Creating a Preferred Counselor Identity in Supervision: A New Application of Bernard’s Discrimination Model

MARIA TIMM
University of British Columbia, Vancouver, British Columbia, Canada

Bernard’s discrimination model is frequently used in the supervision of counseling practice. The advantages of this model include its simplicity, flexibility, and research support across a variety of interdisciplinary domains. When working from the foundation of Bernard’s discrimination model in counseling supervision, use of narrative techniques can be helpful in reducing supervisee anxiety, promoting creativity, and exploring and solidifying personal and vocational values.

KEYWORDS Bernard, supervision, narrative, counselor, identity

INTRODUCTION

Bernard’s (1979, 1997) discrimination model is frequently used in the supervision of counseling practice. This model consists of three distinct foci for supervision—intervention, conceptualization, and personalization—and three possible supervisor roles—teacher, counselor, and consultant (Bernard & Goodyear, 2014). The supervisor could thus theoretically respond in nine different ways (three roles x three foci). For example, the supervisor may assume the teacher role when discussing a specific intervention, or may take on the consultant role when discussing case conceptualization. Since the supervisor’s response is tailored to the supervisee’s current needs, the role and focus necessarily fluctuate both within and across sessions. Therefore, in any given situation, the supervisor may be assessing the supervisee’s developmental stage (Bernard & Goodyear, 2014), determining the need for a particular focus, and choosing an appropriate role to address that focus.

Address correspondence to Maria Timm, MA RCC, 403-655 Moberly Road, Vancouver, BC, V5Z-4B2, Canada. E-mail: timmm@douglascollege.ca

Copyright © Taylor & Francis Group, LLC
ISSN: 0732-5223 print/1545-231X online
DOI: 10.1080/07325223.2015.1021499
STRENGTHS OF THE DISCRIMINATION MODEL

Because Bernard’s (1979, 1997) model is relatively simple (i.e., three roles, three foci), it is accessible even to beginning supervisors. Furthermore, the fact that it is amenable to any therapeutic orientation makes it a desirable one for many supervisors (Bernard & Goodyear, 2014; Nelson, Johnson, & Thorngren, 2000). Finally, the placement of clear boundaries around these three roles is a good preventive measure for avoiding role ambiguity. Since beginning supervisors often experience a sense of feeling overwhelmed by the many directions a supervision session could take (Bernard & Goodyear, 2014), having these supervisor roles and activities clearly delineated can be both calming and focusing. However, it is important to acknowledge that, despite these three clearly articulated roles, the complex nature of the supervisor/supervisee interaction often necessitates rapid movement from one role to another, and, in some cases, overlap between the two roles. For example, advising a trainee on how to help a client struggling with depression (teacher role) can quickly transition into processing the trainee’s own experiences with depression and how this may impact the client (counselor role). The current literature indicates that the discrimination model has been applied successfully in a variety of contexts, from supervision of those working with suicidal clients (McGlothlin, Rainey, & Kindsvatter, 2005) to medical residents (Arthur & Bernard, 2012) and adolescents in residential care settings (Byrne & Sias, 2010). It has also been applied within a diversity of theoretical frames, from spiritual supervision (Polanski, 2003) to supervision using creativity as a main focus (Koltz, 2008).

As noted, one of the aspects that highlights this model’s flexibility is that it is, essentially, pantheoretical. Although the discrimination model is positioned as a “process” rather than a developmental model, as noted by Bernard and Goodyear (2014), it is compatible with both theoretical (e.g., Nelson et al., 2000; Polanski, 2003) and developmental models (Glidden & Tracy, 1992), and could thus be combined with either. For example, Bernard and Goodyear (2014) pointed out that the teacher role tends to be used more when working with novice trainees whereas the consultant role is employed more often with those who are more advanced, which implies a developmental view.

Yalom (2002) referenced Carl Jung’s notion that counselors need to invent a new language for each client. He extended this idea to suggest that counselors need to invent a new therapy for each client. I would contend that this need for flexibility and creativity in the counseling relationship also applies to the supervision process. Consistent with the common factors literature on the counseling process that underscores the importance of responding to each client “in accordance with how each particular client defines or experiences helpfulness” (Lambert & Barley, 2001, p. 359), supervisors using the discrimination model attempt to assess each supervisee’s training needs and tailor their approach accordingly by selecting the most appropriate area of
focus as per Bernard’s model. For example, Bernard and Goodyear (2014) noted that “too early a focus on personalization may ‘freeze’ one novice supervisee, and too constant a focus on interventions may bore another” (p. 54).

Recently, literature in the field has moved toward combining creative approaches, for example, use of metaphor (Koltz, 2008), with Bernard’s model. Building on these suggestions and explicitly introducing a theoretical element, Epston and White’s (1990) narrative therapy, I explore the applicability of a narrative approach when working from Bernard’s discrimination model. First, I offer a narrative view of the supervisory relationship, followed by concrete suggestions regarding how the three foci of session content and three supervisor roles could be addressed through a narrative framework. In particular, the consultant and counselor roles are highlighted with respect to how they may be implemented using a narrative lens.

THE SUPERVISORY RELATIONSHIP

From a narrative perspective, individuals’ perceptions of reality are influenced by interactions with their sociocultural context. Employing a narrative lens, it is important that supervisors recognize the dynamics of power inherent in the supervisory relationship. Consistent with Epston and White (1990), transference or parallel process in supervision can be viewed as a possible outward manifestation of internalized social discourse. For example, a supervisee may react to me (supervisor) in ways that resemble his or her mode of interaction with those in positions of authority. These patterns may represent the common social discourse about interacting with people in authority; they may also represent previous or current significant relationship experiences. My interpretations of such discourses and my own personal history thus affect my interaction with my supervisees. Adopting a narrative perspective, I also recognize that the way in which the supervisee relates to me in the three roles (teacher, counselor, consultant) is informed by both these dominant social discourses and the trainee’s own unique history.

The trainee’s attainment of clinical competence is typically a main goal of clinical supervision. A narrative perspective, encouraging examination of dominant discourses and moving toward a more egalitarian relationship, can help facilitate this process. According to the discrimination model (Bernard & Goodyear, 2014), clinical competence is not viewed as a specific end goal, but rather as a general movement toward competence in the areas of personalization, conceptualization, and intervention. Consistent with a narrative framework, a counselor trainee’s developing vocational identity may be viewed as relational (impacted by relationships with others and their perceptions), performed (acted out by the individual in daily life), and fluid (in the sense that it is changeable through the mechanisms just mentioned).
Thus, daily interactions with others as well as actions trainees choose to take (agency) help form their vocational identity (Combs & Freedman, 2012). Narrative therapists believe that the self evolves through time and that, as people enact new stories and recruit witnesses to them, their sense of self can shift. McAdams (1995) observed that “identity in adulthood is an inner story of the self that integrates the reconstructed past, perceived present, and anticipated future to provide a life with unity, purpose, and meaning” (p. 365). Thus, in supervision, helping trainees reflect on and recruit witnesses (e.g., their clinical supervisor, their co-trainees, and also their clients) to their evolving professional identity can help consolidate and strengthen it.

The Consultant Role: Toward a Sharing of Knowledge

Bernard and Goodyear (2014) noted that while a significant body of literature exists on the discrimination model, the consultant role of the model is the least researched and least understood. From a narrative perspective, this could reflect the dominant social discourse of the “supervisor as expert” that precludes the adoption of the more collaborative, non-hierarchical consultant role. It is also possible that most researchers have focused on counselor trainees who are at the beginning of their professional journey and hence may be in need of more structure than the consultant role affords. According to Bernard’s (1979) model, the supervisor as consultant can provide alternative interventions and/or conceptualizations for trainee use, encourage brainstorming of strategies and interventions, facilitate discussion of client concerns, and solicit trainee feedback.

As training progresses, counselor trainees may benefit from the supervisor taking on more of a consultant role. Adopting a narrative perspective can help facilitate this role shift. Furthermore, developing a sense of agency, an important concept in narrative therapy, is a key developmental task for supervisees. Personal agency could be described as the perceived ability to effect change in one’s life. Through the adoption of the consultant role, supervisors can foster the development of agency in their supervisees. As they develop their own clinical practice, trainees can be encouraged to question dominant social discourses regarding “helping” that they may have been exposed to in the past. For example, one of my trainees had the idea that “helpers teach, inform, are active.” Taking on a respectful, curious stance, I encouraged her to reflect on the genesis of her beliefs about “helping.” The goal of such inquiry, from a narrative perspective, is not necessarily that supervisees relinquish such dominant discourses, but merely that they become aware of them and reflect on their potential impact on the client. This supervisee was able to identify that her past vocational story was one of her taking on a role of strength and power in relation to those she helped. Facilitating a discussion about the dynamics of power enabled her to clarify her
own beliefs and assisted her in adjusting her counseling style to be more facilitative and less didactic.

“Taking it back” is a practice used in narrative therapy 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 (Carr, 1998). In supervision, taking it back can be particularly effective when the supervisor takes on the consultant role. This practice both helps the supervisee assign meaning to his or her experience and, as narrative therapists would describe it, “extends the field of influence” of the problem by placing the supervisee within a community of others who may also have struggled with a given issue. Taking it back can also be used effectively in group supervision, where supervisees share and process what they have learned from each other. This can develop supervisee reflexivity and help supervisees integrate new learning about self and other.

This technique can be used to build the confidence of those trainees whose vocational stories as counselors are just developing. Many counselor trainees have rich previous vocational histories than can be drawn from when “taking it back.” For example, a trainee who previously worked in a day care center was able to teach both myself and her co-trainees the value of nondirective creative play therapy with a young client.

Personalization: The Counselor Role Within a Narrative Framework

According to Bernard’s (1979, 1997) model, in the personalization focus the supervisor’s role is to provide opportunities for supervisees to process their own affective responses (and defenses) and consider the potential impact of these on the client, to assist supervisees in identifying their values, and to help supervisees situate themselves within their cultural background. Because of this focus, it seems plausible that the counselor role would often be adopted when supervisees indicate a need to focus on the personalization domain. The counselor role is described by Bernard (1979, 1997) as one in which the supervisor encourages the supervisee to reflect on his or her personality style and personal issues and consider how these may impact the relationship with their client(s). Addressing and resolving supervisee defensiveness and vulnerability may also occur in this role. A narrative approach can help decrease anxiety and facilitate exploration of personal values and career goals as they relate to clinical work in the personalization domain.

Stoltz, Barclay, Reysen, and Degges (2013) noted that counselor-trainees are in the process of negotiating the transition from an academic context to a clinical one. Being confronted with the conflict between the ambiguity of clinical experience and possibly idealized notions of the profession can cause trainees to question their decision to pursue counseling as a profession. When these concerns arise, there is often a great deal of shame and fear of being judged, often preventing trainees from disclosing their career concerns.
(Bernard & Goodyear, 2014). This can potentially lead to trainees indirectly expressing their fears in supervision sessions—for example, by shutting down or acting out (Bernard & Goodyear, 2014).

Many counselor-trainees question their decision to pursue counseling as a profession throughout their training (Stoltz et al., 2013). It seems likely that such periods of questioning may occur or be exacerbated when there is a mismatch between the trainee’s current needs and the adoption of a certain role by the supervisor. For example, inappropriate adoption of the counselor role may cause discomfort and a sense of vulnerability; taking on the teacher role may cause the trainee to feel inadequate; and operating from the consultant role when the trainee is not ready can cause the trainee to feel unprepared and insecure. Therefore, I would contend that it is important to recognize when such moments of mismatch occur and to both normalize this experience and help the counselor-trainee process the emotions and cognitions associated with these moments of occupational uncertainty. Narrative interventions can assist in this process; suggestions are outlined later.

Understanding the counselor-trainee’s “grand narrative” or personal story can “reveal specific life themes that foreshadow perception and adaptation to career development tasks” (Stoltz et al., 2013, p. 3). Therefore, gaining a sense of counselor trainees’ grand narrative and their perception of their current place in it can be beneficial in helping them navigate the areas of dissonance between their needs and the counseling process within Bernard’s (1979) discrimination model. This approach seems particularly suited for those moments when the supervisor takes on the counselor role and when the trainee struggles with personalization. For example, one of my trainees consistently saw herself as a “teacher” of others from a young age, when she was inspired by her own second-grade teacher. Her occupational trajectory included working at summer camps, leading others, and later training to become an elementary school teacher. When she became stuck in what Bernard (1979, 1997) would term the personalization function, she expressed difficulty being nondirective with clients and shared her sense of feeling paralyzed by what she called the “I don’t know.” This supervisee’s difficulty wrestling with her tendency to provide answers made sense when viewed in the context of her larger occupational narrative. It seems important for the supervisor to situate each trainee in his or her unique life context when in the counselor role, and to encourage trainees to reflect on how the decision to pursue counseling fits into their life narrative—what meaning this decision holds for them.

One way in which this type of insight can be facilitated is by having trainees reflect on occupational images. Stoltz and colleagues (2013) suggested the Career Story Interview (CSI) as a potential medium through which to elicit these images. The CSI is a tool designed to help individuals identify occupational themes through reflecting on favorite activities, school subjects, and figures admired in childhood. Questions that may help elicit the supervisee’s occupational grand narrative include “What is your favorite saying
or motto?” (Stoltz et al., 2013, p. 9) and “Can you give me a headline for each memory?” (Stoltz et al., 2013, p. 10). Research seems to indicate that the CSI is associated with increased self-understanding (Taber & Briddick, 2011) and a sense of personal control (Reid & West, 2011). This activity could be used in both individual and group supervision; employing the CSI in a group may serve to normalize supervisee concerns and help facilitate greater cohesion in the training group.

According to narrative therapists, individuals move toward psychological health as they begin to leave their problematic stories behind and start to live out their preferred ones (Epston & White, 1990). In order to live out a preferred vocational story and move toward congruence, counselor-trainees must be able to link their past stories with their present and preferred ones. From a narrative perspective, the concept of the self being constant across past, present, and future is viewed as particularly important for psychological health; this is referred to as diachronic integration or temporal coherence (Adler, 2012). In addition to temporal coherence, a psychologically healthy person would also possess causal coherence, the ability to connect life experiences to the development of the self, and thematic coherence, the ability to link events to a larger story, and, last, be able to draw from a master narrative, a culturally derived expectation of the expected progression of a person’s life (Adler, 2012). Thus, encouraging reflection on occupational goals and examining how these may be related to personal values and experiences can be helpful when operating in the personalization domain as they can facilitate trainee insight and promote self-reflection.

Conceptualization

Skill development in the conceptualization focus (e.g., identification of themes in sessions; appropriately matching clinical strategies with goals) can be hindered if the supervisee experiences anxiety, especially performance anxiety, as noted in the example just discussed. Adopting a narrative lens can help decrease this fear of evaluation by encouraging creative self-reflection, for example, through use of therapeutic documents such as letters to a future self or letters to a given client (see later discussion). In addition, through use of metaphor and imagery, supervisors can facilitate supervisee creativity and insight when conceptualizing client problems. Possible ways in which to facilitate this are described next. The way in which supervisees approach client conceptualization is often similar to the way in which they make sense of other significant events and relationships in their lives (Bernard & Goodyear, 2014). This idea resembles one of the major tenets of attachment theory, which posits that a child’s interactions with caregivers influence their perception of the world (Ainsworth & Bell, 1970). It also corresponds with the idea of internal working models or schemata that suggest that children extrapolate from templates created through past social experiences (Lundahl et al., 2014).
From a narrative perspective, preferred supervision outcome stories may be influenced by significant others throughout the life span; the relative influence of these is both developmental and contextual. Koltz (2008) suggested that when the focus is on the conceptualization component of Bernard’s model, trainees should be encouraged to sculpt themselves, using either actual clay or imagery, in relation to their clients. Use of these types of creative techniques can serve to bring overly cognitive trainees “out of their heads.” Furthermore, these techniques can help dissipate anxiety and possibly facilitate cognitive elaboration as suggested in the elaboration likelihood model, which posits that use of metaphor can increase cognitive salience of content, thus making it more likely to be remembered (Kendall, 2010). Use of metaphor in clinical supervision has been shown to facilitate supervisee recall of supervision session content (Young & Borders, 1999).

Through the narrative technique of “experience-near description” (Epston & White, 1990), supervisors can adopt the language of the supervisee when describing the current problem in the conceptualization domain. For example, one trainee described her experience of her client’s unwillingness to share certain life events as “the wall.” Elaborating on this metaphor and adopting the role of counselor, I asked her further questions regarding what she believes the wall is composed of, when it was built, and so on. In my supervision work, I have found that use of metaphor can help bring cognitive clarity by pulling together diffuse thoughts and feelings (in this case, counselor anxiety, client defensiveness, and counseling context) into a simple, coherent image. In fact, this has been noted as one of the benefits of using metaphor in therapy (Amundson, 2010). Similarly, Suthakaran (2011) found that use of analogies in multicultural supervision appeared to facilitate insight into supervisees’ values and biases and enabled them to situate themselves within their own sociocultural context. Suthakaran (2011) described the mechanism through which analogies facilitate change: “important outcomes of analogical reasoning are generation of new schemas and fresh or novel understandings of old schemas” (Suthakaran, 2011, p. 209).

When trainees experience issues in the conceptualization domain, the narrative intervention of letter-writing (letters to a future self; letters to the client; letters to significant others in the supervisee’s life) can be implemented. It has been noted that this process can help dissipate some of the defensiveness that may be present in trainees when working in this domain (Koltz, 2008). I have seen firsthand the value of letter-writing in my clinical work as well as in supervision. Use of this intervention appears to facilitate client involvement in therapy, promote autonomy (since they alone are the author of the document), and allow for introspection. Empirical investigation supports the value of therapeutic writing in promoting change; expressive writing has been shown to reduce rumination and depressive symptoms (Gortner, Rude, & Pennebaker, 2006). Randomized controlled trials indicate that expressive writing may have physical benefits as well: it has been shown to reduce symptom reporting and
lower Impact of Event (IES) scores in patients with renal cell carcinoma (Milbury et al., 2014). These positive clinical benefits appear to translate into the supervisory relationship as well. Luke and Gordon (2012) found that clinical supervision by e-mail helped clients reflect on and reframe their clinical experiences. Letter-writing enabled one of my counselor trainees to express her struggle with issues of competence and performance anxiety when working with her adolescent client (the letter was not actually given to the client; it was used as a supervisory technique only). In the letter, she continually compared herself to her classmates, who happened to be quite a bit older than this supervisee, and expressed fears that she was “not good enough.” She apologized to the client for her lack of experience. Interestingly, she was able to identify concrete clinical goals and express personal hopes for this client that she had not been able to verbalize in the supervision session, perhaps due to the performance anxiety expressed in her letter. For example, she wrote, “I know that we’ve only started working together, but I hope you’ll be able to trust me and open up a bit more about your conflicts with your dad, so maybe we can work on some communication problems you’re having."[...] I really hope you can beat your anxiety so you can reach your goals of becoming a teacher one day.” Many narrative interventions can help assuage anxiety in the intervention stage as well; suggestions are outlined next.

Intervention

In the intervention focus of Bernard’s (1979) model, attention is paid to the supervisee’s ability to practice core counseling skills, such as use of empathy, as well as more advanced counseling interventions, such as confrontation. It is arguably the most structured of the three foci in that the emphasis is on directly observable supervisee behavior. Because of its concrete nature, it can often cause anxiety about being evaluated. The narrative approach of constructing a “preferred story” may assist in developing supervisee confidence in the intervention focus. Epstein and White (1990) frequently referred to the notion of the “problem-saturated” story: namely, one that omits clients’ strengths and skips over the moments where they were able to cope successfully with the “problem.” Here is a place where the “preferred story” can emerge, facilitated by a focus on exceptions, or “sparkling moments,” to the current story of clinical experience. In the intervention focus, asking the supervisee to reflect on what went well and thereby begin to construct a “preferred story” of what could be done in future sessions can help set goals and develop motivation. For example, one highly anxious supervisee had been experiencing difficulty reflecting and processing her client’s covert messages when in session. However, she was able do this successfully when consulting as part of a clinical team. Pointing out her ability to engage in this skill, albeit in a different context, enabled her to continue to work on relaxation, self-trust, and trust in the counseling process. Koltz
(2008) noted that when the supervisory focus is on the intervention component of the discrimination model, asking supervisees to draw three current clients and attempt to identify the themes that connect or distinguish them could be helpful in determining the applicability of various intervention types. For supervisees who are not comfortable expressing themselves in this medium, asking them to verbally provide images that capture their relationships with a given client could be similarly helpful. Therefore, a narrative approach can assist in decreasing anxiety and increasing both confidence and creativity when working in the intervention domain.

CONCLUSION

To conclude, a narrative approach seems uniquely situated to complement and enhance the three supervisory foci identified by Bernard (1979, 1997), as well as the three supervisory roles of teacher, counselor, and consultant. Specifically, narrative interventions can be helpful in reducing anxiety, promoting creativity, identifying and solidifying career choices and values, and facilitating a respectful, collaborative supervisory relationship.

REFERENCES


