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## Introduction to the Interpersonal Discrimination Model Applied to Clinical Supervision: A Relational Approach for Novice Counselors

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## Introduction to the Interpersonal Discrimination Model Applied to Clinical Supervision: A Relational Approach for Novice Counselors

### Abstract

This manuscript explores the theory development of a new clinical supervision model called the Interpersonal Discrimination Model (IPDM). The IPDM combines the structure of the Discrimination Model of supervision (Bernard, 1979) with Interpersonal Theory tenets developed by Harry Sullivan (1968) to create a holistic, integrated approach to clinical supervision. The IPDM's foundation is based on the supervisory working alliance, which has been continuously found to contribute to supervisee satisfaction, an increase in counselor self-efficacy and a positive therapeutic working alliance (Park et al., 2019). The IPDM has three main applications-interpersonal process recall, the parallel process, countertransference-that are applied in clinical supervision to enhance supervisees' self-awareness and to improve client outcomes. This manuscript explores a) a literature review on the supervisory working alliance and relational approaches to clinical supervision, b) an introduction and rationale for the IPDM and the integration of Interpersonal Theory within the Discrimination Model, and c) application of the IPDM in a case study including strategies and recommendations of how to intervene utilizing the model.

### Keywords

clinical supervision, interpersonal theory, parallel process, discrimination model, theory development, supervisory working alliance

Clinical Supervision is “an intensive interpersonally focused one-to-one relationship in which one person is designated to promote the development of therapeutic competence in the other person” (Disney & Stephens, 1994, p. 8). Clinical supervision is a critical part of a counselor’s training and serves to provide support and guidance for client welfare. It is also a gatekeeping role to uphold counselors’ professional standards and ethical responsibilities (Bernard & Goodyear, 2019; Crunk & Barden, 2017). The primary goals of clinical supervision include development of clinical skills (Bernard, 1979), professional competencies, multicultural competence, establishing counselor-client relationships, and knowledge about theories, strategies, and interventions (Bradley & Ladany, 2010; Morgan & Sprenkle, 2007). Within clinical supervision, it is important for the supervisor to have a supervision theory and philosophy that will help guide their role as a counselor, educator, and supervisor. Similar to teaching and counseling, a supervision theory and philosophy gives supervisors a deeper understanding of their way of being in the supervisory role and a conceptual framework for working with supervisees.

As many counselors view their counseling theory as eclectic and integrated (Bradley & Ladany, 2010; Gehart, 2016; Haynes et al., 2003), the author proposes an integrative approach to supervision (Norcross & Halgin, 1997) that combines the theoretical models of Sullivan’s Interpersonal Theory (1968; Teyber, 2006) and Bernard’s (1979) Discrimination Model to create a more holistic, relational approach called The Interpersonal Discrimination Model (IPDM). The innovative model creates a relational approach by giving supervisors a clear depiction of their supervisory roles (teacher, counselor, and consultant) within the Discrimination Model while also utilizing the relational principles of Interpersonal Theory to provide specific applications for supervisors to apply to foster and maintain the supervisory relationship. The model provides supervisees the opportunity to reflect on their own relational and interpersonal qualities to enhance

interpersonal awareness and counseling skills (Sarnat, 2016). Specifically, when working with novice counselors, a strong relational model of supervision can prevent harmful and inadequate supervision by removing the hierarchical nature of supervision and creating an egalitarian relationship to focus on counselor development and growth (Creaner, 2014; Ellis et al., 2014). Furthermore, IPDM focuses on the supervisory relationship as a framework for improving the quality of the counselor-client relationship and client outcomes by looking holistically at the counseling process (Park et al., 2019).

The purpose of the manuscript is to contribute to the counseling literature a new, innovative clinical model of supervision that emphasizes the eminence of the supervisory working alliance. Research has continuously found the supervisory working alliance to have a positive impact on client outcome and the overall success of the counseling process (Du et al., 2008; Ladany et al., 1999; Lee & Jeong, 2003; Son, 2005). Therefore, it is pertinent to have a strong theoretical model emphasizing the supervisory relationship to enhance clinical outcomes and client satisfaction. The current manuscript provides a) a review of the literature on the supervisory working alliance and relational approaches to clinical supervision, b) an introduction and rationale for the IPDM and the integration of Interpersonal Theory within the Discrimination Model, and c) application of the IPDM in a case study including strategies and recommendations of how to intervene utilizing the model.

### **Supervisory Working Alliance and Outcomes**

In 1983, Bordin developed the concept of the supervisory working alliance to describe the three main factors that facilitate a reliable relationship between a supervisor and supervisee in clinical supervision (Park et al., 2019). The supervisory working alliance consists of three components: (1) emotional bond, (2) supervision goals, and (3) supervision tasks (Bordin, 1983).

A strong supervisory alliance develops through mutual goals and tasks in supervision, as well as an established emotional bond. In 1999, Ladany et al. hypothesized that the quality of the supervisory working alliance will predict self-efficacy expectations and satisfaction within the supervisory relationship. The researchers found a significant relationship between the changes in the scores of the supervisory working alliance between time one and time two and the changes in the trainee's rating of satisfaction in supervision. These findings indicate that a positive supervisory working alliance correlates positively with supervisee's satisfaction in clinical supervision. On the contrary, E. J. Son et al. (2006) found no relationship between the supervisory working alliance and supervision satisfaction.

However, a recent meta-analysis on the relationship between the supervisory working alliance and outcomes (Park et al., 2019) found positive correlations between the supervisory working alliance and four outcome variables including supervision satisfaction, self-efficacy, self-disclosure, and the working alliance in counseling. Moreover, in 2015 Crockett and Hays examined the influence of multicultural competency on the supervisory working alliance, counselor self-efficacy, and supervisees' satisfaction within supervision. The findings indicated that the supervisory working alliance mediates the relationship between supervisor multicultural competence and supervisee satisfaction. The results of this study have been empirically supported in previous findings (Bukard et al., 2009; Inman, 2006; Nelson & Friedlander, 2001; Walker et al., 2007).

Overall, there is consistent research (Crockett & Hays, 2015; Ladany et al., 1999) to support the significance of the supervisory working alliance within the counseling process and the positive influence of a strong supervisory relationship on client outcomes (Bernard & Goodyear, 2019; Inman et al., 2014; Park et al., 2019).

## **Relational Approaches to Clinical Supervision**

While numerous models of clinical supervision exist (Bernard & Goodyear, 2019), the author reviews the literature on interpersonal approaches that support relational models of clinical supervision (Crunk & Barden, 2017; Frawley- O’Dea & Sarnat, 2001; Holloway, 1995; 2016). In 1995, Holloway developed the Systems Approach to Supervision (SAS) to clinical supervision. The model has seven dimensions including the central dimension- the supervisory relationship. The other six parts of the dimensions include the supervisor, supervisee, learning tasks, organization, client and supervisor functions. Holloway (2016) described the supervisory relationship as the core factor of supervisees’ growth and professional development. SAS focuses on the development of the supervisory relationship through three critical elements: (1) the power and engagement dynamics of the sub-dimensions, (2) the developmental phase of the relationship and (3) the learning contract of supervision (Holloway, 2016).

In 2001, Frawley-O’Dea and Sarnat developed a contemporary psychodynamic approach to clinical supervision known as the Supervisory-Matrix-Centered (Relational) approach. In the relational approach, Frawley-O’Dea and Sarnat described the supervisor role as the following: “participate in, reflect upon, and process enactments, and to interpret relational themes that arise within either the therapeutic or supervisory dyads” (Frawley-O’Dea & Sarnat, 2001, p. 41). Hence, the supervisor’s authority is viewed as an embedded participant, signifying the subjective reality of the supervisor as part of the supervisory relationship. The supervisor is not seen as an objective expert like the classical supervision model based on Freudian philosophies, but rather as a relational being (Frawley-O’Dea & Sarnat, 2001). The Relational Model focuses on co-constructing the “truth” and working together from an egalitarian perspective (Frawley-O’Dea & Sarnat, 2001). Furthermore, the model emphasizes the mutuality of the supervisor relationship and

constructing meaning through the interpersonal interactions between supervisor-supervisee (O'Dea & Sarnat, 2001). In the Relational Model (Frawley-O'Dea & Sarnat, 2001), the supervisory relationship is seen as the vehicle of change and one of the most critical factors (Bernard & Goodyear, 2019; Lampropoulos, 2002). Bernard and Goodyear (2019) argued that no matter the supervision theory or model, the supervisory relationship is the most important aspect of clinical supervision.

A more recent model of clinical supervision was developed by Crunk and Barden (2017) called the Common Factors Discrimination Model (CFDM), which integrated the common factors research (Lambert & Barley, 2001; Norcross & Lambert, 2014) to the Discrimination Model of supervision (Bernard, 1979). CFDM emphasizes the importance of the supervisory relationship within the common factors research (Lambert & Barley, 2001; Norcross & Lambert, 2014) including the working alliance (Bordin, 1983), the real relationship (Walkins, 2015) and the instillation of hope (Lambert & Barley, 2001; Lampropoulos, 2002). The model focuses on the following common factors: (1) the supervisory relationship, (2) supervisee self-awareness and self-reflection, (3) acquisition of knowledge and skills and (4) assessment of supervisee needs and the provision of feedback (Crunk & Barden, 2017). While the model also acknowledges the distinction of supervisory roles through the discrimination model, the supervisory relationship is only one of the common factors applied to the model whereas in IPDM, the supervisory relationship is the essence and core foundation of the model.

The relational models of clinical supervision provide a strong foundation for the relational importance of the supervisory relationship in clinical supervision. However, there are not clear, distinct roles of the supervisor to improve the supervisory relationship, which are essential to working with novice counselors with high anxiety who seek structure and transparency (Schwing

et al., 2011). Numerous studies have found that supervision can be effective in reducing novice supervisee's anxiety (Bernard & Goodyear, 2019; Borders & Brown, 2005; Hill et al., 2007) and therefore, the supervisor role distinction is essential. Based on the literature review of relational models, the author presents an integrated approach to clinical supervision by combining Interpersonal Theory (Sullivan, 1968) to the well-established Discrimination Model (Bernard, 1979).

### **Interpersonal Theory**

The existing interpersonal, process orientated models of clinical supervision (Crunk & Barden, 2017; Frawley- O'Dea & Sarnat; Holloway, 1995; 2016) align with Interpersonal Theory developed by Harry Sullivan (1968). Sullivan (1968) was a medical doctor and described therapy as a psychiatric interview. In the interview, Sullivan describes the psychiatrist as a participant observer because "his principal instrument of observation is his self- his personality, *him* as a person" (Sullivan, 1968, p. 3). While Freud focused on psychosexual stages and libido theory (Teyber, 2006), Sullivan focused on the development of interpersonal relationships and interpersonal relationships with primary caregivers (1968). Sullivan (1968) developed the term interpersonal anxiety to help conceptualize his clients' development of interpersonal relationships. Interpersonal anxiety develops through interpersonal relationships with parents and others through rejection and disapproval. Through interpersonal anxiety, Sullivan suggested that personality develops as a collection of interpersonal strategies to help reduce the anxiety, disapproval from primary caregivers, and to create a sense of worth (Sullivan, 1968; Sullivan, 1970; Teyber, 1997). For example, a child who is shunned for expressing emotion by his father may have difficulty expressing emotion with their partner as an adult, due to the disapproval and insecurity it caused them from their primary caregiver. The child internalized that expressing emotion was weak and

therefore, has difficulty being vulnerable and open emotionally in interpersonal relationships as an adult.

Similar to the counseling relationship, the development of interpersonal relationships can impact the supervision relationship. During supervision, especially with novice counselors, supervisees tend to be very critical of themselves and seek to win approval from their supervisor and to prove their own adequacy to themselves (Teyber, 2006). It has been found that novice counselors have a high internal self-focus (Stoltenberg et al., 1998) and it can be at the expense of establishing a strong therapeutic alliance and relationship (Teyber, 2006). Therefore, as supervisors, it is critical to acknowledge the interpersonal anxiety of the supervisee and to process through it to help improve the supervision relationship. In response, the therapeutic relationship the supervisee has with their clients can strengthen.

Interpersonal Theory (Sullivan, 1968; Teyber, 2006) aligns with the foundation of other interpersonal focused supervision models (Frawley-O'Dea & Sarnat, 2001; Holloway, 1995; 2016) that highlight the subjective manner of interpersonal relationships and view of the supervisor as a participant within the supervisory process. The difference between the existing relational models of clinical supervision and the IPDM is the integration of the Discrimination Model, which gives structure and clarity to the supervision role through an interpersonal lens.

### **Discrimination Model Approach**

The Discrimination Model was developed by Bernard in 1979 as an educational and relational model of clinical supervision (Bernard & Goodyear, 2014; Borders & Brown, 2005). The model described three primary roles of a supervisor: (1) counselor (2) teacher and (3) consultant. The model allows clinical supervisors to use the roles interchangeably depending on the supervisee's level of readiness (Borders & Brown, 2005). Clinical supervisors can fluctuate

between the three roles while not taking on one singular role (Borders & Brown, 2005). The Discrimination Model has noticeably clear boundaries and allows for less ambiguity and therefore, is a sufficient model when working with novice counselors (Timm, 2015).

Bernard (1979) describes the counselor role as a way to help supervisees process their own affective responses and defenses through gaining insight into their own way of being, worldview and values. When working with novice counselors, the counselor role may be the most salient because supervisors are utilizing counseling skills to help their supervisees regulate their emotional boundaries to allow them to utilize empathy (Schwing et al., 2011). The second role is teaching. In the teacher role, the supervisor suggests certain strategies and interventions to help the supervisee learn, such as the use of immediacy when a client's narrative has discrepancies within it (Timm, 2015). The third role is the consultant. Of the three roles, the role of the consultant is the least researched (Bernard & Goodyear, 2019). In the consultant role, the supervisor focuses mainly on conceptualizing with the supervisee while encouraging the supervisee to brainstorm and think of new strategies and interventions (Bernard, 1979; Timm, 2015).

Within the Discrimination Model, there are three main foci of skill: intervention, conceptualization, and personalization. In 1986, Lanning proposed adding a fourth skill: professional behaviors. However, Bernard (1979) believed that professional behaviors, including ethical and legal issues, were already integrated into his model. Within the intervention focus, the supervisor assesses the way in which the supervisee demonstrates skill and intervention (Bernard 1979; Crunk & Barden, 2017). For example, when a counselor helps a client learn a new behavior and grows from the interpersonal practice with the counselor (Young, 2016). The second area of skill is conceptualization. Conceptualization is when the supervisee demonstrates their clinical understanding of their client cases and can recognize patterns and themes (Bernard, 1979; Crunk

& Barden, 2017). Lastly, the skill of personalization is seen as one of the most critical aspects within supervision based on the Discrimination Model (Bernard, 1979). Through personalization, the supervisees become aware of their own subjective reality and how their interpersonal experiences are impacting the therapeutic relationship. The supervisee will then begin to develop their own philosophies about counseling and their way of being in the counseling relationship, as well as within the supervisory relationship.

### **Rationale for the Interpersonal Discrimination Model (IPDM)**

Although the Discrimination Model is one of the most applied supervision models (Timm, 2015), it lacks the depth of the inclusion of the supervisory relationship and the impact of the relationship on outcome (Beinart, 2004; Crunk & Barden, 2017; Park et al., 2019) that is provided through Interpersonal Theory (Sullivan, 1968). The role of the counselor in the Discrimination Model can be used to facilitate the strength of the supervisory working alliance through the IPDM of supervision. However, without the integration of Interpersonal Theory with the Discrimination Model, the significance of the interpersonal relationship between the supervisor and supervisee (supervisory working alliance) is not fully represented.

Through an interpersonal theoretical lens, the relationship between the supervisor and supervisee is the main vehicle of change within the supervisory relationship (Borders & Brown, 2005; Bordin, 1983; Lampropoulos, 2002; Sullivan, 1968). As a clinical supervisor, supervision can provide supervisees with the space and safety to have a corrective emotional experience through IPDM (Sullivan, 1968; Teyber, 2006). Through the various roles within the Discrimination Model, the supervisor can correct instead of reenacting harmful relational patterns from childhood with primary caregivers that may be projected by supervisees through

countertransference within the counseling process. The corrective emotional experience is the essence of Interpersonal Theory (Sullivan, 1968; Teyber, 2006) and theoretical goal of IPDM.

IPDM focuses on the use of the Discrimination Model to understand the various roles while utilizing Interpersonal Theory and the principles behind relational models to highlight the importance of the supervisory relationship within supervision. The case study and analysis below will demonstrate the application of IPDM. Integrating aspects from the Discrimination Model and Interpersonal Theory, IPDM pairs the three roles of a supervisor (counselor, teacher, and consultant) with the skills (intervention, conceptualization, and personalization) and application (interpersonal process recall, parallel process, and countertransference) of skills for the foundation and structure of IPDM.

### **History of the Application Techniques**

#### **Interpersonal Process Recall**

The Interpersonal Process Recall (IPR) technique was developed by Kagan, Krathwohl, and Miller (1963). IPR is insight oriented and highlights the importance of recalling the interpersonal process of the supervisee while in a counseling session. It allows the supervisee to reflect on their feelings, emotions, and anxieties in the counselor role while in supervision. In 1980, Kagan described humans as relational creatures who seek approval and fear disapproval, punishment, abandonment, rejection, and being hurt. Kagan's (1980) perspective was similar to the interpersonal anxiety coined by Sullivan (1968). Through a relational approach to supervision, it acknowledges the importance of the supervisee to process through their own internal struggles in relation to client cases. The role of the supervisor is to help the supervisee process and recall their experiences in counseling sessions while helping them interpret relational themes, patterns, and transference (Kagan, 1980). Furthermore, the supervisor's role is to help the supervisee

process their emotional reactions in hopes of a corrective emotional experience (Teyber, 2006). “This corrective emotional experience is the fundamental premise of interpersonal process psychotherapy and the basic mechanism of therapeutic progress and change” (Teyber, 2006, p. 18). Teyber (2006) applied the corrective emotional experience to counseling and it can also be applicable to supervision.

### **Parallel Process**

The concept of the parallel process was first described by Searles (1955) as a reflection process, in which the interpersonal concerns of the counselor-client relationship are reflected in the supervisor-supervisee relationship. Through a relational lens, the parallel process is critical to understand. The parallel process is when relational interactions between the counselor-client relationship are transferred onto the supervisor-supervisee relationship (Borders & Brown, 2005). In the *New Handbook of Counseling Supervision*, Borders and Brown (2005) define the parallel process as the most unique dynamic of the supervisory relationship. The parallel process allows for relational themes to be transferred from the counseling room to the supervision room. Previous research has found that the parallel process can develop from the supervision relationship or the counseling relationship (Frederickson, 2015; Searles, 1955). In the parallel process, the parallel can formulate from the therapeutic relationship and impact the supervision relationship or the parallel can formulate from the supervisory relationship and impact the therapeutic relationship. Because counseling and supervision both involve interpersonal relationships, an active use of the self, and identification to relate and empathize with one another, the parallel process can arise from either relationship (Fredrickson, 2015).

## **Countertransference**

Countertransference is when the internal dynamics and emotions of the counselor are transferred onto the therapeutic process (Frederickson, 2015). From the viewpoint of an interpersonal theorist, countertransference develops from the counselor's unique psychosocial history where interpersonal relationships with primary caregivers and familial factors impact expectations in social interpersonal relationships in adulthood (Ladany et al., 2005). Another contemporary definition of countertransference is the counselor's emotional reaction to the interpersonal needs of the client (Frawley-O'Dea & Sarnat, 2001; Ladany et al., 2005). In 2002, Rosenberger and Hayes discussed how countertransference can be used as a tool for the supervisor to identify projective counteridentification (Grinberg, 1979a, 1979b) and convert the feelings from the countertransference into empathy to reverse the counteridentification that negatively impacts therapeutic work (Ladany et al., 2005). For relational theorists in supervision and counseling, it is necessary to understand the history of one's own emotional and behavioral reactions in interpersonal relationships (DeYoung, 2003). Supervisors and supervisees can be introspective and reflective through looking inward at their own biases, countertransference reactions and cultural differences (Ladany et al., 2005).

### **Case Illustration of IPDM**

The author will illustrate the application of IPDM through a case study. The case study describes a novice counselor, Jane, who recently graduated from a master's program in counseling. The supervisor will help the supervisee navigate the counseling process through applying the relational tenets of IPDM which includes IPR, the parallel process and countertransference.

## Case Study

Jane is an Asian woman who entered the counselor program as a second career after working in marketing for 10 years. She is middle-aged and has two children. Jane is a recent graduate of a master-level counseling program and currently works at a community clinic with mostly teenage clients. Jane has been seeking supervision from her clinical supervisor to help obtain her full counseling license. She has been working with her clinical supervisor for two months now.

As a counselor-in-training, Jane learned how to apply the basic counseling skills and the importance of being present in counseling sessions. Jane does well with non-verbal communication, as well as regulation (cues of knowing when to speak and when to listen) and intimacy (proximity and posture) (Young, 2006). In her current position, Jane struggles with conveying empathy while reflecting emotion. At times, Jane is unable to reflect emotion due to her own emotional reaction. Therefore, Jane can appear cold and distant in sessions. Jane feels uncomfortable when clients cry and tends to move to content questions when she notices her clients expressing emotion. For example, one of her male teenaged clients, who presents with anxiety, describes conflict with his mother and his eyes watered and Jane quickly changes the topic to coping skills for anxiety. Some of Jane's clients do not show and others remain focused on content instead of the therapeutic process during session.

Jane's presence in counseling differs from Jane's presence and interpersonal skills in supervision. Jane appears very relational, open, and empathetic with her supervisor. Although Jane is very relational in supervision, she begins to become frustrated in supervision that her clients continue to cancel or show little motivation to change in therapy.

## Case Analysis: Application of IPDM

### Intervention and IPR

As mentioned above, one of three skills within the Discrimination Model (Bernard, 1979) is intervention. While working with Jane, the supervisor can apply the skill of intervention through IPR. In the role of the counselor, the supervisor can use IPR with the supervisee to help process through their own personal reactions and feelings while exploring emotions in session. The supervisor then can utilize the role of a teacher and IPR to help the supervisee process how they could intervene in the session and share with the client what they are thinking and feeling. With a supervisee at a higher developmental level, the supervisor can use IPR through the role of a consultant to process how to use music therapy or other forms of interventions to help the client express emotion in session.

### *Role Play Script of IPR.*

Supervisor and Jane are watching back the most recent session with the teenaged male client. Since Jane is a novice counselor, the supervisor is focused on their role as a counselor and teacher. The highlighted portions below demonstrate the use of IPR within the supervision session.

Jane: I feel very stuck with this client and I don't know how to focus our sessions.

Supervisor: You seem frustrated about where to go with your client and want to have direction.

Jane: Yes, I want to help the client find coping mechanisms to help with his anxiety since it is his presenting concern.

Supervision: It sounds like you care about your client and want to help him heal.

*Supervisor and Jane watch a clip of Jane working with the client. The client mentions conflict with his mother and becomes tearful. Jane redirects the client to coping mechanisms for his anxiety. Supervisor pauses the session.*

Supervisor: As the client mentions conflict with his mother, it seems like you had an internal reaction in that moment. What was coming up for you?

Jane: I had a brief thought about my mom. I also thought about the client's anxiety being the main focus of our counseling work.

*The supervisee begins to shift in her seat.*

Supervisor: It sounds like you could relate with the client.

Jane: Yeah, I mean I have some conflict with my mom and it brought up a negative feeling for me.

*Jane becomes tearful in supervision.*

Supervisor: I am noticing that brought up some emotions for you right now.

Jane: Yeah, I wasn't aware of it at the moment. I was overidentifying with the client and it brought up some memories with my mom.

Supervisor: It sounds like you could have empathy for the client based on your experience.

Jane: Yeah, I was worried about where the session would go and how to focus on the emotion related to the conflict with his mom since I tend to avoid the emotion with my mother.

Supervisor: What do you think the client needed from you at that moment?

Jane: To acknowledge his emotion and how he seems to be hurt by his mother.

Supervisor: Yes. this would give the client the space to further process the tears and the hurt. What do you wish you said in that moment to the client?

Jane: "It sounds like you feel hurt by your mother and care about repairing the relationship with her."

*Supervisor utilizes an intervention with the supervisee to gain clinical insight and to provide a corrective emotional experience.*

Supervisor: Now, I am wondering if we can do an activity together to help process the countertransference you experienced in session with your client.

Jane: Sure.

*Supervisor explains the term personification and different parts of self that are internalized from interpersonal relationships with primary caregivers including good mom/bad mom, good me/bad me/no me and the eidetic me.*

Supervisor: I am wondering as I described personification if any of the parts of self are reflective of your view of self in the counseling relationship.

Jane: I do notice feelings of inadequacy during my sessions when clients are emoting and it reminds me when my mom would yell at me and tell me to stop being a baby when I cried.

Supervisor: It sounds like the bad mother and bad me personas are triggered when you feel emotion and notice that clients are experiencing emotion.

Jane: Yes, and I tend to get really uncomfortable and want to avoid the client feeling any pain.

Supervisor: It also sounds like you are trying to protect yourself from your own pain and the internalized shame of expression of emotion from your mother.

*The supervisee becomes tearful and expresses her own feelings of shame and rejection from her mother. The supervisor validates the supervisee's emotions and gives her space to emote, hence providing the supervisee with a corrective emotional experience. Instead of re-enacting the harmful relational pattern of dismissing emotions and naming calling, the supervisor corrects the relational pattern by allowing the supervisee a safe space to emote and process her feelings of inadequacy and internalized shame.*

Using IPR, the supervisor was able to help Jane recognize the countertransference occurring in session through identifying what her internal thoughts and feelings were in the counseling session. The supervisee was able to differentiate her own internal emotion from her relationship with her mother from the client's relationship with his mother. Then, Jane was able to reframe what she would have reflected to the client in that moment by utilizing the empathy from

her own narrative to relate to the client. In future counseling sessions, Jane can now be open to exploring the emotion of her client rather than changing the topic and focusing only on coping skills for anxiety. The supervisor can also recommend the supervisee work through her emotional trauma with her mother through her own individual therapy. Refer to Table 1 for an overview of using IPR in clinical supervision.

### **Conceptualization and the Parallel Process**

The second skill of the discrimination model (Bernard, 1979) is conceptualization. The skill of conceptualization can be applied through a technique called the parallel process. Some development theorists (Loganbill et al., 1982; Stoltenberg & Delworth, 1987) of supervision models suggest that novice counselors are too focused on skills and techniques to fully comprehend the parallel process and it would increase their anxiety to have that type of self-awareness. It has also been found to be too complex for novice counselors to grasp mentally based on their level of counselor development (Borders & Brown, 2005). Although research suggests that the parallel process not be used with novice counselors (Borders & Brown, 2005; Loganbill et al., 1982; Stoltenberg & Delworth, 1987), the author would disagree. As previously mentioned, novice counselors tend to have a high internal self-focus (Stoltenberg et al., 1998), which can be at the expense of establishing a strong therapeutic alliance and relationship (Teyber, 2006). Similar to the connection by Lampropoulos (2002) between the common factors literature (Norcross & Lambert, 2011) and clinical supervision, the supervisory relationship is seen as the most critical factor of change in relational models of clinical supervision and Interpersonal Theory. Based on the tenets of supervision matrix-centered (relational) model (Frawley- O'Dea & Sarnat, 2001) and Interpersonal Theory (Sullivan, 1968), the parallel process can be used as a very effective tool to help novice counselors understand how relational patterns in the counselor-client relationship are

being recapitulated in the supervisor-supervisee relationship. With insight into the relational patterns in supervision through the parallel process, supervisees can strengthen the therapeutic relationship and as a result have greater client outcomes and therapeutic changes (Norcross & Lambert, 2011; Park et al., 2019). It has been suggested that supervisors working with novice counselors can use the dynamic of the parallel process in an indirect, simple way to provide a framework to learn and increase self-awareness (McNeil & Worthen, 1989; Neufeldt et al., 1995; Sumerel, 1994). The author would agree that the supervisors can use the parallel process with novice counselors, but in a more direct manner to gain insight into the interpersonal process being transferred between the two relationships and how it is impacting therapeutic relationships and client outcomes.

The supervisor can use the parallel process with Jane to explore how interpersonal concerns in the counselor-client relationship are being recapitulated in supervision. In the case study, Jane reported her clients tend to no show or cancel without notice. Although Jane has been open and relational in supervision, she has begun to become frustrated and seeks support from the supervisor. At this point, the supervisor can utilize the conceptualization of the parallel process to help Jane explore the parallel between her frustration with client retention in supervision and the frustration clients feel when in counseling when the counselor disregards their emotions. In both scenarios, individuals are feeling invalidated and frustrated. The supervisor can use immediacy to help the supervisee understand and work through the relational pattern found through the parallel process. With insight into the relational pattern, Jane can work with the supervisor to practice the skill of immediacy and learn how to use immediacy as a tool in counseling to help her client's express emotion and process through them. In Table 1, the author gives examples of supervisor process questions to help facilitate the use of the parallel process while conceptualizing.

## **Personalization and Countertransference**

In the Discrimination Model, the third skill of the Discrimination Model is personalization (Bernard, 1979). The skill of personalization can be applied through countertransference. Countertransference management has been found to reduce countertransference, strengthen the therapeutic alliance and positively impact the outcome of therapy (Gelso & Samstag, 2008). Specifically, within clinical supervision, countertransference awareness and management has been positively correlated with supervisors and supervisees ratings of therapeutic outcome (Gelso et al., 2002). Thus, the insight into countertransference positively impacts the counseling process. While working with Jane, the supervisor can utilize the role of the counselor to help her explore the relational patterns within her own family dynamics that may be impacting her way of being in the counselor role. For example, the supervisor could explore how Jane expressed emotion as a child and how her own interpersonal relational patterns may be impacting the counseling process with her clients and her ability to give her clients the space to emote in session. While Jane may have felt shame and weakness for expressing emotion as a child because of her mother, she can work through her own interpersonal concerns with the supervisor and/or her own personal counselor.

One way for the supervisor to help Jane work through her own interpersonal concerns could be through an activity on personification (see example in the Role Play Analysis above). Within Interpersonal Theory, Sullivan (1968) conceptualized and defined personification as part of the internalized schemas that inform one's personality that are distorted by people's needs and anxieties. There are three levels of personification: (1) good mother/bad mother, (2) good me (received approval and reward from parents), bad me (received disapproval and punishment from parents) and the no me (disassociated due to interpersonal anxiety), and (3) eidetic (imagery friends with secure interpersonal qualities). Through the personification activity, Jane can identify her

feelings of shame for emotional expression as the bad mother and the bad me. Through identification of the personification, Jane can have a corrective emotional experience (Teyber, 2006) with the supervisor by externalizing the shame and thus, have emotional congruence with her client by increasing exploration of emotions in general with her clientele.

With awareness into the countertransference, Jane can be more intentional in session with clients to create a non-judgmental, safe space for emoting and staying within the therapeutic process. In the role of a teacher, the supervisor can help Jane reflect on her own interpersonal anxiety and how it may be impacting the therapeutic relationship. In Jane's past, her emotion was dismissed and rejected by her mother, which caused her to develop interpersonal anxiety. In supervision, the supervisor can help Jane become aware and process through her own interpersonal anxiety to prevent countertransference and to protect client welfare. In the consultant role, the supervisor can help the supervisee further process when countertransference arises and how to cope with it inside and outside of the session. In Table 1, there are strategies and process questions provided on how to explore countertransference in clinical supervision.

**Table 1**

***IPDM Role, Skill and Application***

Role	Counselor	Teacher	Consultant
<b>Skill Application</b>			
Intervention: Interpersonal Process Recall	Strategy: Reflect on how the counselor's reaction to the client's narrative impacted the counseling relationship. Supervisor Process Question: I'm wondering if you were feeling or thinking something in that moment that you didn't share?	Strategy: Process with the supervisee how they could intervene.  Supervisor Process Question: If you had the chance now, how might you tell him/her/they what you are thinking and feeling?	Strategy: Process how to further explore emotion with the client while remaining empathetic.  Supervisor Process Question: What other interventions could they do in session to help the client process through the emotion? Jane is interested in using music therapy with her teenage clients.
Conceptualization: Parallel Process	Strategy: Explore the parallel between the supervisee's emotional reaction in supervision to the client's emotional reaction in therapy. Supervisor Process Question: How might your frustration with client progress in supervision mirror the frustration the client feels in therapy?	Strategy: Help the supervisee to learn how to create a holding environment for the client to be able to express emotions. Supervision Process Question: I'm wondering what is different for you in supervision than in the counseling relationships that allows you to feel safer? How can we make the space feel safer for your client to express emotion?	Strategy: Jane asks to explore the feelings wheel and how to use immediacy to explore somatic emotional reactions.  Supervision Process Question: The supervisor can model immediacy in the supervision session. Then explore with the supervisee how to use immediacy to remain process-oriented and focused on the emotions within her counseling sessions.
Personalization: Countertransference	Strategy: Exploring the counselor's own interpersonal relationships and expression of emotion in their family dynamic. Supervisor Process Question: I'm wondering how your family expressed emotion during your childhood and how that impacts the way you express emotions now?	Strategy: Reflect on Jane's ability to reflect emotion and her own interpersonal anxiety.  Supervisor Process Question: When your client is expressing emotion, I am wondering what is coming up for you at that moment? Are you experiencing any interpersonal anxiety?	Strategy: Explore the countertransference with Jane as it arises and how to work through it. For example, Jane expresses that a client reminds her of her mother. Supervisor Process Question: What are you noticing in your counseling skills and body when you are working with the client who reminds you of your mother? What are some things you can do to release your anxiety before session?

## **Implications for Counselor Educators and Supervisors**

The author introduces Interpersonal Discrimination Model (IPDM) as a new, innovative model to clinical supervision that integrates the structure of the Discrimination Model with the relational tenets of Interpersonal Theory to create a holistic clinical supervision model. Since most supervisees are young professionals seeking supervision for professional and personal growth (Bernard & Goodyear, 2019; Magnuson et al., 2002), it is important that supervisors have a clear philosophy and supervision theory (Bernard & Goodyear, 2019) to conceptualize the supervisory process and to intentionally use the roles and skills within the model (Kottler & Hazler, 1997). With the emphasis on the relationship, the IPDM utilizes certain application strategies, such as countertransference and parallel process, to create a strong supervisory working alliance. Because the vehicle of change in counseling and supervision is the working alliance (relationship) (Park et al., 2019; Wampold & Brown, 2005), IPDM emphasizes the relationship to attain the most favorable therapeutic outcomes with clients.

IPDM can be utilized as a foundational structure for supervisors working with novice counselors to improve the supervisory relationship and furthermore, strengthen the therapeutic alliance and to protect client welfare. Clinical supervisors have the responsibility to protect client welfare (American Counseling Association, 2014; Bernard & Goodyear, 2019) and to ensure the best care of clients through the gatekeeping role of supervision, especially while working with novice counselors. The model can also be used with more advanced clinicians seeking supervision. Because IPDM has distinctive roles of the supervisor with concrete interventions that emphasize the supervisory relationship, the application of the model is transferable amongst all levels of counselor development (i.e., novice to expert).

## **Multicultural Considerations**

IPDM also considers multicultural components within the model. Research (Crockett & Hays, 2015) has found that multicultural competency contributes to the development of counselor self-efficacy (CSE). Counselor self-efficacy is defined as a counselor's belief in their ability to perform the counseling skills with clients in the future (Daniels & Larson, 2001). In the meta-analysis study by Park et al., (2019) the researchers found that CSE is positively associated with the supervisory working alliance. Therefore, it is important to consider multiculturalism in the development of IPDM to improve the supervisory working alliance and furthermore, the therapeutic working alliance.

IPDM can incorporate multiculturalism through the counseling skill of broaching. Broaching is defined as the act of initiating and addressing topics of cultural significance and the power imbalance in relationships; in the context of IPDM, the supervisory relationship (King & Summers, 2020). Examples of broaching skills include open-ended questions, self-disclosure, cultural immediacy, and probes (Day-Vines et al., 2020). Since the IPDM is applicable to use with a diverse population, it is imperative that supervisors are intentional with the use of broaching and processing cultural differences within the supervisory relationship. Broaching skills have been associated with positive working alliances (Knox et al., 2003), counselor credibility (Zhang & Burkard, 2008), higher client satisfaction, and an increase in client self-disclosure (Knox et al., 2003; Zhang & Burkard, 2008). In summary, the model can utilize broaching within any of the skills (e.g., intervention, conceptualization, personalization) in IPDM to enhance the strength of the supervisory working alliance and to increase the multicultural competency of counselors.

## **Limitations**

There are some limitations to consider within the model. It is a strength that the model focuses so heavily on the supervisory relationship and it is also important that the supervisor can differentiate and set clear boundaries between the three roles (counselor, teaching, and consultant) within the model. The interpersonal aspects of the model could potentially overutilize the counseling role if clear boundaries are not provided. For the model to be effective, the supervisor must have a balance between the roles and to refer supervisees who may need individual counseling for clients' presenting concerns that trigger supervisees' own internal conflicts.

Another potential limitation is the lack of empirical merit of the study. Since the IPDM is a new conceptual model of clinical supervision, the effectiveness of the model needs to be researched empirically to examine the validity of integrating Interpersonal Theory (Sullivan, 1969) with the well-developed Discrimination Model (Bernard, 1979). Lastly, the supervisor must have the ability to form a supervisory working alliance and skills to work through any ruptures and repair them (Bernard & Goodyear, 2019).

## **Future Research**

The manuscript is an introduction to the structure and foundation of the IPDM. Future research can further explore the application of IPDM as a theoretical model for clinical supervision. A follow-up study could apply the IPDM as the theoretical model for clinical supervision and use a mixed design to further explore the effectiveness of the model in an educational setting with masters and doctoral level practicum students. Through qualitative research, researcher(s) could explore the use of IPDM skills and application in clinical supervision from the perspective of the supervisees while also collecting quantitative data on the supervisory working alliance (Bordin, 1983). Park et al. (2019) found a statistically significant, but low

relationship between the supervisory working alliance and the therapeutic working alliance. Therefore, a follow-up study could explore the supervisory variables within IPDM that affect the strength of the supervisory working alliance and as a result positively impact the therapeutic working alliance (Bordin, 1979).

## **Conclusion**

In conclusion, the intention of the development of IPDM is to create a novel clinical supervision model with a holistic, structured philosophy for enhancing the quality of the supervisory relationship. Furthermore, IPDM focuses on improving the supervisory working alliance to enhance supervisees' self-awareness and to improve client outcomes. The model combines the roles and skills within the Discrimination Model through three main applications based on the theoretical tenets of interpersonal theory: interpersonal process recall, parallel process, and countertransference. The ultimate goal of IPDM is to provide supervisees with a corrective emotional experience to gain relational insight and to improve interpersonal skills in the counseling relationship. Thus, improving the therapeutic working alliance and providing clients with the most favorable client outcomes.

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