taken to interrupt parallel process should include intentional behavioral changes on the part of the supervisor with the purpose of disrupting the interactive pattern between the supervisor and supervisee.

MULTICULTURAL CONSIDERATIONS

Recognition of and reflection on cultural differences is an essential element of RDS. RDS asserts that attention to and exploration of cultural context in

regard to the supervisory and client relationship can decrease value conflicts (Neufeldt, 1997). For example, if a young Caucasian, female supervisee is working with an older African-American male client, a supervisor of a similar cultural context may be a valuable resource in co-facilitative understanding or a supervisor of a third, separate cultural background may enable more effectual cross-cultural therapy (Neufeldt, 1997). Therefore, phenomenological understanding is facilitated through the recognition, reflectivity, and exploration of cultural contexts.

Potential Strengths and Limitations of Reflective, Developmental Supervision

RDS provides a concrete, operational framework for clinical supervisors. RDS offers clear considerations for developmental, contextual, and relational assessment; professional transition; and skills acquisition for supervisees and supervisors. RDS is grounded in empirically supported constructs, and reflectivity and developmental supervision models. In addition, RDS offers clinical supervisors practical interventions for meeting the needs of their supervisees. Furthermore, stylistic flexibility and cultural diversity are supported by RDS. Finally, RDS also offers a method for clinical supervision that fosters lasting autonomy and promotes continual self-advocated growth within the supervisee.

The theoretical tenets of RDS, reflectivity (Neufeldt, 1997) and developmental models of supervision (e.g., Blocher, 1983; Stoltenberg & McNeill, 2010), have been empirically supported; however, RDS as a whole has not been researched. Further work needs to be undertaken to test RDS in clinical supervision, including a measure for assessing the procedures, and developmental levels within RDS. In addition, a more detailed description of each of the supervisory interventions and supervisee levels is needed for empirical scrutiny. Also, although supervision dictates evaluative necessity, the philosophy behind reflective supervision does not support quantitative, standardized evaluation. RDS contended with this incongruence by proposing a balance between supporting the supervisee through developmental matching and protecting the welfare of the client through evaluation, observation, and assessment.

Implications of Reflective, Developmental Supervision

RDS is a unique approach to supervision that can be utilized for conceptualizing key components that are reflected in the general practice of sound and ethical clinical supervision. The primary aim of RDS is to support the growth and development of supervisees through the promotion of reflectivity, autonomy, skills acquisition, developmental assessment, and contextual adjustment. The objectives of RDS may be accomplished by clinical supervisors

who can effectively establish a working supervisory relationship with their supervisees, match their developmental and contextual needs, foster the acquisition of skills, and encourage autonomy needed for professional transitioning. RDS provides supervisors with ways to train their supervisees to independently problem-solve through hypothesis-generating and reflectivity. A framework consisting of five interrelated processes was presented for the application of RDS.

CONCLUSION

RDS offers a working framework for clinical supervisors to provide supervision. Theoretical tenets from reflective (Neufeldt, 1997) and developmental models of supervision (e.g., Blocher, 1983; Stoltenberg & McNeill, 2010) were used to present this integrative supervision approach. Five distinct supervisory processes ([1] supervisory relationship, [2] developmental assessment, [3] contextual adjustment, [4] skill acquisition, and [5] professional transition), evaluative methods, challenges, strengths, and limitations were presented in concurrence with RDS. Thus, RDS promotes the professional development of supervisees through the use of a process-oriented, developmentally focused method of clinical supervision.

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