**Discrimination Supervision Model**

**Presentation Notes**

**Introduction &Background**

The Discrimination Model (DM) was created in the 1970’s to assist supervisors in training to discriminate or judge the needs of their supervisees and choose how to interact with them to meet those needs (Bernard & Goodyear, 2014). Supervisors tailor or customize their responses to the supervisees needs. The main focus is on addressing the needs of the supervises with the correct approach. This model is the most widely used, researched, and supported supervision model in individual counseling supervision (Luke & Bernard, 2006).

Is considered one of the best-known models of supervision with a strong empirical support (Borders & Brown, 2005). This model can be viewed and taught at various levels, simple to complex, depending on the readiness of the supervisor (Borders & Brown, 2005). This is considered an eclectic model and is usually the first model a novice may encounter.

The supervisor will be assessing the supervisee’s developmental stage and needs in order to choose the appropriate foci and role to address that need or stage (Bernard & Goodyear, 2014). This is considered a process model and it differentiates between two aspects of the supervisory relationship: functioning and role (Bernard & Goodyear, 2014).

**Key Concepts**

The DM attend to three foci for supervision and three supervisory roles: The three Primary Foci, are those among which supervisors may choose to focus on any or all of a supervisee’s following skills (Bernard & Goodyear, 2014):

**Three Foci**

*Intervention:* what the supervisee is doing in the session that is observable by the supervisor. What skill levels are being demonstrated, how well counseling interventions are delivered, etc.

*Conceptualization:* how the supervisee understands what is occurring in the session, identifies patterns or chooses interventions.

*Personalization:* how the supervisee interfaces a personal style with counseling at the same time that he or she attempts to keep counseling uncontaminated by personal issues and countertransference responses.

*Professional Issues:* helpful for supervisors when monitoring supervises beyond their counseling interactions with clients. This is a fourth added focus area considered at times.

**Roles**

Once supervisors have assessed and determine their supervisees’ abilities within each focus area as well as their needs; they will choose a role accordingly to accomplish their supervision goals. These roles may change the manner in which the supervisee is approached by the supervisor. The roles are not rigid or exclusive, a supervisor may move into a different role according to the needs or developmental stage of the supervisee. (Borders & Brown, 2005). The reason for the roles not to be rigid is that the supervisor/supervisee interaction often necessitates rapid movement from one role to another to address the supervisees needs and this causes an overlap between the roles.

*Teacher –* a role assumed when the supervisor believes that the supervisee needs structure and includes instruction, modeling, and giving direct feedback.

*Counselor –* a role assumed when the supervisor wishes to enhance supervisee reflectivity, especially their internal reality rather than cognitions.

*Consultant* - a more collegial role assumed when the supervisor withes for supervisees to trust their own insights and feelings about their work or when the supervisor believes it is important to challenge supervisees to think and act on their own.

The interaction between foci/role creates nine different ways that the supervisor may respond at any given moment according to the assessed needs. Supervisors should consider all choices as there may be instances where any of the nine choices may be a best fit for the supervision task (Bernard & Goodyear, 2014). This process is considered *situation specific* as the roles and foci of the supervisor may change across and within a session according to needs of the supervisee. It is important to be cautions of being rigid with only one foci or role because of a personal preference as it may cause to neglect the needs of the supervisee. The effective supervisor is prepared to be flexible and address all foci and assume any role at any level or any given time.

**Note**: Provide handout of Foci/Role Chart from textbook

**Literature**

It’s generally supported by research (Bernard & Goodyear, 2014). The role of consultant has remained somewhat elusive in studies due to a sample of experienced supervisors was able to differentiate among the roles of teachers and counselor roles but not consultant roles. One possible explanation is that the consultant role may be considered “fuzzier” than teacher or counselor (Bernard & Goodyear, 2014). The consultant role is not as familiar to supervisors than the other two (Bernard & Goodyear, 2014). It is model that has been adopted widely by many supervisors because of primarily being a tool to consider options within the supervision process and the flexibility of its adaptation (Bernard & Goodyear, 2014).

**Narrative Therapy Adaptation**

The use of a narrative techniques seems to complement and enhance the three supervisory foci identified in the DM. Narrative interventions drawn from Narrative Therapy can be helpful in reducing anxiety, promoting creativity, identifying and solidifying career choices and values, and facilitating a respectful, collaborative supervisory relationship (Timm, 2015). Some of the

The advantages identified in this model include its simplicity, flexibility, and research support across a variety of interdisciplinary domains (Timm, 2015). Narrative therapy indicates that the self evolves through time and that as people enact new stories their sense of self can change or modifies.

Some of the techniques used in narrative therapy adapted to the DM is “Taking it back” which is a technique used in which the client is provided with information on how, through the therapeutic encounter, he or she provided something valuable to either the counselor or to future clients struggling with a similar problem (Timm, 2015). In Supervision, this technique is used when the supervisor is assuming a consultant role. It helps the supervisee assign meaning to his or her experience and “extend the field of influence” of the problem by placing the supervisee in the position of others who may also have struggled with a given issue. Taking it back can also be used effectively in group supervision (Timm, 2015). Narrative Techniques facilitate role shifts (Timm, 2015).

*Understanding the Narrative* is another technique used where understanding the supervisees’ “grand narrative” or personal story can “reveal specific life themes that foreshadow perception and adaptation to career development tasks” (Timm, 2015). The narrative approach of constructing a “preferred story” may assist in developing supervisee confidence in the intervention focus (Timm, 2015). Narrative techniques help the supervisees “self” evolve through time to each of the roles/foci (Timm, 2015).

**Integrating Creativity**

Koltz (2008) integrates creativity into supervision using DM. the integration of creative activities to address both logical and intuitive components of supervision (Koltz, 2008). Creativity is considered vital to the therapeutic process and therefore should be given attention in counselor training. Integrating the use of creative activities in supervision can help supervisees connect with their intuition and imagination. The use of creative metaphor is used to terminate the supervisory relationship and provide an opportunity for supervisees to extract meaning and solidify their learning experience. Creative metaphors assist supervisors and supervisees when supervisees cannot conceptualize the value of certain counseling skills or behaviors and it promotes growth and development when the supervisee avoids talking about their work and choose to talk about their personal situations instead (Koltz, 2008).

Creative activities provide a visual image that supervisees can "internalize, one that helps them reflect on their lessons and the process of becoming a counselor" (Koltz, 2008). It also helps to increase introspection and awareness regarding self and the impact of self upon others. Creative Metaphor also helps the supervisor in an attempt to help the supervisee uncover the effect of the client on him or her and any countertransference issues. In this instance, the use of creativity in supervision might help the supervisee move beyond logical reasoning and utilize their intuition and creativity to further their understanding of what is occurring in their counseling sessions.

A creative illustration to use in the DM with drawing includes the following technique to help supervisee uncover the effect of the client on him or her.

**Drawing illustration:**

1. Ask the supervisee to take out three pieces of paper and draw three different clients that he or she is working with.
   1. The first picture depicts the client that the supervisee is having a difficult time using a broad array of skills with.
   2. The second picture depicts a client with whom the supervisee believes that he or she is demonstrating the use of a variety of skills.
   3. The final picture represents a client with whom the supervisee is still building a relationship using primarily feeling reflections. In the supervisory session, the supervisor would discuss with the supervisee the three different drawings.
2. The following are some potential process questions to use with the supervisee to discuss the three drawings:
3. What are the themes and patterns that connect the three drawings?
4. What is different about the three drawings?
5. On the basis of this assessment, what inferences can be drawn with regard to the use of skills with each of these clients?
6. What is different for the counselor with regard to the drawing of the client with whom the counselor is having a difficult time using more advanced skills?
7. What is the supervisee doing with this client that might be useful with the other clients?

**Clay Illustration**

Using clay or play dough will help the supervisee conceptualize a client that he or she is having difficulty with. The supervisor will ask the supervisee to sculpt a client for whom the supervisee is having a difficult time conceptualizing themes and patterns. Also, the supervisor may ask the supervisee in addition to sculpting the client, to sculpt themselves in relationship to the client. After the sculpting or during the sculpting, the supervisor may ask process questions to the supervisee. This activity helps the supervisee move beyond the facts of a client's situation to the development of pattern and theme using their intuitive impressions and experiences with the client (Koltz, 2008).

**Writing a Letter Activity**

Ask the supervisee to write a letter, the letter can be written to the client, to a person in the supervisees' past or present, or to self. The letter to self might be from the present or from the future. If the letter is from the future, it would be written from an older and more experienced self. The importance of this technique as the supervisor, is to go back and reflect frequently with the supervisee about what was written and learned (Koltz, 2008).

**Supervisees at an Adolescent Residential Treatments**

“Turnover rates for staff working in adolescent residential treatment facilities are estimated at 20 and 40%, with some agencies reporting over 50%” (Byrne & Sias, 2010). These workers report higher rates of a general sense of anxiety and a need for structure and direction while working with this population. The DM model can be adapted to those who provide direct care to adolescents in residential treatment due to abuse, neglect, behavioral, or emotional problems.

Addressing these issues from a DM model prevents and attempt to reduce the turnover rates. The model focuses on three areas (intentionality, flexibility, and professionalism) in which the model may be particularly effective in meeting the needs of youth care workers serving adolescents in residential treatment in the United States (Byrne & Sias, 2010). In residential treatments close proximity to direct care workers and extended periods of contact translate to longer periods of service provision, which may require more supervision time. This close proximity may create some conflicts of boundaries that may need to be address in supervision.

*Intentionality* - treatment is intentional due to the work in residential treatment is not solely custodial; the environment and client-staff relationship produce change because they are therapeutic. Thus, custodial care and therapeutic treatment exist on a continuum. At one end, the objective of custodial care is to provide support.

*Flexibility* - The staff caring for adolescents in residential treatment typically fit into two categories: ‘‘house parent’’ and ‘‘child care worker’’. The main difference between the two is that house parents live in the facility, and function as surrogate parents, while child care workers provide care in rotating shifts.

*Professionalism*

It is imperative that the direct care worker (supervisee) be ‘‘recognized as an important therapeutic agent [and] as a critical member of the treatment team’’ (Byrne & Sias, 2010). Supervision is a mean through which professionals obtain proficiency in client care and sees the supervisee’s proficient focus on the adolescent. It focuses on the supervisee’s “internal reality,” and also on service provision, which has various level associate with the specific setting of a residential treatment.

*Strengths of this Model*

The strengths of the discrimination model for supervision are its intentionality, flexibility, and focus on professionalism.

*Limitations*

Choose appropriate setting for supervision to take place due to the dynamics of a residential treatment in “splitting staff” positions/roles and dynamics.

**Spirituality in Supervision**

A spiritual assessment should be a standard process as part of the bio-psycho-social spiritual assessment as it helps the counselor to assess the client’s spiritual and religious views influencing their situation and impacting conceptualization which also helps the client’s self-exploration and self-understanding (Polanski, 2003). Through the years there is increasing evidence of the inclusion of spirituality and religious beliefs in the field of mental health. Considering that the goals of supervision are to monitor client care and to enhance professional functioning (Bernard and Goodyear, 2014). However, appropriate holistic client care includes addressing the client’s religious and/or spiritual belief system as part of an overall treatment approach (Polanski, 2003). Thus, needs to be included in the supervision process.

In this case, the integration of the DM model proposes that any given supervision issue can potentially be addressed from the perspective of any of the three focus/roles areas (Polanski, 2003). Provides a framework for examining how the spiritual issues that arise in supervision may be addressed from any of the DM perspectives and how the DM can be integrated into the various supervision issues (Polanski, 2003).

The following are benefits of the use and integration of Spirituality in the DM model;

* Organize components to address the supervisees competence in working effectively with spiritual and religious issues of clients
* Allows the counselor to anticipate how to address the clients spiritual/religious beliefs and practices
* Helps the counselor to integrate those issues more effectively into the present situations
* The supervisors position of power suggests that his or her attitudes toward spirituality and counseling will set the tone for how these issues are addressed
* Demonstrating readiness to address these issues with supervisees is essential for supervisors to ensure appropriate client care and to enhance professional development in counselors

**DM in School Counseling Supervision**

In a recent study, 38 school counselors were surveyed about their perceptions of the use of DM model in school counseling supervision; (Luke, Ellis, & Bernard, 2011). This study provided initial and preliminary empirical support for the idea that there are some differences between mental health counselor supervisors' and school counselor supervisors' perceptions of the DM, partially challenging the assumption that supervision using the DM is a common pedagogy across supervisory contexts. This research indicates that more research is needed in order to apply effectively this model of supervision to school counselors considering its principles and foci it is not necessarily applicable considering the differences in school. counseling setting and roles.

The SCSM chart indicate some of differences to consider in supervision according to the setting of school counseling. This research suggests the need for more clinical supervision specifically within the context of school counseling. Up to 2006, no specific model of supervision addresses the functions of a school counselor (Like, Ellis, & Bernard, 2011).

**Supervision of Group Work Model**

The discrimination model, however, does not specifically address the unique needs of group work supervisors. However, the SCW model integrates elements of the DM model that can be adapted to the various group interaction levels and meet the needs of supervisors of group work. The purpose of the Supervision of Group Work model (SGW) is to present model of supervision that is applicable to group-work. In addition to this primary purpose this model provides a tentative structure to help novice group work supervisors understand and make sound decisions regarding their supervisory roles and technical focus, particularly at the interpersonal and group-as-a-system level with which they are most likely to be unfamiliar. The model should be seen a teaching tool to extend the focus of both novice group work supervisors and supervisees beyond individual counseling skills (Rubel & Atieno Okech, 2006).

**Note**: See Supervision of Group Work Model (SGW) chart.

The Group-as-a-System Level of Interaction is characterized by interactions that involve the whole group. Group leaders can address concerns experienced by the entire group. These issues may include the group’s ability to tolerate anxiety, group developmental phase, group cohesion level, group norms, and group issues that block progress. At this level, supervision of intervention skills consists of assisting supervisees in providing effective group interventions using the foci/roles of the DM model. (Rubel & Atieno Okech, 2006). The SGW model emphasizes that group work supervisors should be address the in the interpersonal and group-specific skills that are often the most problematic for novice group workers addressing the foci of: individual intervention, conceptualization, and personalization skills (Rubel & Atieno Okech, 2006).

**Note**: See Role/Foci Chart (if time allows)

**The Use of Sandtray in DM**

Research indicate that the use of expressive arts modalities can facilitate increased self-awareness and promote holistic counselor development. It is also considered as a powerful medium that can allow the unconscious to surface to consciousness in order to explore and integrate that information into one’s sense of self. One of these modalities is sandtray; where fostering deeper self-disclosure through its use can allow the supervisees to expand their understanding of self within therapeutic relationships (Carnes-Holt, Meany-Walen, & Felton, 2014). The reason for its use is associated to the activation of the right side of the brain which promotes the use of intuition, empathy, and emotion (Carnes-Holt, Meany-Walen, & Felton, 2014).

The use of expressive arts or sandtray within the discrimination model of supervision addresses the three defined supervision roles: teacher, counselor, and consultant regarding process statements and questions when incorporating expressive arts as a supervision component.

**How to use sandtray**: A sandtray exercise in clinical supervision can be used for purposes such as examining cases, improving conceptualization skills, increasing self-awareness, and exploring relationship dynamics. Formal training on the use of sandtray is needed in order to use it effectively. professional workshops, and educational materials are available for counselors and supervisors who wish to utilize this technique or any expressive arts inter- vention.

**Sandtray**

The use of Sandtray has a long history of being an effective clinical intervention that can also serve as an effective supervision. The use of sandtray in counselor supervision can promote safety as it helps supervisees express self, enhance feelings of self-efficacy, and increase personal awareness, and recognize their sense of self in the therapeutic relationship (Carnes-Holt, Meany-Walen, & Felton, 2014).

The traditional sandtray is a box of 30 inches × 20 inches × 3 inches where fine sand is placed in that tray; the bottom and sides of this tray are painted blue to elicit the images of sky and water. A wide variety miniatures are available to use with the sandtray and for the use of supervisees. The miniatures are small figures, approximately 2 inches to 3 inches tall, and are placed in the sand tray to represent the image created by the supervisee (Carnes-Holt, Meany-Walen, & Felton, 2014).

The supervisee chooses the miniatures that he or she will use in the sandtray to discuss a case, conceptualize, or discuss any of the issues presented in counseling. “The supervisor may ask the supervisee to speak from the perspective of one of the miniatures or to have a conversation between a few of the miniatures (e.g., “If this miniature could talk, what would it say to this other miniature?”). (Carnes-Holt, Meany-Walen, & Felton, 2014). Another strategy is to have the supervisee look at the sandtray from a variety of angles. Different perspectives of the same completed sandtray may illicit different responses. On occasions, supervisees may select miniatures and do not place them in the tray. The supervisor may process with the supervisee items that were selected but not placed in the tray by asking “You initially chose the rainbow, but decided to not place it in the tray. Tell me about that.” ?”). (Carnes-Holt, Meany-Walen, & Felton, 2014). The supervisor will demonstrate respect for the process at all times.

**Conclusions**

The DM model, can be easily adapted to the needs and developmental stage of the supervisee. It is the most empirically supported model of supervision. This model is considered simple within its complexity as it allows the use of creativity to promote growth and development. The use of narratives enhances the model of supervision to help the supervisee assign meaning to his or her experience and extend their field of influence over the problem by placing the supervisee in the position of others who may also have struggled with a given issue.

Applying creativity in the DM model provides an excellent means to carry out all the functions and roles that emerge in supervision. The model when applied to youth residential treatment supervisees may reduce a general sense of anxiety and turnover. The integration of spirituality in supervision helps to consider the client’s spiritual and religious beliefs as well as the supervisees’ and how he or she will address those issues in counseling. In the area of School Counselor Supervision there is no evidence of its effectiveness as the school setting is considered to have different dynamics that does not allow for the same applicability or adaptation.

Sandtray is an effective clinical intervention that can serve as to provide rounded professional development. The SGW model begins to provide a description of the knowledge and skills that competent group work supervisors should possess. The model emphasizes identifying supervisee needs, as well as skills and knowledge that supervisors must acquire to provide competent group work supervision.

References

Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision*. Boston: Pearson.

Borders, L. D., & Brown, L. L. (2009). *The new handbook of counseling supervision*. New York: Routledge.

Byrne, A. M., & Sias, S. M. (2010). Conceptual application of the discrimination model of clinical supervision for direct care workers in adolescent residential treatment settings. *Child and Youth Care Forum*, *39*(3), 201–209. http://doi.org/10.1007/s10566-010-9100-z

Carnes-Holt, K., Meany-Walen, K., & Felton, A. (2014). Utilizing Sandtray Within the Discrimination Model of Counselor Supervision. *Journal of Creativity in Mental Health*, *9*(4), 497–510. http://doi.org/10.1080/15401383.2014.909298

Koltz, R. L. (2008). Integrating creativity into supervision using bernard’s discrimination model. *Journal of Creativity in Mental Health*, *3*(4), 416–427. http://doi.org/10.1080/15401380802530054

Luke, M., Ellis, M., & Bernard, J. (2011). School counselor supervisors’ perceptions of the discrimination model of supervision. *Counselor Education and Supervision*, *50*(5), 328–343. http://doi.org/10.1002/j.1556-6978.2011.tb01919.x

Luke, M., & Bernard, J. M. (2006). The school counseling supervision model: An extension of the discrimination model. *Counselor Education and Supervision*, *45*, 282–295.

Polanski, P. J. (2003). Spirituality in supervision. *Counseling and Values*, *47*(2), 131–141. http://doi.org/10.1002/j.2161-007X.2003.tb00230.x

Rubel, D., & Atieno Okech, J. E. (2006). The Supervision of Group Work Model: Adapting the Discrimination Model for Supervision of Group Workers. *The Journal for Specialists in Group Work*, *31*(2), 113–134. http://doi.org/10.1080/01933920500493597

http://southernsandtray.com/10-commandments-of-sandtray-therapy/

Timm, M. (2015). Creating a Preferred Counselor Identity in Supervision: A New Application of Bernard’s Discrimination Model. *Clinical Supervisor*, *34*(1), 115–125. http://doi.org/10.1080/07325223.2015.1021499