Conducting Successful Supervision: Novel Elements Towards an Integrative Approach

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Abstract. In recent years that has been an increasing interest in supervision within the UK's cognitive behaviour therapy (CBT) community. This is because the role of supervision has begun to be recognized in relation to the delivery of effective clinical services (Department of Health, 1998), and because of a clear recognition of the need to ensure that CBT practitioners are competent. Perhaps less well recognized in CBT are a number of interesting educational approaches to supervision, ones that may make supervision more successful. This paper summarizes some of these theories from a CBT perspective. Whilst the evidence base does not yet justify being too prescriptive, it is argued that some of these theories, such as Vygotsky's notion of the "Zone of Proximal Development", provide helpful prompts for reflecting on CBT supervision. An integrative model is constructed from these theories, with illustrative examples and suggestions for future research.

Keywords: Supervision, zone of proximal development, integrative framework/model.

Introduction

A consequence of the success of CBT is the need to ensure that practitioners are properly supervised. As noted recently, "Poorly trained, poorly supervised and badly managed therapists

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are at best ineffectual and at worst dangerous" (Holland, 2006, p. 1). Department of Health policy reflects this emphasis on staff development: ". . . we need to improve levels of knowledge . . . increase investment in training and education, to improve access to effective treatments" (Department of Health, 1998, p. 46–47). Clinicians and researchers have responded to these calls and there are now helpful guides to good supervision within the BABCP (e.g. Lewis, 2005; Townend, 2004), within CBT (e.g. Liese and Beck, 1997), and within the vast literature on supervision (Watkins, 1997). These accounts tend to be restricted to one or two theoretical perspectives and often argue for the superiority of the presented approach. By contrast, this paper offers a wide-ranging and theoretical overview, with the aim of encouraging reflection. However, in common with much of the literature, our emphasis is on the role of learning and of knowledge acquisition in particular (i.e. a "formative" emphasis – Proctor, 1986). We have selected this formative aspect in order to keep this review focused, and because it provides the most accessible insights from the different theoretical perspectives thought most relevant to CBT. As such, some of the broader aspects of supervision are not addressed here, including developmental and ethical issues and styles of supervision. For a fuller account of such aspects the reader may wish to consult more comprehensive accounts (e.g. Fleming and Steen, 2005; Watkins, 1997).

The work adopts a sequential approach to the question of how we might promote successful learning within supervision. This starts with the assessment of learning needs and then goes on to examine how we might establish a baseline, work at the right developmental level, apply supervisory techniques to enhance competence, and evaluate our progress. For each of these steps we introduce at least one theory from the wider educational and training literature, thus offering a relatively unfamiliar perspective on CBT supervision. In total, seven theories are put forward, with a note on their critical elements and potential contributions (see Table 1). An illustrative, case study version of the present article is provided in a companion paper, which attempts to demonstrate the fusion between the theoretical aspects described here (James, Milne and Morse, submitted) and the practicalities of successful supervision. We start this theoretical overview with step one of effective supervision, the assessment of learning needs (Goldstein, 1993).

Step 1: Assessing learning needs

According to Hogan and Pressley (1997), learning occurs when information is integrated into a learner's existing knowledge base. Indeed, it appears that all learning is actually re-learning (Bransford, Brown and Cocking, 2000): "the contemporary view of learning is that people construct new knowledge and understanding based on what they already know and believe" (p. 10). These authors argue that this makes paying attention to what the supervisee brings to supervision a sensible first step. With respect to most advanced CBT courses, supervisees come to supervision with a comprehensive history of training and a wide variety of professional competencies (clinical, management, research). Hence, it makes sense for the supervisor to spend time assessing the supervisee's experiences and background early on in the supervisory relationship. Indeed, only the myopic supervisor ignores the supervisee's history and learning context. Thus, when planning a programme of learning, a well-established principle is that the learning should be matched to the supervisees' educational needs (partly as a result of his/her history and the existing competencies) and learning context (the learning opportunities

Table 1. Seven theories of supervision, key concepts and contributions

Theory	Key concepts	Potential contribution to successful supervision
1. Newcastle Cake Stand Model (NCSM). Armstrong and Freeston, 2006).	Four related tiers: "primary inputs, parameter settings, dynamic focus and learning process" (see text for further explanation).	Places supervision in its rich context and details the component and structural features of supervision, including "who brings what" to the session. Aids the establishment of the learning contract.
2. Zone of Proximal Development (ZPD, Vygotsky, 1978)	A learning "zone" is defined by establishing a current competence baseline and then an optimal goal – attainment profile, which clarifies the supervisee's potential development by the end of the learning contract.	Recognizes what the supervisee brings to the learning situation, fostering the supervision alliance; defines personalized goals; focuses supervision on the required assistance from the supervisor (e.g. social support). Recognizes set backs and "deskilling" in the learning process
3. Summary of supervision skills (Milne and James, 2000; Milne et al., 2002)	List of 13 supervisory techniques, defined in observable terms. Includes cognitive (e.g. challenging) and behavioural (e.g. guiding experiential learning) and affect-regulating techniques (e.g. managing).	Competent supervision can be defined, measured, justified, trained by reference to the applied literature on learning and leadership (including therapy, teaching and coaching).
4. Experiential learning (Kolb, 1984)	The model outlines 4 modes of learning: experiencing, reflecting, planning, and conceptualizing. Significant learning requires that a learner uses all of the 4 modes in order to achieve competence.	Supervisees often have preferred modes of learning (e.g. preferring reflection rather than experiencing (role play). Thus there may be a tension between the use of the 4 different modes. Therefore, supervisor needs to recognize that successful supervision can be uncomfortable (e.g. challenging the supervisee's preferred approach).
5. Tandem Model (Milne and James, 2005)	A number of supervision theories can be construed by drawing analogy that supervision is like riding a tandem cycle. This pictorial model of supervision highlights 7 axioms, including the importance of the supervisory relationship and mutual learning and development.	Provides a simple and concrete account of the essential elements of successful supervision operating as a dynamic system. Affords integrative and evidence-based explanation of how supervision works (moderators, mediators and mechanisms).

Table 1. Continued

Theory	Key concepts	Potential contribution to successful supervision
6. Interpersonal Process Recall (Kagan and Kagan, 1997)	Explicitly sharing power with the supervisee, who selects and comments on segments of their "taped" work, while the supervisor acts as an "inquirer". The goals are to access and validate personal experiences, clarify expectations and raise self-awareness (e.g. feelings and images related to patients).	Empowerment of the supervisee, who adopts an "adult learner" stance; facilitates self-awareness in a relatively non-threatening way; provides a basis for self-evaluation and feedback from the supervisor.
7. Declarative-Procedural-Reflective model (Bennett-Levy, 2006)	Reflection is perhaps the most-widely cited basis for successful supervision, but this account elaborates the cognitive foundations by recognizing three necessary and interacting activities: focused attention, autonoetic consciousness, and cognitive operations.	Gives the supervisor and supervisee insight into how reflection operates, facilitating meta-cognitive awareness of the dynamic processes involved, and aiding problem-solving efforts (e.g. addressing problems in the supervisee's ability to plan skillfully). Emphasizes the importance of a therapist's personal and professional development.

available, the expectations of duties to be performed and competencies to be demonstrated, and the learning culture).

An approach that helps us to think about the needs assessment, and especially the learning context, is the Newcastle Cake Stand model (NCSM, Freeston, et al, 2003; Armstrong and Freeston, 2006). This model provides a conceptual framework for supervision that has a range of different elements organized on four related levels, hence its name. Its tiered structure is arranged as follows: Level 1 – Primary inputs, 2 – Parameter settings, 3 – Dynamic focus, 4 – Learning process. The first level of analysis is concerned with describing what each of the participants (i.e. supervisee, supervisor, client, and their respective contexts/management structures) bring to the supervision. At level two, the model highlights the key characteristics underpinning the delivery of the supervision, such as clarifying the goals, outputs, roles, structures, relationship issues and the resources required to conduct the supervision. At the third level, the model maps out the types of discussions occurring during the supervision. This level recognizes that the process is dynamic and that topics wax and wane. It contains topic foci such as: therapeutic task, therapeutic relationship, supervisory relationship, supervisee, context, and safety issues. At the top level of the framework is a cycle that reflects the supervisee's learning process. This level essentially outlines Kolb's model of learning, which suggests that effective learning occurs when the learner engages in iterative cycles of reflection, experiencing, experimenting and conceptualizing (Kolb, 1984 – see Table 1).

The NCSM is particularly helpful at identifying the various components involved within the supervision process. It is also evident from such mapping that the supervision process could be enhanced if many of the elements identified at the various levels were clarified at the outset and recorded in a learning contract by the supervisor and supervisee. For example, at their first meeting the supervisor and supervisee could establish goals, boundaries, resources, disciplinary procedures, and assessment criteria. Townend (2004), along with colleagues (Townend, Iannetta and Freeston, 2002), has suggested that a parallel supervision contract that formalizes some of the above issues is potentially helpful in the training of CBT therapists. As such, there are a number of contracts currently being piloted within the CBT community (Townend, 2004; Freeston and Armstrong, 2004).

Step 2: Establishing baselines and developing competencies

Having determined the supervisee's needs and appreciated the learning context, the supervisor may attempt to obtain an idea of the supervisee's current level of competence (i.e. baseline competencies). In a clinical setting, where the supervisee is being trained to be a CBT therapist, one might choose to establish the baseline using competence scales such as the Cognitive Therapy Scale (CTS, Young and Beck, 1988) or the Cognitive Therapy Scale -Revised (CTS-R, Blackburn et al., 2001). The CTS-R utilises the Dreyfus competence taxonomy, which has five levels, ranging from the "novice" to the "expert". Once one has established the baseline, one can re-formulate the requirements (resources, approaches) necessary to deliver supervision successfully. It is argued here that the resultant reformulation would be helped via the establishment of a "zone of learning". This zone is identified by a lower level, represented by a baseline of competence (i.e. skills that the person currently possesses). It is likely that the supervisees will demonstrate different levels of competence with respect to their therapy skills. If one uses the CTS or CTS-R, one can try to quantify such differences. For example, at baseline, the supervisee might demonstrate high levels of general interpersonal skills, but low levels of CBT specific skills. In terms of the zone, an upper limit should also be established. The upper limit represents the ideal goal attainment, the highest level of skill a learner can achieve by the end of the training period. It is relevant to note that the supervisee might be able to achieve this goal prior to training, but only when receiving optimum assistance from the supervisor. For those familiar with the work of Vygotsky (1978), they will recognize that we have just begun to outline his notion of the Zone of Proximal Development (ZPD). The ZPD highlights the potential for future learning when appropriate support is present.

Step 3: Working in the zone of proximal development (ZPD)

The ZPD defines the distance between what a person can do independently with respect to a skill versus what he/she can potentially achieve with maximum supervisory assistance. For example, at the beginning of a CBT course, a supervisee might score 28/72 on the CTS-R, and realistically by the end of the course the best he/she is likely to achieve is 38/72; this 10-point range would therefore be his/her zone with respect to these competencies. The relevance of the zone in relation to a specific skill is that it can help identify those aspects of the skill "yet to be developed" that will enable the learner to perform the skill independently. Vygotsky likens the early stages of skill development to "buds". Hence, the components composing the skill need to

be identified and nurtured. In terms of nurturance, he placed great emphasis on social support and active learning. These features are highlighted in Tharp and Gallimore's (2002) 4-stage model, which describes how a learner progresses through the ZPD. Stage 1– Performance is assisted by a more capable person; Stage 2 – Performance is assisted by self; Stage 3 – Performance becomes automatized; Stage 4 – Performance can become de-automatized. According to Tharp and Gallimore (2002) the development of any skill represents a changing relationship between self regulation and social regulation (p. 257). At stage 1, the learner relies on external agents for assistance, using training techniques such as instruction, questioning and modelling to facilitate learning. However, during the stage, one usually witnesses both a steady decline in the assistance offered by the trainer and a reciprocal increase in the learner's control; this is akin to Bruner's notion of a "handover principle" (1983, p. 60). By stage II, there should be a transition from other- to self-regulation. However, at this stage the performance is not fully developed: it is likely to be conducted and maintained by overt verbalization (i.e. self-directed speech by the learner). At stage III, the learner has emerged from the ZPD and conscious self-regulation has gone; the performance is now internalized and automatized. At this stage instruction, internal or external, may actually interfere with performance, or be an irritant. Vygotsky described this as a "fossilized" stage, because performance is no longer developing. However, such rigidity may cause problems, unless it is open to adjustment. Hence, adaptability is built into stage IV. At this stage, de-automatization can occur and performance brought back under conscious control.

In some training contexts, a learner might need to move right back to stage I and relearn some fundamentals. This situation may arise, for example, if a psychodynamic therapist wished to be retrained in CBT, or vice versa. It can also happen during the development of competence within a preferred approach. For example, Blackburn et al. (2001) found that, although their sample of 21 mental health professionals improved significantly on the CTS(R) by the end of their Diploma course in CBT, their was a mid-training dip in their CBT competencies. This may have been due to the need to "un-learn" some over-learned skills, or it may have been provoked by a destabilizing re-appraisal, due to systematic reflection or encountering difficulties (e.g. triggered by questioning from a supervisor, things not going to plan, Bennett-Levy, 2006). In Piagetian terms the "dip" may reflect a state of imbalance, a loss of "equilibration". Such a state is often viewed as a necessary step towards the assimilation or accommodation of new material or experiences, making it possible for learning and adaptation to occur, and for equilibration to be resumed. Similarly, Bennett-Levy (2006) has noted how, within his reflective system, a state of "inner discomfort" (p. 67) may focus attention and mobilize adjustment, including the potential for the supervisee to experience this positively, as in feeling fascinated or mildly perplexed.

In summary, we believe that the relevance of the ZPD to supervision is manifold. More specifically, it suggests that:

1. A supervisor initially needs to establish a baseline profile, with respect to the supervisee's current level of competence in a particular field. In complex domains, such as therapy, the supervisee's abilities will differ across the various aspects necessary to deliver therapy effectively. Hence, when establishing a baseline it is helpful to use scales such as CTS/CTS-R that examine therapy in terms of its components. In the case of the CTS-R, a supervisee would be assessed on a 12-item scale, with the components of each item

having been defined (note, Blackburn et al., 2001, reported differential learning across the CTS-R items);

2. A supervisor needs to directly assist and provide the appropriate contexts and resources to allow the supervisee to operate effectively within the ZPD (rooms, secretarial support, video equipment, access to literature, teaching material and models);

3. Supervisors require a theory, such as knowledge of how a supervisee can be helped to move through the ZPD, and how to re-enter the learning zone when adaptations to current practice are needed;

4. Supervisors are also required to have the skills, in terms of the use of appropriate techniques, to help the supervisee move through the zone.

Step 4: Applying effective techniques in supervision

What are these supervision skills? Based on a review of leadership techniques in teaching, training, therapy, coaching, managing and supervision, Milne and colleagues (2002) have provided a synthesis of supervisory activities in an observation tool called Teachers' PETS (Process Evaluation of Training and Supervision). PETS identifies 13 activities typically engaged in by a CBT supervisor. These are: listening/observing, managing, supporting, questioning, formulating, informing, feeding back, challenging, disagreeing, evaluating, guiding experiential learning (e.g. modelling, role-play), and "other" (e.g. social chat, paper work, setting up equipment). These techniques are recognized in guidelines to professionals (e.g. British Psychological Society, 2003), are advocated in textbooks on supervision (e.g. Falender and Shafranske, 2004), and are found within successful studies of supervision (Milne and James, 2000). This latter paper was a systematic review of 28 successful supervisory interventions. For an overview of the use of PETS see Milne and James (2002) $N = 1$ analysis; this paper provides an example of how to examine supervisors' activities during supervision sessions. The learning process proposed by PETS has recently been operationalized in the "Tandem" model (Milne and James, 2005). The Tandem analogy provides a practical and accessible way of construing and examining key conceptual, relationship and structural issues in supervision. It is suggested through this pictorial model that there are at least seven key axioms. For example, that there is a need for someone (i.e. the supervisor) to take charge in the early stages of the relationship in order to "steer" a developmental course. It is also suggested that in order to steer effectively the supervisor must be given appropriate powers to discharge this responsibility. Furthermore, the front wheel of the tandem, which is under the control of the supervisor, is essentially the educational cycle, describing the inter-related steps of engaging in "needs assessment", "agreeing learning objectives", "using appropriate change techniques", and "evaluating performance" (as per the present paper). In contrast, the back wheel represents the experiential learning process that is closest to the experience of the supervisee, in the tandem's "stoker" (back seat) position. The tandem's back wheel is used to depict Kolb's (1984) experiential learning cycle. According to Milne and James (2005), it is the essential role of the supervisor to ensure that the supervisee moves around the learning cycle appropriately (the functional definition of successful supervision). Other aspects of the tandem, such as the frame, gears and pedals, are also used analogously (e.g. frame as "framework" and gears as mechanisms of change). They relate to the various interpersonal processes and teamwork issues required in the delivery of effective supervision.

Step 5: Evaluating progress

The instrument Teachers' PETS also examines the impact of the supervisor's actions on the supervisee. The resultant supervisee behaviour categories are: reflecting, experimenting, conceptualizing, planning, experiencing emotion (e.g. smiling, expressing discomfort, providing details of emotional state in therapy). PETS is utilized as an observational instrument that provides a system for coding the speech of supervisors and their supervisees. A number of supervisor development studies have been conducted using this instrument (Milne, Pilkington, Gracie and James, 2003). However, PETS is essentially a research tool, requiring training and considerable time to administer. The daily business of evaluation requires more straightforward tools, ones that can be used by the supervisee to foster self-monitoring, and ones for the supervisor that enable both formative and summative evaluation. The formative aspect refers to giving information in the form of feedback (eg. praise, scores obtained on the CTS-R). Sometimes, supervisors may use published instruments to formalize their feedback. An example is the "Therapist Evaluation Checklist" (Hall-Marley, 2000), an instrument completed by the supervisor in which the supervisee's skills in team-working, assessment, intervention are rated as "a strength", "needs improvement" etc. This Checklist is reproduced in the work of Falender and Shafranske (2004), alongside other tools.

A method that combines some of these features with an appealing procedure is "interpersonal process recall" (IPR: Kagan and Kagan, 1997). Rather than simply rating the supervisee's tapes of therapy, the IPR procedure empowers the supervisee to select segments for discussion in supervision, and to offer a personal account of what was happening at that point (e.g. "I felt really stuck here – I couldn't make sense of the problem"). Instead of adopting the instructor role, the supervisor takes an inquisitive stance (e.g. "What would you have liked to have said at this point?"). The supervisor's goals in IPR are to promote affective self-awareness, uncover covert agendas, encourage reflection on actions, clarify expectations, confront evaluation anxieties, and to help the supervisee to learn how to use relationships more effectively. IPR is an intensive, time-consuming technique, so only a couple of segments of a tape might be reviewed in any one supervision session. However, it has some distinct advantages, as in empowering supervisees, validating their personal experiences, and attending to the affective accompaniments to their work.

Integration and summary

Armstrong and Freeston's (2006) Cake Stand model (NCSM) has helped to identify and map the elements within supervision, including the learning context (for both supervisor and supervisee), appropriate topics, and has also suggested some change mechanisms. Hence this model may be regarded as emphasizing the structural features of CBT supervision. In contrast, a more functional account has been provided within the Tandem model, as it attempts to account for how learning and development occur (Milne and James, 2005). At the heart of both of these theories is Kolb's (1984) experiential learning cycle, but the tandem sets out how this relates to supervision, providing a suitable observational tool (Milne et al., 2002). Therefore, the NCSM and Tandem models are complementary (i.e. capable of fruitful integration), differing usefully in terms of their foci and their levels of analyses.

It is also reassuring that other theorists, from diverse theoretical orientations, share this recognition of experiential learning as the basis of successful learning in supervision

(see Watkins, 1997). A recent example in the CBT literature is Bennett-Levy's (2006) work, stressing the reflective mode of learning from experience. This conceptual approach is complementary, adopting an information-processing perspective that takes account of procedural, declarative and meta-cognitive aspects of learning

The present review has added the notion of the zone of development (Vygotsky, 1978) and the use of specifically defined supervisor behaviours. These have been introduced because it was considered that the previous approaches were too general, in terms of the exchanges between the supervisor and supervisee. It is argued that this integrative paper provides a theoretically rich and conceptually sound basis to facilitate and develop successful supervision. Part of this development must include a range of research activities, owing to the poor evidence-base within the field at present. Acknowledging the paucity of evidence, we are currently engaged in a series of systematic reviews to try and define supervision empirically, and to produce an integrative model from studies of successful supervision. This work should help to firm up the theoretical basis for successful supervision. We are also working jointly on the development of supervision guidelines and training materials, some elements of which (e.g. video-recorded demonstrations) have begun to be evaluated by multi-disciplinary groups of NHS clinicians. On the measurement side, we have worked together to produce a competence scale for CBT supervision that reflects the complementary aspects of the above theories. This scale is called STARS-CT (James, Blackburn, Milne and Freeston, 2004). It is currently being circulated within the CBT community, and undergoing assessment and piloting. We trust that this tool will also help supervisors to supervise successfully "in the zone".

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