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Supervision

Cognitive Techniques as a Means for Facilitating Supervisee Development

Aaron Kindsvatter, Darcy Haag Granello, & Jill Duba

During periods of uncertainty or psychological distress, a supervisee may encounter or develop rigid or unhelpful thinking patterns that could delay development by promoting discouraging realities and experiences. Such cognitive experiences often are so subtle that they occur outside of the supervisee's immediate awareness. This article explores how the cognitive model of counseling could be used in supervision as a guide to help the supervisor and supervisee discover and modify negative thought processes.

A principal component of counselor preparation is the supervision of counselors-in-training as they take their first steps into professional roles (Holloway & Neufeldt, 1995). Historically, supervision has been considered one of the most significant aspects in the training of professional counselors (Holloway & Wolleat, 1981). Perhaps because supervision is such an important part of training, professional interest persists in structured methods for the facilitation of supervisee development and, more specifically, in assisting supervisees in negotiating developmental challenges. This article explores how the cognitive model of counseling could be used as a map to guide supervisory conversations and facilitate scrutiny of previously unconsidered cognitive experiences that may hinder supervisees' development.

Exploration of supervisee cognitions is not new to the supervision literature. Previous research on supervision includes three themes pertaining to cognition: increasing supervisee cognitive complexity as it relates to skills such as case conceptualization, the supervision of supervisees who are using cognitive techniques with their clients, and the use of the cognitive techniques in supervision (Fuqua, Johnson, Anderson, & Newman, 1984). For the purposes of this article, we focus on the cognitive model as a tool for the facilitation of supervision and supervisee development.

Dodge (1982) was among the first to suggest that cognitive methods could be used to facilitate supervisee development. Specifically, Dodge indicated that supervision could reduce supervisee anxiety through steps involving the acknowledgment of supervisee anxiety, rational emotive disputation of irrational thoughts, and encouragement of new behaviors. Similarly, Liddle (1986) proposed techniques for

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working through supervisee resistance in response to performance anxiety that also called for, among other things, the use of cognitive restructuring.

Azar (2000) suggested that cognitive behavioral techniques could be used as burnout prevention strategies for supervisees working with child abuse cases. Specifically, Azar indicated that cognitive behavioral strategies could be used to assist supervisees in modifying maladaptive assumptions pertaining to their own capabilities and limitations involving abuse cases. Fitch and Marshall (2002) suggested that cognitive techniques could be used in a practicum setting during group supervision to assist supervisees in overcoming anxiety. Like Dodge (1982), Fitch and Marshall based their interventions primarily on Ellis and Greiger's (1986) ABCDE (activating event, belief about the event, consequence of belief, disputing belief, new effect) model of rational emotive counseling. Rosenbaum and Ronen (1998) indicated that the focus of cognitive behavioral supervision should be on the teaching of cognitive behavioral techniques to supervisees. They indicated that certain principles informing the practice of cognitive counseling also could inform supervision and called for a comprehensive model of cognitive supervision.

In this article, we expand on previous literature by discussing how the cognitive model could be used to facilitate supervisee development over time. Specifically, we focus on assisting supervisees with cognitive experiences that initially might be beyond their awareness. In addition, we elaborate on earlier literature that seems to suggest that cognitive-based supervision should follow sequential steps (Dodge, 1982; Fitch & Marshall, 2002; Liddle, 1986). Specifically, we suggest three distinct phases of the application of this model in supervision and describe supervisory tasks specific to each phase.

Supervisee Development and Cognitive Experiences

Since the 1970s, supervision models have attempted to describe stages of counselor development from the point when supervisees take their first awkward steps into the profession to the point when they are assumed to have achieved professional competence (e.g., Littrell, Lee-Borden, & Lorenz, 1979; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, McNeill, & Delworth, 1998). Many of these models share common elements, such as descriptions of normative challenges that are a natural and expected component of supervisees' immersion into a complex and challenging profession (Skovholt & Ronnestad, 1992, p. 505) and supervisory needs that change as supervisees gain experience (Stoltenberg et al., 1998). These developmental challenges involve fluctuations in motivation concurrent with changes in self-esteem, self-efficacy, anxiety, and other symptoms of psychological distress (Stoltenberg et al., 1998). During rocky developmental periods, supervisees may experience cognitive distortions that reflect their heightened vulnerabilities.

Cognitive distortions are subtle and often covert thought processes that limit or exaggerate reality in such a way as to engender

negative emotional responses (J. S. Beck, 1995). During periods of uncertainty or psychological distress, supervisees may experience or develop rigid or unhelpful thinking patterns that might delay their development by promoting discouraging realities, experiences, and behaviors (Dodge, 1982).

The early part of a supervisee's career is a developmentally active period during which cognitive constructs regarding the profession are formed. If unaddressed, cognitive distortions experienced during the early stages of supervisees' careers may have lasting influences pertaining to their perceptions of themselves, the therapeutic process, their beliefs about themselves as counselors, their understandings of counseling as a profession, and their beliefs about clients (Howard, Inman, & Altman, 2006; Skovholt & Ronnestad, 1992; Yourman, 2003).

The Cognitive Model

The cognitive model of counseling was developed in the 1960s as a method for assisting clients to understand and modify dysfunctional thinking habits that lead to uncomfortable emotional responses such as depression, anxiety, shame, and low self-esteem (A. T. Beck, 1964). The cognitive model of counseling holds that people's emotional and behavioral responses to any given situation are influenced largely by how they think about that situation (J. S. Beck, 1995). Applied to supervision, we believe that the cognitive model could provide a guide to help supervisors and supervisees focus on subtle but influential thought processes that may be beyond supervisees' awareness. The cognitive model of counseling organizes the thought process into three categories: automatic thoughts, core beliefs, and intermediate beliefs (J. S. Beck, 1995).

Automatic thoughts represent the most superficial level of cognition and usually occur outside of people's awareness. Automatic thoughts are undisputed thoughts or images that flash through people's minds when they confront stressful situations in their lives (J. S. Beck, 1995). According to J. S. Beck, automatic thoughts are influential (i.e., they affect emotional and physiological responses) even though they are not usually noticed. People generally respond emotionally to automatic thoughts as if the thoughts were true, although such thoughts generally represent a restricted or distorted version of reality (J. S. Beck, 1995).

The cognitive model conceptualizes beliefs as existing on two levels: core beliefs and intermediate beliefs. Core beliefs are broad, generalized assumptions that people internalize. Core beliefs are similar to lenses that color (i.e., influence) how individuals perceive themselves, other people, and the world (J. S. Beck, 1995). We believe that people's core beliefs are too integral to their psychological foundations to be addressed or modified in supervision. Thus, we include core beliefs in our discussion only to illustrate their role in the function of intermediate beliefs, rather than as a construct appropriate for supervisory intervention.

Intermediate beliefs are adaptive stances that people adopt to live in (and cope with) the world as they perceive it, according to their personal core beliefs (J. S. Beck, 1995). Intermediate beliefs are composed of the "rules, attitudes, and assumptions" (J. S. Beck, 1995, p. 137) that influence how individuals cope with life events as they understand them. During times of psychological distress, people may use negative as opposed to positive intermediate beliefs (J. S. Beck, 1995). For example, a male supervisee's core belief is that he is inadequate. Consequently, the supervisee may have the assumption (i.e., intermediate belief) that he will not be successful when he tries new activities. Such an assumption may be helpful to him most of the time in that the supervisee is likely to overprepare for new activities. However, in times of psychological distress, instead of overpreparing, the supervisee may avoid engaging in new activities altogether, thus missing opportunities for learning and development.

Application of the Cognitive Model in Supervision

Many components of the cognitive model could provide structure to supervision and challenge supervisee cognitions and misperceptions. We have found that to think of the application of the cognitive model in supervision as occurring in distinct phases is helpful. First, we introduce the phases and techniques specific to each phase. Next, we address automatic thought and intermediate belief interventions. Finally, through examples in supervisory scenarios, we demonstrate the use of the cognitive model in supervision.

Phases in the Process

For the cognitive model in supervision, to visualize its application as occurring in three phases may be helpful (see Table 1). Each phase involves specific tasks that are central to the structured use of this model in supervision. The three phases are socialization, focus, and modification.

Socialization phase. A supervisee may experience confusion initially when the supervisor attempts to engage the supervisee in a conversation structured on the cognitive model. We believe that the supervisor could assist the supervisee in the transition to using this model by providing some initial socialization to the concepts. The supervisory tasks for the socialization phase consist of asking the supervisee's permission to focus very carefully on his or her thinking pertaining to problem situations in supervision, explaining the fundamentals of the cognitive model, and helping the supervisee understand what could be accomplished through using this model in supervision.

Focus phase. Troubles that the supervisee brings to supervision often are presented as a weighty matrix of confusing emotions, experiences, and behaviors encountered during recent counseling sessions. Supervision can be helpful by bringing order to this chaos so that problems can be addressed with systematic intentionality. Thus, the

TABLE 1
Phases of Application of the Cognitive Model in Supervision

Phase	Supervisory Tasks
Socialization	Seek permission
Focus	Explain fundamentals of the cognitive model
	Choose specific incident to examine
	Focus on specific cognitive experiences
Focus on automatic thoughts	Use Socratic questioning to uncover automatic thoughts and intermediate beliefs (Overholser, 1991, 1993a, 1993b)
	Identify specific physiological or emotional response that signals presence of disturbing automatic thoughts (J. S. Beck, 1995)
Focus on intermediate beliefs	Use direct inquiry, speculation, or probable opposite to elicit automatic thought (J. S. Beck, 1995)
	Use themes in automatic thoughts, direct inquiry, and downward arrow method to identify intermediate beliefs (J. S. Beck, 1995; Burns, 1980)
Modification	Use Socratic questioning to explore rationality, usefulness, and/or accuracy of automatic thoughts and intermediate beliefs (J. S. Beck, 1995; Overholser, 1991, 1993a, 1993b)
	Use Socratic questioning to generate alternatives to cognitive distortions (Overholser, 1991, 1993a, 1993b)
	Solicit commitment from supervisee to utilize new knowledge

supervisory tasks for the focus phase involve engaging the supervisee in structured conversations that narrow the focus on specifics.

Focus is accomplished by helping the supervisee to slow the interpretive process and focus on a *specific manifestation* of the problem in question. The supervisor should encourage and assist the supervisee in recalling a recent, specific situation in which a disturbing emotion, thought, or behavior was experienced. For example, the supervisor could promote the supervisee's recall by playing and reviewing a tape of the counseling session in question or by using imagery with the supervisee. We have found that some of the techniques of Interpersonal Process Recall (Kagan & Kagan, 1997) help to accomplish supervisee focus. In addition, Socratic questioning (Overholser, 1991, 1993a, 1993b) can be used to bring forth troubling automatic thoughts and intermediate beliefs. By having a clear description of a troubling situation and the supervisee's willing cooperation to discuss specific cognitions, the stage is set to begin work on the problem.

Modification phase. During this phase, the supervisor and supervisee consider specific examples of the supervisee's troubling thoughts and attempt to modify those thoughts through Socratic deconstruction and generation. In addition, the supervisor and supervisee discuss a specific plan for putting new learnings into practice. The supervisor may need to challenge the supervisee's intent to try a new behavior because a commitment to "try" permits evasion of action. The supervisor should encourage the supervisee to "do" the new behavior rather than "try" it (Dinkmeyer & Carlson, 2006).

Automatic Thought Interventions

Automatic thoughts are very subtle. Generally, supervisees would be aware of the emotional and physiological responses to automatic thoughts and unaware of the thoughts themselves (J. S. Beck, 1995). Thus, emotional or physiological changes (e.g., heightened anxiety, a churning stomach) become signals for supervisees and supervisors that indicate the presence of unhelpful thinking patterns that need to be addressed (J. S. Beck, 1995).

Because supervisees generally notice the emotional and physiological responses resulting from the automatic thoughts, automatic thought interventions serve as the best starting point for beginning cognitive work in the context of supervision. Cognitive interventions are designed to assist in slowing the interpretive process and in reflecting on the rationality, usefulness, and or accuracy of previously unexamined thoughts (J. S. Beck, 1995). In addition, cognitive techniques help to generate realistic alternatives to unscrutinized distortions.

The actual means whereby thinking patterns are uncovered, scrutinized, and modified is through Socratic questioning, which is a method central to the cognitive model (Carey & Mullan, 2004; Overholser, 1991, 1993a, 1993b). Socratic questioning involves asking questions that (a) allow supervisees to answer based on current knowledge, (b) draw supervisees' attention to information relevant to a given issue but outside of their current focus, and (c) facilitate supervisees' applying newly realized information to reevaluate previous conclusions or to construct new ideas (Carey & Mullan, 2004).

Assisting supervisees in recognizing automatic thoughts can be challenging. Because of the subtle nature of automatic thoughts, supervisees tend to provide emotion-based interpretations of what is going through their minds rather than exact descriptions of the thoughts or images. Supervisors must recognize when emotion-based interpretations are occurring and assist supervisees in focusing on the actual thoughts or images. The cognitive model is designed to assist in the identification and modification of specific cognitive experiences. Supervisors could assist supervisees in focusing on automatic thoughts by verbally encouraging supervisees to focus on the actual thoughts or images, by discussing the probable opposite of what the supervisees are likely experiencing, or by speculating what the supervisees might be experiencing (J. S. Beck, 1995).

We use a fictitious scenario, based on our collective supervisory experience, to illustrate how a supervisor might use the cognitive model with a supervisee. The supervisee (Simon) is in his 6th week of working with clients. The supervisor has noticed that Simon seems unhappy during the class component to the practicum and has become somewhat withdrawn during his client sessions. The supervisor has decided that applying the cognitive model may be a way to aid in the supervisee's development.

Supervisor: Simon, I have noticed in class lately that you seem to be expressing some frustration regarding your client's progress. I was watching this tape of your last session, and you seemed to be a little subdued. What thoughts do you have about this?

Simon: To tell you the truth, I'm wondering if I'm really cut out for this. My clients don't seem to be getting any better, and sometimes it seems like I'm not really helping them at all.

Socialization Phase

Supervisor: Okay. I appreciate your honesty. You know, I'd like to talk to you about something we could try here in supervision. Are you familiar with the cognitive model of counseling? [Initiating socialization to the cognitive model in supervision.]

Simon: Well, I know that clients sometimes have distorted thoughts that influence their moods, but I've never used that theory with my clients.

Supervisor: Well, you're right about the thought-mood connection. I've found that it's sometimes helpful to apply the cognitive model in supervision. Would you be willing to spend some time focusing in detail on how you're thinking about your work with clients? I think this could help you to feel more comfortable when working with clients. [Providing an explanation of the cognitive model, soliciting supervisee permission, and discussing possible benefits.]

Simon: Sure.

Focus Phase

Supervisor: Let's start by taking a look at your latest session. While we watch your tape, put yourself back in the session. I want you to remember what you were feeling. Stop the tape at a place when you remember you were feeling even remotely uncomfortable, and we'll talk about it. [Initiating focus on a specific incident using Interpersonal Process Recall.]

[Simon and the supervisor watch for a few minutes before Simon stops the tape.]

Simon: Okay, here.

Supervisor: Hmm. I see you're sitting back in your chair here, almost as if you're trying to get some distance between you and the client. What were you feeling? [Focusing on a specific emotion to elicit the automatic thought.]

Simon: Just overwhelmed . . . frustrated, hopeless.

Supervisor: Okay. Let's really slow this down and think this through. Let's start with those feelings you mentioned. Which was the strongest? [Attempting to identify a specific emotional response to a specific automatic thought.]

Simon: Frustration I guess. She just keeps repeating the same thing over and over.

Supervisor: Uh-huh. And what was the specific emotion that you were feeling?

Simon: I don't know. . . . I think I was just trying to get some distance. [Providing an interpretation.]

Supervisor: So, I don't think you felt very pleased with the client. [Using probable opposite to elicit supervisee's actual emotion.]

Simon: No. I was mad.

Supervisor: Okay. The client was repeating herself over and over and you felt angry. Now, what thought or image was in your mind at this moment? [Attempting to elicit one specific automatic thought on which to focus.]

Simon: That she wouldn't focus and that we weren't getting anywhere.

Supervisor: That sounds like an interpretation of what was in your mind. What was the *actual* thought or image? [Attempting to elicit the automatic thought directly.]

Simon: Hmm. Well, I guess I had this image of you looking at me and asking me why I wasn't getting anywhere with this client. [Distorted automatic thought.]

Supervisor: And in this image, I was not being supportive. [Using probable opposite to the assist the supervisee in fully exploring the thought.]

Simon: You had this sort of judgmental look on your face, like you knew I couldn't cut it as a counselor.

Supervisor: Okay, nice work. So you had this image of me looking disapprovingly at you, and as a result, you felt angry. Is that right? [Defining the relationship between the automatic thought and the resulting emotional response.]

Simon: Yes.

Modification Phase

Supervisor: Okay. That image you had there is what's called an automatic thought. They're thoughts or images that flash through our minds during difficult times. They're usually distorted in some way or outright false, but often we believe them and act as if they're true. The trick is to notice when you're responding to automatic thoughts and to dispute them. Usually you can dispute these thoughts by asking yourself whether they are really true or useful. [Elaborating on the cognitive model, explaining modification of distorted thinking.]

Simon: I don't understand.

Supervisor: Well, let's take your image of me with this disapproving scowl. How likely do you think it is that I would respond to you with a condemning scowl? [Using Socratic questioning to begin modification of distorted thought.]

Simon: Well, I guess that doesn't seem right.

Supervisor: Would you say that the image you had was very unlikely to be true or maybe even that it was flat-out false? [Using Socratic questioning to modify distorted thought.]

Simon: I guess it was false.

Supervisor: Good! I'm glad you think so. How can you replace that image of me scowling with something that's more realistic or true? [Using Socratic questioning to generate alternatives to distorted thinking.]

Simon: Well, I can see myself sitting in session and thinking that I'm not getting anywhere with my client and then instead of imag-

ining you scowling, I can imagine us sort of sitting calmly and discussing what I should do differently in the session.

Supervisor: Which image seems more grounded in reality?

Simon: I think that supervision probably is more about the second image, where we sit together and figure out what I need to do.

Supervisor: Would you be willing to be intentional about creating that image for yourself should you find yourself in a confusing or stressful situation in a counseling session next week? [Soliciting commitment to put new learning into practice.]

Simon: I guess I could try that.

Supervisor: Would you be willing to commit to *doing* it next week? [Soliciting commitment to put new learning into practice.]

Simon: Yes, I can do that.

This conversation demonstrates how the cognitive model may be introduced and used in supervision. This example focuses on initial socialization, determination of a starting point for intervention, and identification and modification of automatic thoughts.

Intermediate Belief Interventions

Intermediate beliefs tend not to be as malleable as automatic thoughts because individuals have been developing these adaptive strategies throughout their lives. Generally, intermediate beliefs assist people in functioning even when negative core beliefs are present (J. S. Beck, 1995). In times of psychological distress, intermediate beliefs may become maladaptive.

Intermediate beliefs can be addressed in supervision. They often are identified through recognizing the themes connecting automatic thoughts (J. S. Beck, 1995). Generally, over time, a few automatic thoughts would be revealed as significant contributors to supervisees' difficulties. Once identified, supervisors could inquire as to the deeper meaning of these themes. This inquiry provides a road to bringing supervisees' unhelpful assumptions, attitudes, and rules regarding their practices into their awareness (J. S. Beck, 1995).

One method for accomplishing the exploration of themes is the "downward arrow method" (Burns, 1980, p. 264). The downward arrow method involves inquiry as to the meaning behind the automatic thoughts. For example, in exploring a female supervisee's automatic thought in the form of an image of herself not knowing what to say in a session, a supervisor might say, "What would it mean to you if that happened?" Generally, such inquiry assists supervisees in reflecting on personal meanings (rules, attitudes, or assumptions) that support disturbing automatic thoughts. A second method for uncovering intermediate beliefs is direct elicitation (J. S. Beck, 1995). Using direct elicitation, supervisors directly inquire as to whether supervisees hold certain rules, assumptions, or attitudes pertaining to the troubling situation (J. S. Beck, 1995). For example, a supervisor might say, "What assumptions do you have about yourself when you feel lost in counseling sessions?" As with automatic thoughts, intermediate beliefs could be challenged and modified using Socratic questioning.

As the scenario continues, the supervisor and Simon are in their 10th week of supervision. During the last four sessions, they have spent time working with automatic thoughts that hinder Simon. The supervisor has noted that a recurring theme in Simon's automatic thoughts centers on his perceived worth as a counselor. Simon seems to equate, in an exaggerated manner, his counseling adequacy with his clients' progress. That is, when his clients experience lapses, Simon interprets these incidents as evidence of his professional inadequacy rather than as normal and expected elements of the change process.

Socialization Phase

Supervisor: Simon, I have enjoyed working with you on how you think about your work and your clients' progress in counseling. I think I have picked up on a theme that seems to occur over and over for you. It seems to me that you are somewhat disturbed when you see signs that your clients are not making rapid progress in a short amount of time or when your clients slip a little.

Simon: Well, that's when I feel the most pressure. That's when I notice the negative feelings and the automatic thoughts.

Supervisor: My thought is that we might be able to cut down that feeling of pressure if we explore this further. Would you be willing to do that? [Providing rationale and seeking permission.]

Simon: Okay, but I'm not sure how to get rid of this pressure.

Focus Phase

Supervisor: Well, let's see. One of the automatic thoughts that occurs frequently for you during these times is "I don't have the ability to do this." [Beginning to focus on a specific theme contained within multiple automatic thoughts to identify intermediate belief.]

Simon: Yeah. Sometimes I have this image of a client leaving the session and thinking "Well, that wasn't helpful; he doesn't know what he's doing."

Supervisor: So, do you have an assumption about your counseling ability when your clients slip a little? [Attempting to elicit in a direct manner an intermediate belief on which to focus.]

Simon: An assumption. . . . I'm not sure I understand.

Supervisor: What does it mean to you when your clients slip a little? [Using the downward arrow method in attempt to elicit an intermediate belief on which to focus.]

Simon: When my clients are slipping it means I am no good at this. I can't do real counseling. [Negatively coping with distorted intermediate belief.]

Modification Phase

Supervisor: Let's see if we can talk back to this idea, that if your clients don't improve quickly or if they slip, that you're no good at counseling. From your classes, what can you tell me about therapeutic change? [Using Socratic questioning to challenge distorted belief.]

Simon: What do you mean?

Supervisor: Well, you've learned that counseling is simply a matter of a counselor telling the client what to do, and then the client does it and is completely cured, right? [Using probable opposite and attempting to build discrepancy between the theme in supervisee's distorted belief and a more realistic view of therapeutic change.]

Simon: [laughing] No!

Supervisor: So, what's a more realistic description of therapeutic change in general? [Using Socratic questioning in order to challenge the accuracy of the distorted belief.]

Simon: Well, it's not about telling clients what to do. It's about helping them engage in a process of change.

Supervisor: And in this process of change, clients always change very quickly and never have a slip, right? [Using probable opposite to challenge the accuracy of the distorted belief.]

Simon: No. Sometimes they're ambivalent about change or threatened by it. It's hard to change.

Supervisor: Well then, I'm not sure that you've adopted a fair assumption for yourself regarding your counseling abilities. [Challenging the accuracy and the utility of the distorted belief.]

Simon: What do you mean?

Supervisor: Well, in reality, client change is not always immediate, and sometimes clients slip a little while they are in the process of changing. As you said, change is difficult and sometimes threatening. But you seem to have adopted this lemon of an assumption that if your clients act in this normal fashion, it means you are no good at counseling. So, does the assumption "if my clients slip a little, it means I am no good at this" seem fair to you? [Challenging the accuracy and utility of the distorted intermediate belief.]

Simon: I guess it doesn't.

Supervisor: How can you replace that unfair assumption with one that is more grounded in reality? [Generating alternatives through Socratic questioning.]

Simon: Perhaps I could say to myself, "When my clients don't get better right away or when they slip a little, it's time for me to be patient and to remember the facts of therapeutic change."

Supervisor: Hmm. That sounds much better to me. Would you be willing to put this new assumption into practice during the week? [Soliciting commitment to put new learning into practice.]

This conversation provides a description of the application of cognitive techniques in a more advanced stage of supervision (i.e., once supervisees have a basic understanding of the cognitive model). Use of the cognitive model could assist supervisees in understanding and modifying the rules, assumptions, and attitudes that contribute to their disturbing intermediate beliefs.

Discussion

The use of counseling models in the context of supervision carries with it a degree of controversy. Several concerns are associated with the application of counseling theory to the context of supervision. One concern is that the adopting of counseling interventions to the supervision process may result in supervisee learning needs being minimized to allow for the application of counseling procedures (Bernard & Goodyear, 2004). A second concern is that the application of counseling techniques in supervision may decrease the emphasis on monitoring client progress and welfare in favor of focusing on supervisee personal development (Davenport, 1992). A third concern is that the use of psychotherapy models in supervision may blur the boundary between the practices of supervision and personal counseling (Bradley & Gould, 2001).

We believe that supervision practices should not cross the line into counseling. According to Bernard (1992), one fundamental difference between supervision and counseling is that supervision is more educational (i.e., focusing on instruction and evaluation) than therapeutic. Furthermore, Pearson (2006) indicated that even in a context in which counseling-based models are being used to facilitate supervisee development, the supervisor must still adopt roles that are specific to supervision (i.e., teacher, consultant, evaluator).

Pearson (2006) suggested that supervisors who use counseling-based models to conduct supervision should consider a flexible approach that incorporates the benefits of counseling models (i.e., structured and intentional methods for facilitating change) while allowing for adoption of the roles and responsibilities central to supervision (e.g., monitoring of client welfare, evaluation of supervisee learning). One way to help ensure that supervision does not turn into counseling is to focus on supervisee professional development as opposed to supervisee personal development (Bernard & Goodyear, 2004). Furthermore, we suggest that the scope and limitations of supervision (i.e., a focus on the person of the supervisee related specifically to professional practices) should be explicitly conveyed in a supervisory contract (see Osborn & Davis, 1996). We believe that these steps would assist in clearly distinguishing the line between supervision and counseling.

Many have called for intentionality in supervisory practices (Borders & Fong, 1994; Steven, Goodyear, & Robertson, 1998). Holloway and Neufeldt (1995) noted that just as supervisors require supervisees to engage in systematic and deliberate practices, supervisors must deliver supervision in a deliberate and effective manner. Granello (2000) noted that in the absence of some paradigm to provide structure to the process of supervision, counselor educators are left with only intuition, experience, and personal communication skills to facilitate supervisee development. Furthermore, Granello suggested that under the aforementioned circumstances, the facilitation of supervisee development cannot always be well planned and deliberate. We believe that the cognitive model helps to address the call for intentionality within the discipline of supervision.

Limited empirical research into the effectiveness of cognitive supervision exists. Thus, a useful direction for future research might be to validate the use of the cognitive model in supervision by determining its effectiveness in assisting with supervisee development. Research that examines the influence of cognitive supervision on supervisee performance would be valuable. Such research might include qualitative inquiry with supervisors and supervisees as to the usefulness of the cognitive model. In addition, because cognitive supervision does not directly address multicultural issues, research into possible issues pertaining to the use of the cognitive model with diverse populations of supervisors and supervisees seems to be indicated.

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Attachment Theory in Supervision: A Critical Incident Experience

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Critical incident experiences are a powerful source of counselor development (T. M. Skovholt & P. R. McCarthy, 1988a, 1988b) and are relevant to attachment issues. An attachment theory perspective of supervision is presented and applied to a critical incident case scenario. By focusing on the behavioral systems (i.e., attachment, caregiving, and exploratory) identified by J. Bowlby (1969), previous conceptualizations are expanded by illuminating relational concepts that supervisors could use to facilitate counselor learning.

Clinical supervision facilitates counselor development and engages the counselor-in-training (i.e., the supervisee) in a hierarchical relationship with a supervisor who is more knowledgeable about client care and the counseling process and who evaluates supervisee learning (Bernard & Goodyear, 2004). In conceptualizing this relationship as the supervisory working alliance, Bordin (1983) emphasized the value of an emotional bond between the supervisor and supervisee but did not provide a clear definition of this concept. A more thorough understanding of the supervisor-supervisee relationship can be found using Bowlby's (1988) attachment theory, which explains relational bonding, motivation, affect management, thoughts, and behavior, and is pertinent to the supervisor and supervisee's positions. The purpose of this article is to apply attachment theory to supervision. We discuss the theory, define counselor critical incidents (Skovholt & McCarthy, 1988a), illustrate the perspective with a critical incident case scenario, and conclude with implications.

Attachment Theory

Attachment theory (Bowlby, 1969) could make an important contribution to supervision by illuminating relationship functioning that could be used to design interventions. The theory's relevance for supervision is illustrated by Ladany, Friedlander, and Nelson (2005). These authors noted that the supervisory alliance is essential to supervision effectiveness and identified two important aspects of this relationship: (a) the quality of the emotional bond and (b) the supervisor's awareness of and sensitivity to the supervisee's "vulnerability and need for support and reassurance" (Ladany et al., 2005, p. 13). In addition, consistent with research indicating that supervisory support and direction are important to the supervisee (Rabinowitz, Heppner, & Roehlke, 1986),

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