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Integrating a Developmental Supervision Model With the Adaptive Supervision in Counselor Training Model

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Abstract

The behaviors displayed and statements articulated during supervision are a function of the supervisee's current stage of development (Loganbill, Hardy, & Delworth, 1982). The various forms of supervisee resistance often result when the supervisory style does not match the supervisee's readiness level or developmental stage (Rando, 2001). By integrating the use of the Loganbill et al. Developmental Model and the Adaptive Supervision in Counselor Training Model, supervisors can potentially (a) reduce the amount of resistance presented during supervision, (b) facilitate supervisee readiness, and (c) assist supervisees to progress to the next developmental stage.

Resistance is understood as ambivalence or a lack of "readiness" to change (Engle & Arkowitz, 2008; Miller & Rollnick, 2002), and counselors can frequently display resistance during the supervision process (Bernard & Goodyear, 2004; Rando, 2001). A lack of readiness can manifest as defensive avoidance, non-compliance, or repetitive patterns of interpersonal behaviors (Engle & Arkowitz, 2008). Supervisees may argue with, interrupt, negate, and ignore their supervisors when they have a low level of readiness (Miller & Rollnick, 2002). When the supervisory style employed does not match the supervisees' current readiness for change or developmental stage, various forms of resistance often occur (Bernard & Goodyear, 2004; Rando, 2001). Therefore, in order to effectively handle resistance and employ the appropriate supervisory style, supervisors must accurately evaluate their supervisees' developmental and readiness levels.

During the beginning stages of counselor development, supervisees tend to display fewer competencies and a higher degree of anxiety (Loganbill, Hardy, & Delworth, 1982). High levels of angst, self-perceptions of ineptitude, and strong desires to evade embarrassment frequently result in low levels of readiness to tackle supervisory issues (Bernard & Goodyear, 2004). In other words, the readiness of supervisees may be

a function of their developmental stage. If supervisees are to advance to the next phase of development, the components of readiness must be enhanced or improved (Rando, 2001).

Without a theoretical framework, concurrently determining the stage of development and the extent of supervisee readiness can be an overwhelming and complex process. When merged, the Developmental Model (Loganbill et al., 1982) and the Adaptive Supervision in Counselor Training (ASiCT) Model (Rando, 2001) contain the methods to accomplish this process. The Developmental Model is a well-known, comprehensive model that identifies three distinct stages and eight supervisory issues which arise during counselor development (Borders & Brown, 2005). The ASiCT Model specifies the appropriate supervisory style based on the supervisee's level of readiness toward a specific task. By integrating the two models, supervisors can potentially (a) reduce the amount of resistance presented during supervision, (b) facilitate supervisee readiness, and (c) assist supervisees to progress to the next developmental stage.

The Developmental Model

Forms of resistance occur in two of the three stages outlined in the Developmental Model (Loganbill et al., 1982). The types of resistant behavior exhibited by supervisees will differ between the two stages as a result of the thoughts, feelings, attitudes, skill level, and experiences transpiring during these periods of development. Thus, the ambivalent, non-compliant, or problematic behaviors observed are not a demonstration of a supervisee characteristic or trait, but a function of his or her current state (Engle & Arkowitz, 2008).

The Stages of Supervisee Development

The stages of the Loganbill et al. (1982) Developmental Model are (a) Stagnation, (b) Confusion, and (c) Integration. In each stage, supervisees possess certain attitudes about the self, supervisor, and world. During Stagnation, beginning counselors have a naïve unawareness of any deficiencies they may possess in a specific area. More experienced supervisees, however, may become puzzled or stumped regarding an issue. Supervisees in this stage tend to have a very narrow and rigid thought pattern and have a problem-solution oriented view of clients' concerns. Moreover, counselors often consider the activity taking place during therapy sessions as boring or uneventful. Supervisees' attitudes toward self are usually poor, and they view the supervisor as all knowing. On the other hand, supervisees could have a false sense of security and perceive the supervisor or supervision as unnecessary or irrelevant. This perception, coupled with supervisees' naïveté, leads to many forms of resistance displayed throughout Stagnation.

The second stage is called Confusion and typically involves instability, disorganization, and conflict (Loganbill et al., 1982). This experience can be very intense and emotionally draining. Supervisees recognize something is amiss and desperately seek equilibrium. They fluctuate between feelings of failure and incompetence to feelings of great expertise. Supervisees find the answer is not going to come from their supervisors. Thus, disappointment and anger can quickly replace the positively framed dependency noted in Stagnation.

Loganbill et al. (1982) described the last stage as the calm after the storm. Integration is comprised of reorganization, flexibility, and new cognitive understanding.

Supervisees have a sense of direction and realistic view of themselves, including the competencies they possess. They view supervisors in a more pragmatic sense, as neither being omnipotent nor incompetent. Supervisees are able to take on the responsibility for the content and process of the supervisory sessions, and they make the best use of their supervisors' time, competence, and experience.

Loganbill et al. (1982) posited counselor development is continuous, and supervisees can cycle and recycle through these stages over time. The supervisor's responsibility is to deepen and enrich the experience of each stage and guard against the supervisee's premature movement. For example, Loganbill et al. used the analogy of an infant who must learn to crawl before he or she can begin to learn to walk. The ultimate goal is not to learn to crawl well, but to experience this necessary process before transitioning to the walking stage. Substantial growth can occur by allowing supervisees to struggle. Therefore, these authors warned against moving supervisees too quickly or rescuing them from painful experiences.

Supervisees' resistant behaviors indicate that they are in Stagnation or Confusion and on the brink of change. They often resist change because it is unpredictable and uncontrollable (Engle & Arkowitz, 2008). Because novice supervisees usually possess a strong desire to feel competent and in control, resistance is expected (Bernard & Goodyear, 2004). However, counselors with years of experience also display ambivalence or non-compliance when recycling back into Stagnation and Confusion. Frustration can surface for supervisees and supervisors during these stages. Loganbill et al. (1982) encouraged supervisors to welcome the conflict and confusion because they are opportunities for supervisee advancement.

The Eight Supervisory Issues

The Loganbill et al. (1982) Developmental Model identifies eight common areas or supervisory issues that arise during the course of development. The issues are (a) Competence, (b) Emotional Awareness, (c) Autonomy, (d) Theoretical Identity, (e) Respect for Individual Differences, (f) Purpose and Direction, (g) Personal Motivation, and (h) Professional Ethics. Counselors are constantly in a state of "differential functioning" (Loganbill et al., 1982, p. 17) related to these issues. In other words, supervisees are more competent in some counseling areas and weaker in others. For example, a supervisee can be in Stagnation with regard to Respect for Individual Differences and in the Integration stage with regard to Autonomy. Also, how supervisees experience an issue depends on the stage of development they are in at the time. Due to space limitations, this author will describe only the Stagnation stage of each supervisory issue.

Competence. The Loganbill et al. (1982) issue of Competence refers to the ability of supervisees to appropriately and effectively use counseling skills and techniques. Supervisees are competent when they can translate intellectual knowledge into effective actions assisting in client growth. In Stagnation, novice supervisees have a limited number of skills to use, while more experienced supervisees have the skills and abilities to employ but they are stagnated in the breadth of use of these skills.

Emotional awareness. Loganbill et al. (1982) indicated a rich supply of client information comes from the therapist's own personal reaction to the client. Emotional Awareness refers to the supervisee's ability to be mindful of his or her emotional

feedback when in and out of the presence of a client. In Stagnation, supervisees are frequently unaware of their feelings or attitudes toward clients or themselves. Therefore, supervisees usually deny having any negative emotions, thoughts, or opinions related to a client. Supervisees most likely deny feelings of frustration, anger, inadequacy, powerlessness, intimacy, closeness, and sexual attraction while in Stagnation.

Autonomy. A supervisory issue that surfaces regularly is the supervisee's struggle between dependence and self-sufficiency (Loganbill et al., 1982). Autonomy can be conceptualized as moving to "interdependence" (Scholl, 2002, p. 180). Seeking consultation and being open to feedback are not the end result of the shift from dependence to Autonomy, but rather into a state of interdependence (Scholl, 2002). In Stagnation, novice supervisees view supervisors as omnipotent and are highly dependent. Experienced supervisees recycling back through Autonomy may also rely heavily on their supervisors. For example, an experienced counselor who is autonomous when addressing relationship problems may need significant guidance and direction when a new client presents with self-injurious behavior. To the other extreme, novice and experienced supervisees in Stagnation can be too confident in their competence and demonstrate resistance by avoiding the influence of their supervisor.

Theoretical identity. Counselor identity is based on the theoretical orientation to which one subscribes when providing therapy (Loganbill et al., 1982). This developmental issue relates to synthesizing and integrating the knowledge of theory into effective practice. Although theoretical orientation is imperative to counselor identity, Scholl (2002) stresses that the affective components of personal identity (e.g., the values, preferences, and differences related to the supervisee's gender and culture) must also be included with this supervisory issue. Supervisees in Stagnation are often unaware of the necessity for a Theoretical Identity. Their identity is usually undeveloped and they adhere to the academic components of a theory based on coursework. Supervisees find it challenging to discuss the theoretical underpinnings forming the reasoning behind their choice of interventions.

Respect for individual differences. Supervisees not only must appreciate the differences in a client's background, values, and appearance, but possess a basic respect for the essential core of the person (Loganbill et al., 1982). In 1982, Loganbill et al. referred to this ability as Respect for Individual Differences. Contemporary readers might better conceptualize this issue as the need to respect multicultural differences among people. These diversities include race, ethnicity, gender, age, sexual orientation, socioeconomic factors, physical abilities, and religion/spiritual affiliation (Sue & Sue, 2013). Scholl (2002) suggested further expansion of this supervisory issue and stated supervisees should also respect the differences between them and their supervisor. According to Loganbill et al. (1982), supervisees in Stagnation are naïve and unaware of their prejudices, biases, or disrespect of others, and they are also not aware of the manifestations of these issues. The most obvious demonstration is when a supervisee is explicitly negative or critical of a client; although, latent or subtle behaviors are more commonly displayed by supervisees.

Purpose and direction. Loganbill et al. (1982) identified Competence as a supervisory issue regarding the *behaviors or skills* of implementing a treatment plan. Purpose and Direction is the issue referring to the *cognitive components* of goal setting and treatment planning. Supervisees in Stagnation do not direct counseling sessions,

instead allowing the client to dialogue without depth or movement. During this stage, supervisees may have the same treatment plan for all clients. Novice counselors often state they do not see the need for direction. Supervisees might engage in non-compliant or ambivalent behaviors, such as not generating client goals or creating treatment plans. In addition, beginning supervisees may choose to use a theoretical orientation that does not strongly advocate for treatment plan contracts, thus rationalizing the insignificance for treatment planning.

Personal motivation. Supervisees enter and continue in the counseling profession for myriad reasons. Loganbill et al. (1982) listed intimacy, power, personal and intellectual growth, financial reward, and altruistic needs as the six primary motivators. These motivators range from healthy and therapeutic to objectionable and selfish. In Stagnation, supervisees are not fully aware of their motivators and they often indicate counseling was "natural or because they just fell into it" (Loganbill et al., 1982, p. 26). Supervisees may recognize a few motivators, but may not be aware of others during this stage.

Professional ethics. Understanding ethical codes and legal standards are part of a supervisee's professional growth, and counselors are expected to internalize and integrate these vital aspects into their daily practice (Loganbill et al., 1982). Supervisees in Stagnation could be unaware of many ethical and legal concerns. On the other hand, they may be aware of the concerns on an intellectual level, but have not yet experienced these ethical or legal dilemmas.

The eight supervisory issues identified by Loganbill et al. (1982) are common during the supervision process (Ellis, 2006). Acquiring a sense of these issues is very beneficial to a supervisor. Recognizing the core theme(s) when they arise can provide focus and also conceptually tie together a number of otherwise unrelated incidents. While exploring these eight supervisory issues, supervisors should ascertain the current developmental stage for each. Once this has occurred, supervisors then look to assign and address tasks related to a specific supervisory issue. Therefore, the next step is to evaluate the supervisee's readiness to complete these tasks.

Supervisee Readiness

At the heart of the ASiCT Model is the concept of readiness (Rando, 2001). Howard, Nance, and Myers (1986) stated readiness should not be understood as a personality trait seen in various situations; instead it is "relative to a cluster of closely related activities or tasks" (p. 383). Readiness is comprised of the supervisee's (a) Willingness, (b) Ability, and (c) Self-Confidence associated with a specific supervisory task and originated from Situational Leadership Theory (Hersey & Blanchard, 1977; Howard et al., 1986). Each of the three components of readiness has subcomponents, and supervisees can have a low, moderately-low, moderately-high, or high level of readiness.

Supervision is essentially a series of affective, cognitive, and behavioral tasks that are assigned, monitored, and completed (Howard et al., 1986). These tasks are connected to specific supervisory goals. For instance, a master's-level practicum student reports a high level of readiness to try out an Adlerian technique with a client. The behavioral task of attempting to use a new intervention is related to the supervisory goal of establishing a theoretical orientation as part of a counselor identity.

Readiness level (i.e., willingness, ability, and self-confidence) can be a function of developmental stage. In order to move to the next stage of development with regards to a supervisory issue, supervisees must have a high level of readiness to complete the tasks associated with the issue (Rando, 2001). For example, Meera is a supervisee in the Confusion stage related to the Loganbill et al. (1982) issue of Autonomy. Meera's supervisor asks her to perform various affective, cognitive and behavioral tasks to address her problems with Autonomy. Meera displays several forms of resistance to some of the behavioral tasks suggested by her supervisor. In order to decrease resistance and transition Meera to the Integration stage with regard to Autonomy, the supervisor needs to assess the subcomponents of readiness connected to these behavioral tasks.

Subcomponents of Readiness

Willingness. Willingness consists of a supervisee's attitudes, motivations, and fears (Howard et al., 1986). Howard et al. (1986) identified questions used to assess Willingness, such as "How willing is the [supervisee] to engage in the tasks that are necessary?" (p. 414) and "How willing is the [supervisee] to accept and work toward the goals of [supervision]?" (p. 414). Most often, novice supervisees have a high level of fear which impacts their Willingness to complete a supervisory task. On the other hand, novice supervisees may be just as fearful as experienced supervisees depending on the task, the supervisory issue, and their stage of development. To accurately determine the Willingness of a supervisee, a supervisor must assess each subcomponent (i.e., attitude, motivation, and fear). For example, a novice reports a high level of fear associated with a supervisory issue. Despite this fear, the supervisee has a positive attitude and is very motivated to accept and work toward the goals set forth to address the issue.

Ability. Ability is divided into two subcomponents, knowledge and skills related to a specific task (Howard et al., 1986). A broad question used to assess Ability is, "How competent is the [supervisee] to engage in the necessary instrumental or cognitive-affective behaviors necessary to accomplish the task?" (Howard et al., 1986, p. 414). Any number of different tasks can be assigned to address a supervisory issue and supervisees can have more Ability to complete one task versus another task. For example, a supervisee has little knowledge and skill to competently complete a risk assessment (Task 1), but has a substantial amount of knowledge and skill to complete a substance abuse assessment (Task 2). On the other hand, a supervisee can have a vast amount of knowledge about a specific task, but lack the skill to complete it. For instance, Tara is an intern who has taken several substance abuse courses, and she knows the appropriate questions to ask during a substance abuse assessment. However, she was not very skillful at competently asking the questions during her first assessment. From an ASiCT perspective, Tara has a moderately-low level of Ability due to inexperience, not because she lacks the knowledge base to competently complete the task.

A supervisee's Willingness can influence Ability and vice versa. For instance, Tara has demonstrated a moderately-low level of Ability assessing for substance abuse. Now she is displaying avoidant behaviors. She was late to her next assessment appointment and rather than keeping a client waiting, a coworker was told to complete it. Since then, Tara has not scheduled any more assessments. During supervision, her supervisor asks why she has not done so. She stated she is less willing to complete this task because she does not want to "look stupid" during the session and staff meetings.

Tara is fearful she will again feel and appear incompetent to her client, supervisor, and colleagues. Therefore, she is not motivated to engage in this task again. The following is a breakdown of this example according to the Loganbill et al. (1982) Developmental and ASiCT Models: (a) The behavioral task is completing a substance abuse assessment; (b) the Loganbill et al. supervisory issue is Competence; (c) the supervisee is in the stage of Confusion; and (d) the avoidant behavior is due to fear, decreased motivation, and a lack of skill. If the supervisee continues to not acquire substance abuse assessment experience, her Willingness and Ability for this specific task will be influenced. By not improving her skill level, Tara could potentially decrease her knowledge and motivation to complete this task. Moreover if her fear is maintained, ultimately her attitude toward assessing for substance abuse will be negatively influenced.

  Self-confidence. The last component of ASiCT readiness involves the aspects of personal empowerment, self-respect, and self-regard (i.e., Self-confidence). Two questions identified by Howard et al. (1986) to assess Self-confidence are: "What is the [supervisee's] own assessment of his or her ability to perform the tasks?" (p. 414) and "How secure does he or she feel about his or her ability to complete the tasks successfully?" (p. 414). If the supervisee Tara answered these questions, she may indicate a low-to-moderate level of Self-confidence to successfully perform another substance abuse assessment. Since any future assessments would not be her first, Tara may be more confident than before, but may still report low Self-confidence due to her undeveloped skill and the demoralization from her previous poor performance.

  In the immediacy, Tara's supervisor can help by empowering her and augmenting her self-respect and self-regard. As a result, she will be more motivated to engage in the task. By repeatedly executing the task competently, Tara will become skillful and her Self-confidence will eventually increase. Over time, her fears will lessen, and she will form a positive attitude about this task. When Tara develops a high degree of readiness, she will likely transition into the Loganbill et al. (1982) Integration stage regarding substance abuse assessments.

ASiCT Task Readiness and Stage of Development

  The supervisee's current developmental state influences the ASiCT concept of task readiness (Howard et al., 1986). As stated earlier, supervisees are constantly in a state of differential functioning, or in different stages of development, with regard to the eight supervisory issues (Loganbill et al., 1982). Therefore, readiness for a specific task can vary depending on which supervisory issue is being addressed. Figure 1 illustrates this theory.

  Supervisees are in Stagnation, Confusion, or Integration with regard to each of the eight supervisory issues (Loganbill et al., 1982). In theory, supervisors can assign an infinite number of cognitive, affective, and behavioral tasks to the supervisee in an effort to explore or address an issue. Once they designate a specific task, they can assess readiness. Readiness fluctuates from low to high, depending on the subcomponents of Willingness, Ability, and Self-confidence.
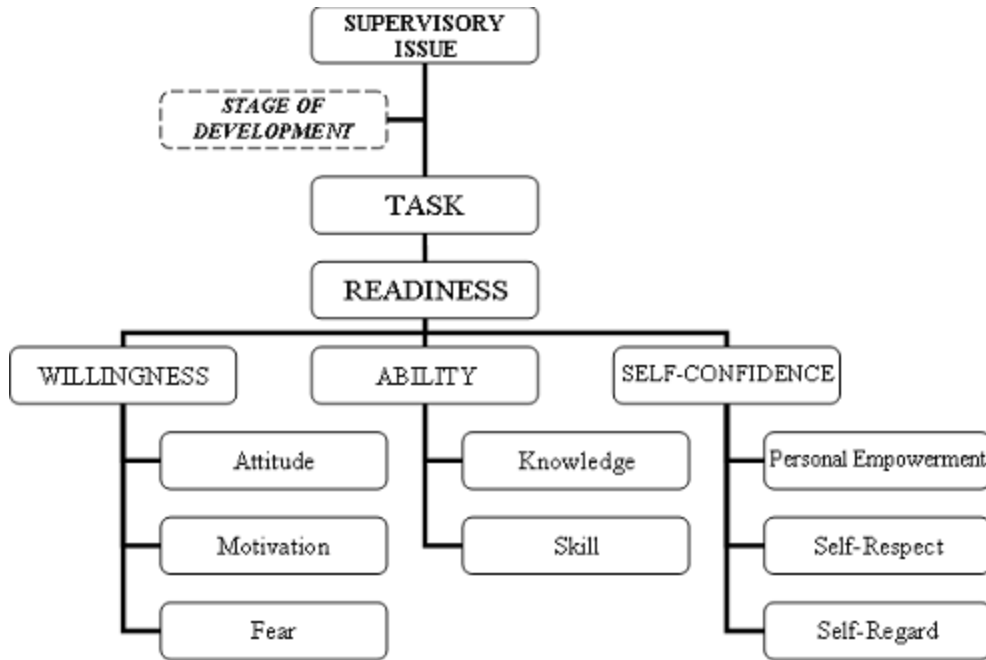
Figure 1. Stage of development and the ASiCT concept of task readiness.

Identifying the current stage of development helps the supervisor understand how supervisees perceive themselves, world, and supervisor and why they are acting or reacting in a particular manner (Loganbill et al., 1982). Once the stage is determined, the supervisor's next step is to choose the most appropriate supervisory style and use the most effective interventions.

Choosing a Supervisory Style

The ASiCT Model

The Adaptive Counseling and Therapy (ACT) approach (Howard et al., 1986) is an eclectic model that guides counselors to the most suitable therapist style based on the degree of client readiness. Several scholars (e.g., Howard et al. 1986, Sumerall et al., 1998) have recommended ACT for use in supervision, and as a result, the ASiCT Model was created (Hart & Nance, 2003; Rando, 2001). According to ASiCT, the supervisee's level of readiness informs the supervisor of which supervisory style to employ. Thus, the supervisor's behavior can change drastically during one supervision session   For example, a supervisor addressing two tasks related to one supervisory issue found the supervisee has a low level of readiness for one task and a high level of readiness for the other task. When managing these tasks, the supervisor's behavior will vary in regards to two aspects, (1) direction and (2) support.

Supervisor Behavior

Direction. To accomplish an identified goal in supervision, the supervisor's behavior is required to have direction (Howard et al., 1986). According to Howard et al. (1986), the questions related to direction are "What?" "When?" "Where?" "In what order?" "By what means?" and "Who does what?" (p. 378). Direction varies in magnitude from low to high. A supervisor displaying a high amount of direction will be

directive, focused on completing a specific task, and very structured in nature (e.g., use a behavioral approach).

Support. Supervisor behavior can also range from low to high in regards to support. Displaying a high level of support behaviors would include being empathetic, building rapport, and allocating extensive amounts of time and energy showing concern for the supervisee (Howard et al., 1986). Supervisors who are high on the support behavior continuum are not necessarily better at building a positive, constructive, or strong supervisory relationship. The ASiCT Model posited the best supervisory relationship is the result of accurately assessing the task readiness of the supervisee (Rando, 2001). Therefore, depending on the level of readiness, high support behavior will lead to a poor supervisory relationship in certain situations.

ASiCT Supervisory Styles

The ASiCT Model defines four supervisory styles and each style is a combination of (low or high) support and direction behaviors (See Figure 2). Rando (2001) labeled high direction behavior and low support behavior the Technical Director Style (Q1); high direction behavior and high support behavior is the Teaching Mentor Style (Q2); low direction behavior and high support behavior is the Supportive Mentor Style (Q3); and low direction behavior and low support behavior is the Delegating Colleague Style (Q4).

Figure 2. The four ASiCT supervisory styles (Note: Taken from the ASiCT model; Rando, 2001).

The optimal approach is to match supervisory style with the supervisee's present readiness level (Howard et al., 1986; Rando, 2001). The degree of supervisee readiness and the corresponding ASiCT style are displayed in Figure 2. If appropriately matched,

resistance will be less likely to occur and the readiness to engage in a specific supervisory task will increase (Rando, 2001). For instance, a supervisor will be the Technical Director and employ highly directive, less supportive techniques when a supervisee is functioning poorly due to low levels of Willingness, Ability, and Self-confidence. Supervisors frequently use this style with beginning supervisees due to the lack of readiness with many tasks. Once supervisees progress in their work with a specific task, readiness will improve and the supervisor can become a Teaching Mentor. Supervisors use the Teaching Mentor Style when supervisees indicate moderately-low readiness by providing high amounts of direction and support. For example, the supervisor will suggest relevant reading materials and workshops, offer information and guidance, and provide a lot of support to empower and encourage their supervisees. After supervisees advance in clinical skill and knowledge, usually Self-confidence and Willingness will also increase. When supervisees have moderately-high readiness for a task, the Supportive Mentor Style is employed. At this point, the supervisor provides validation for their supervisees' case conceptualizations and treatment planning to further support their Willingness, Ability, and Self-confidence (Rando, 2001). Ultimately, supervisors use the Delegating Colleague Style when supervisees have a high degree of readiness. Supervisors then become recipients of updates on client status and progression while giving low direction and low support.

Integration of the Two Supervision Models

Integrating the Loganbill et al. (1982) Model and the ASiCT Model (Rando, 2001) consists of five steps (See Table 1). Step 1 is to explore the eight supervisory issues and assess which ones are the most pressing. Void of any immediate action required due to client welfare issues, Step 1 will likely identify the issues associated with supervisee resistance. More specifically, these issues are obvious because they are connected to non-compliance, avoidance, and outright dismissal of recommendations. Supervisors take caution. There may be pressing supervisory issues that are harmful to the client, but are not as obvious as those creating chaos or confusion for the supervisee.

Step 2 is identifying the stages of development associated with the supervisory issues. Ideally supervisors will assess and explore every Loganbill et al. (1982) issue throughout the supervisory process. However, as stated earlier, the issues creating turmoil in and out of supervision sessions usually take precedence. Supervisors should take the time to assess the developmental stage for each issue cited by Loganbill et al.

Step 3 is to assess the supervisee's readiness to complete the tasks related to the various supervisory issues. The supervisor will ask questions associated with the subcomponents of Willingness, Ability, and Self-confidence. For instance, "How willing are you to discuss the cultural differences between you and the client?" and "What is your own assessment of your ability to broach these differences in the session?" Based on the level of task readiness, Step 4 is to choose one of the four ASiCT supervisory styles (refer to Figure 2). For example, if a supervisee has low level of readiness in regards to a specific task, the supervisor will choose to be the Technical Director. Remember, the

Table 1

Steps for Integrating Two Supervision Models

Five Steps	Description
Step 1	Explore the eight supervisory issues and assess which ones are the most pressing for the supervisee. These likely are associated with supervisee resistance (e.g., non-compliance, avoidance, and outright dismissal of recommendations).
Step 2	Identify the stages of development associated with each of the Loganbill et al. (1982) supervisory issues.
Step 3	Assess the supervisee's readiness to complete the tasks related to the various supervisory issues. Ask questions associated with the subcomponents of Willingness, Ability, and Self-confidence.
Step 4	Based on the level of task readiness, choose one of the four ASiCT supervisory styles.
Step 5	Implement the effective supervisory behaviors and intervention methods associated with the corresponding supervisory style.

supervisory style employed will vary depending on the task readiness. A supervisor could be a Supportive Mentor when discussing one task and ten minutes later, the supervisor could be a Delegating Colleague due to the supervisee's high level of readiness related to another task. The final part of integration, or Step 5, involves implementing the effective supervisory behaviors (i.e., direction and support) and intervention methods associated with the corresponding supervisory style.

Discussion

The behaviors displayed and statements articulated during supervision are a function of the supervisee's current stage of development (Loganbill et al., 1982). Often practicum students and beginning supervisees are in Stagnation or Confusion with regard to many of the eight supervisory issues. In Stagnation, supervisees think in "black and

white" and tend to work within a problem solving format. Moreover, supervisees exhibit naïve unawareness during this stage, which impedes their growth due to a false sense of security. If supervisees are unaware of any difficulties they have and lack a readiness to change or implement recommendations, they meet supervisors with resistance (Miller & Rollnick, 2002).

Practicum students and novice counselors are not the only supervisees who will experience Stagnation or Confusion and possess low levels of readiness. The Loganbill et al. (1982) Model perceives counselor development as continuous and ongoing throughout one's professional life. Supervisees can cycle and recycle through the various stages, and their readiness to address supervisory tasks can fluctuate over time. The ASiCT Model is based on supervisee readiness, and the four ASiCT supervisory styles can be applicable to all supervisees, regardless of developmental stage (Rando, 2001). The integration of the Loganbill et al. (1982) and ASiCT (Rando, 2001) Models requires supervisors to continuously assess for the stage of development of the eight supervisory issues and supervisee task readiness. There are a few suggested recommendations when using the integration of these two models.

Explore All Eight Supervisory Issues

Supervisors are urged to address each of the eight supervisory issues, even if they do not consider certain issues pressing (Loganbill et al., 1982). Some supervisory issues are very evident in the Confusion stage due to the resistant behaviors or chaos they create. As stated previously, the Confusion stage is riddled with turmoil, which signifies supervisees are consciously aware something is amiss. Therefore, the supervisor can spot a concern right away, address the issue, and evaluate readiness for specific tasks. However, supervisees in Stage One tend to be naively unaware of any problems with specific supervisory issues. In an effort to identify possible blind spots, supervisors should explore issues that have not been (a) the cause of chaos, (b) introduced by self-disclosure, or (c) observed during the supervisees' counseling sessions. If a supervisor were to ask novice supervisees about identified areas for improvement, they are more likely to point out Competency issues and are less likely to have insight related to Emotional Awareness and Respect for Individual Differences (i.e., multicultural issues). In fact, supervisors are urged to prioritize the assessment of supervisees' Respect for Individual Differences issues due to the potential harm to clients (Loganbill et al., 1982)

As a result of broaching less obvious supervisory issues, unexpected concerns can arise and the focus of supervision would have to change. The following example demonstrates how this can occur. Abbie, a master's-level student in the second month of practicum, frequently asks her clients irrelevant, closed-ended questions. During Abbie's last session, the instructor observed that her client was on the verge of crying. Abbie quickly asked a question that changed the topic and impeded the client from expressing sadness. Her practicum instructor started the next supervision session exploring the issue of Competency related to the use of questions. Then the instructor asked Abbie to identify the feelings she experienced during her last session (i.e., Emotional Awareness). Abbie stated she felt uneasy and had the desire to stop the client from crying. She revealed her parents taught her that showing distress was a sign of weakness. At that point, the instructor identified Emotional Awareness as the supervisory issue and Confusion as the stage of development. Next, the supervisor asked questions to assess

Abbie's readiness with specific tasks connected to Emotional Awareness (e.g., "How willing are you to allow the client to express sadness without interrupting?" and "How self-confident are you that you can succeed in being comfortable with a client expressing this type of emotion?"). Abbie stated her Willingness, Ability, and Self-confidence were low with regard to these tasks. Subsequently, she disclosed a few weeks ago she decided to discontinue with counseling as a profession when she graduates. Therefore, the discussion turned to the supervisory issue of Personal Motivation.

Using the ASiCT and Loganbill et al. (1982) Models for guidance, the supervisor will continue to assess the supervisee's task readiness with regard to Emotional Awareness, but also assess task readiness for Personal Motivation and Professional Ethics. The reason for this is because Abbie reported a desire to complete the program, but displays a low level of Willingness to learn and implement feedback (which is influenced by her low levels of Self-confidence and Ability). Due to the lack of personal investment or interest in becoming a counselor, the supervisor feared Abbie may become resistant or ambivalent to supervision. If this were to be the case, many ethical concerns may arise such as whether Abbie's clients are receiving the best care possible (i.e., beneficence).

Prioritize the Issues and Address Accordingly

Although Loganbill et al. (1982) suggested supervisors explore all eight supervisory issues due to the naïve unawareness of Stagnation, they also caution supervisors about the turbulent nature of the Confusion stage. Once supervisees become aware of the supervisory issues that need to be addressed and where growth needs to occur, they may not be able to handle the emotional intensity of addressing numerous issues at once. Therefore, supervisors may need to prioritize the most pressing issues and make decisions regarding which potential blind spots to address first.

Adaptation of Questions and Use of Scales

When supervisors explore supervisory issues and determine the stage of development, supervisors are ready to assess readiness associated with the relevant tasks. They will attempt to gauge the amount or type of knowledge, skills, attitude, self-respect, self-regard, personal empowerment, fear, and motivation supervisees possess. The author of this paper advocates for the use of the questions proposed by Howard et al. (1986) that inquire about the three main components of readiness. These questions should be adapted, however, and applied to the various subcomponents listed above. In addition, this author also recommends the use of scales. A supervisor can ask, "On a scale from 0 to 10, with 10 as the highest, how *motivated* are you to [complete a specific task related to a supervisory issue]?" or "How *knowledgeable* are you about [specific task] on a scale from 0 to 10?" or "What is your *skill* level regarding [a specific task] on a scale from 0 to 10?" Then, the supervisor can ask follow up questions such as, "Why are you a [insert number identified] and not a [higher or lower number]?" The use of scales provides a numeric representation of supervisee readiness, and it helps match readiness with the appropriate ASiCT supervisory style.

In conclusion, the integration of the Loganbill et al. (1982) and ASiCT (Rando, 2001) Models can be very beneficial (Dow, Hart, & Nance, 2009). Identifying the developmental stages for the eight supervisory issues provides an understanding of the

behaviors and attitudes exhibited during supervision. The supervisor can use this insight to navigate through supervisee eagerness, ambivalence, fear, anger, resistance, and confusion and can prioritize the problematic issues which need supervision focus. By evaluating supervisee task readiness associated with these issues, supervisors can use the appropriate supervisory style to address goals and objectives. Therefore, ambivalence and resistance will decrease, readiness will increase, and the supervisee can transition successfully to the next stage of development.

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