Article 10

Application of the Transtheoretical Model Within the Integrative Developmental Model of Supervision

Paper based on a program presented at the 2007 Association for Counselor Education and Supervision
Conference, October 11-14, Columbus, Ohio.

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Behavioral Connections

Clinical supervision is indispensable for the development of new counselors (Bradley & Kottler, 2001) and even benefits more experienced counselors. Clinical supervision entails monitoring and directing services provided by another counselor or counselor trainee (Bradley & Kottler, 2001), referred to as supervisee, to promote professional functioning by facilitating the supervisee to reach higher levels of competence in both knowledge and skills (Bradley & Kottler, 2001).

Many models of clinical supervision are available to benefit a variety of styles of supervision (Bradley & Kottler, 2001). Depending on the model, the clinical supervisor may function in the roles of coach, teacher, consultant, counselor, and evaluator, and engage in challenging, stimulating, and/or encouraging the supervisee as needed to facilitate growth (Bradley & Kottler, 2001). The Integrated Developmental Model (IDM) developed by Carl D. Stoltenberg in the 1980s, based on human development theories (Stoltenberg, McNeil, & Delworth, 1998), tailors content and style of

supervision to the developmental level of the supervisee. Supervision through IDM encourages progressive development leading to optimal functioning as counselors (Whiting, Bradley, & Planny, 2001).

The Transtheoretical Model (TTM) presented in the 1980s by James O. Prochaska and Carlo C. DiClemente (1994) is based on a similar progressive structure as IDM. TTM encourages meeting a client's level of readiness for change and facilitating the client to obtain goals through progressive movement through stages of change within a supportive environment (Prochaska & DiClemente, 1994). The authors propose using TTM concepts in supervision to facilitate a supervisee's acquisition of skills and knowledge. Although a discourse of neither IDM nor TTM is the intention of this paper, some components of both models are provided below to explain the proposed application of TTM within IDM.

Similarities between IDM and TTM promote the proposed application of TTM within IDM. Both models have an ecological, developmental, and positive focus. The complimentary nature of the two paradigms may enhance supervision by deepening the conceptualization of a supervisee within an IDM level and expanding available techniques to facilitate a supervisee's progress to the next IDM level. At the risk of oversimplification, the following sections provide a brief overview of the levels of IDM and applicable dimensions (i.e., processes and stages) of TTM.

The Three Levels of IDM for Supervisee Conceptualization

The IDM provides three developmental levels in which to conceptualize a supervisee. Once the level of a supervisee is determined, the supervisor operates from the corresponding environment (Stoltenberg & Delworth, 1987). A supervisee's level of development is assessed using three criteria (i.e., self- and other-awareness, motivation, and autonomy) which influence clinical practice (Stoltenberg & Delworth, 1987). Early supervision using IDM involves teaching, feedback, support, directives, and skill building within a trusting supervisory relationship. More advanced supervision includes correcting, clarifying, confronting, reflecting,

and consulting (Stoltenberg et al., 1998).

An IDM level one supervisee requires skill and knowledge development as well as encouragement to demonstrate the newly learned trade. This supervisee is self-focused (Stoltenberg & Delworth, 1987) and experiences performance anxiety related to application of newly learned skills and to evaluation by the supervisor. Thus clients with less complex issues are best suited for the level one counselor. A highly structured and supportive supervisory environment is ideal for such a supervisee's development. In this hierarchical supervisory relationship the supervisor acts as teacher, evaluator, and coach; provides education; guides case conceptualization; and directs decision-making pertaining to skill application (Stoltenberg & Delworth, 1987). The goal is to move this anxious and dependent supervisee toward confidence and independence through experience and self-awareness (Stoltenberg & Delworth, 1987).

A level two supervisee is less self-focused but fluctuates between autonomy and dependence in decision-making (Stoltenberg et al., 1998). This supervisee requires more challenging clients to address the lack of experience and to promote advancement of skills (Stoltenberg et al., 1998). The supervisor, functioning in all five roles stated elsewhere, reduces structure in the supervisory environment to accommodate the supervisee's need for autonomy, promotes alternative case conceptualization, focuses on personal development more than skill improvement, and emphasizes counseling within a cohesive theory to facilitate appropriate independence and to maintain motivation (Stoltenberg et al., 1998).

A level three supervisee is an experienced counselor who demonstrates appropriate self- and other-awareness, motivation, and autonomy (Stoltenberg et al., 1998). Complex issues of personal development, transference and counter-transference, parallel processing, and client and counselor resistance as well as defensiveness are central topics of supervision (Stoltenberg et al., 1998). The supervisor acting as a consultant and the supervisee structuring supervision as needed are suitable. The goal is to

encourage the supervisee to progress toward becoming a master counselor (Stoltenberg et al., 1998).

At times, assessment of the level at which a supervisee is functioning does not by itself provide adequate insight to facilitate growth in a timely manner. At such times, TTM provides a useful framework for enhanced conceptualization and timely movement of a supervisee within each IDM level.

Core Dimensions of TTM

The TTM's core dimensions are derived from empirical evidence based on how people change with or without professional assistance (Prochaska & Norcross, 2007). There are five stages through which a person progresses when engaging in change (Prochaska & DiClemente, 1994). Precontemplation is defined by lack of awareness of the problem and lack of motivation to change. Contemplation brings some awareness but rarely a need to rectify the problem (Prochaska & DiClemente, 1994). Preparation is marked by small cognitive and behavioral changes (Prochaska & DiClemente, 1994). Action involves further cognitive and behavioral changes. Finally, maintenance involves active preservation of changes made at previous stages to avoid a relapse (Prochaska & DiClemente, 1994). These five stages are both hierarchical and spiral, with a person moving through each stage more than once (Prochaska & DiClemente, 1994).

There are 10 empirically supported processes (Prochaska & Norcross, 2007) or activities that people utilize to alter feeling, thinking, and/or behaving within the above stages. These processes are: consciousness-raising, catharsis/dramatic relief, self-reevaluation, environmental re-evaluation, self-liberation, social liberation, counter-conditioning, stimulus control, contingency management, and helping relationships (Prochaska & Norcross, 2007). Some of these processes are more beneficial in facilitating progress through some stages than others (Prochaska & Norcross, 2007). Precontemplators who use very few change processes benefit mostly by consciousness-raising and dramatic relief (Prochaska &

Norcross, 2007). Contemplators, who readily engage in consciousness-raising, benefit from self and environmental re-evaluation (Prochaska & Norcross, 2007). Those in preparation stage, engaging in alternative healthier behaviors and thought processes, benefit from self and social liberation (Prochaska & Norcross, 2007). Those in action stage who need to move beyond a cognitive foundation benefit from counter-conditioning, contingency management, and stimulus control processes (Prochaska & Norcross, 2007).

Proposed Application of TTM Within IDM

Assuming that supervision is a cooperative attempt between a supervisor and a supervisee to facilitate learning and mastery (Prochaska & DiClemente, 1994), the following application of TTM within each level of IDM is proposed. For simplification of explanation, the authors present the progress of a novice counselor through all levels of IDM.

A level one counselor at precontemplation stage is unaware of self-focus related to performance anxiety and its effects on service provision. Such a supervisee, for example, would discuss the application of a technique without the awareness of the appropriateness and effectiveness of the technique for a client. Although self-focus is common at this stage, the goal is to move from self-focus to other-focus to become an effective counselor. To facilitate this cognitive shift a supervisor could use consciousness-raising (e.g., observations, interpretations, and confrontations) and dramatic relief (Prochaska & Norcross, 2007).

Precontemplators could be further conceptualized through four categories labeled the reluctant, the rebellious, the resigned, and the rationalizing (DiClemente, 1991). The reluctant supervisee is not fully conscious of the problematic nature of the behavior (DiClemente, 1991), thus consciousness-raising in a sensitive manner and utilizing dramatic relief is effective. The rebellious has a heavy investment in the problem behavior and prefers to make his or her own decisions (DiClemente, 1991). Providing choices and paradoxical strategies when consciousness-raising will shift the

energy of rebellion into contemplation (DiClemente, 1991). The resigned is overwhelmed by the problem and has given up on the possibility of change (DiClemente, 1991). Instilling hope and exploring barriers to change in consciousness-raising and in dramatic relief processes will facilitate movement to contemplation. Finally, the rationalizing appears to have all possible solutions (DiClemente, 1991). Consciousness-raising through reflection and empathy are the best interventions for this group (DiClemente, 1991). Appropriate application of processes will facilitate the movement of the precontemplative supervisee to contemplation stage.

A neophyte counselor at contemplation stage with awareness of self-focus and anxiety, but not ready or able to remedy it, will benefit from self and environmental re-evaluation processes. Within a non-threatening, warm, and respectful supervisory environment (DiClemente, 1991), facilitating assessment of personal values, effects of supervisee's conduct on the client (Prochaska & Norcross, 2007), application of new skills, and good decision-making (DiClemente, 1991) will move the supervisee to preparation stage.

A level one supervisee in preparation stage has begun some changes in thinking and behavior. A supervisor acts as teacher, coach, and counselor providing knowledge, skills, support, and encouragement and thus empowers the supervisee to believe in his or her abilities as a counselor. Such self-liberating processes (Prochaska & Norcross, 2007) influence cognitive and behavioral changes (DiClemente, 1991) facilitating movement to action stage.

A supervisee in action stage continues to address performance anxiety and begins to shift to other-focus. This supervisee is very likely to demonstrate independence in decision-making similar to what is expected from an IDM level two supervisee. For instance, the supervisee may seek supervision regarding client conceptualization, but show hesitance in accepting feedback due to the need to be self-sufficient. It is essential that counter-conditioning, contingency management, and stimulus control processes are utilized during this stage to facilitate the supervisee's growth without relapse into initial anxieties and self-focus.

Shift to maintenance stage is indicated by significant progress in diminishing anxiety and self-focus, in augmenting client conceptualization, and in maintaining appropriate changes. The supervisor's task is to monitor overconfidence while supporting the progress of the supervisee. Planning for challenges ahead is appropriate for this stage (Stoltenberg & Delworth, 1987). Once in maintenance stage, a supervisee acts as in IDM level two.

Following is a similar conceptualization using TTM within IDM level two. The main goal of level two is to facilitate true and appropriate autonomy in the supervisee (Stoltenberg & Delworth, 1987). Providing the supervisee with more complex cases and consciousness-raising regarding personal abilities or inabilities mobilizes the supervisee from precontemplation to contemplation. Creating appropriate and sufficient anxiety pertaining to abilities (Stoltenberg & Delworth, 1987) and engaging in dramatic relief will also influence change. In contemplation stage, engaging the supervisee in self and environmental re-evaluation facilitates re-examination of personal values (Prochaska & Norcross, 2007) and the impact of the supervisee's current counseling strategies on the client, thus facilitating movement to preparation stage. In preparation stage, engaging the supervisee in self-liberation activities facilitates transition to action stage. In action stage, applying contingency management, counter-conditioning, and stimulus control facilitates progress to maintenance stage.

Similar to the above discourse, a supervisee's development can be conceptualized using TTM within IDM level three. The goal of this level is to facilitate increased independence and application of a superior level of skills, techniques, and client conceptualization (Stoltenberg & Delworth, 1987). Using appropriate processes at appropriate stages as described in the above paragraphs, a supervisor facilitates a supervisee's professional growth through stages. Once a supervisee reaches TTM maintenance stage within IDM level three, the supervisee will demonstrate appropriate ability to make and maintain changes related to professional advancement to promote client welfare. The supervisory relationship at this point will

Table 1: *The Application of TTM Within Each Level of IDM.*

IDM Levels / Stages of Change	Level One	Level Two	Level Three	Processes
Precontemplation	Unaware of self-focus and performance anxiety.	Unaware of the struggle for autonomy	Unaware of personal abilities and overly dependent on supervisor.	Consciousness-Raising
Contemplation	Aware of self-focus and performance anxiety but unsure of the ways to change	Aware of excessive and insufficient confidence but not sure of how or what to change	Aware of lack confidence in personal abilities and unnecessary dependence on the supervisor	Self Re-evaluation Environmental Re-evaluation
Preparation	Initiates small cognitive and behavioral changes to address self-focus and performance anxiety.	Initiates small cognitive and behavioral changes to address excessive or insufficient confidence.	Initiates changes to facilitate self-confidence and conditional dependence on supervisor.	Self Liberation
Action	Continues changes to move to other focus and reduction of performance anxiety	Manages or eliminates excessive or insufficient confidence in skills and knowledge.	Continues changes to facilitate self-confidence and conditional dependence	Contingency Management, Counter-conditioning and Stimulus Control
Maintenance	Takes steps to prevent retreat to self-focus and performance anxiety.	Takes steps to maintain changes made in action stage.	Takes steps to maintain changes achieved in action stage.	

resemble and perhaps function as peer consultation (Stoltenberg et al., 1998). Conceptualizations using IDM levels and TTM stages and processes are presented in Table 1.

Vignettes of the Application of TTM Within IDM

Brian was a doctoral student new to sex offender assessment and treatment and somewhat anxious and uncertain. The supervisor began the process by assessing Brian's awareness of self and others, motivation, and autonomy. The supervisor determined that Brian had a fairly well developed sense of awareness of others, appropriate insight into his anxiety, and a high level of motivation although still at IDM level one. Using TTM, he determined that Brian was in contemplation stage. Hence the supervisor provided Brian opportunities to engage in educational experiences to learn skills specific to working with people who had committed sex offenses. Concurrently, the supervisor engaged Brian in self and environmental re-evaluation for Brian to gain more insight related to his values and how his counseling skills affected his new client population. When Brian indicated readiness (i.e., preparation stage), the supervisor facilitated further opportunities for Brian to educate himself. Once the supervisor determined that Brian had gained sufficient knowledge and skills in the treatment of people who committed sex offenses and had begun utilizing his new skills in treatment which indicated action stage, the supervisor helped Brian with contingency management, counter-conditioning, and stimulus control. Brian agreed to monitor and manage anxiety and uncertainties when novel situations in treatment arose.

Another clinician, James, a licensed professional counselor, had worked for about two years with clients who committed sex offenses. James had confidence in his skills and was able to function independently, working with clients presenting with complex issues. The supervisor, who determined that James was in IDM level two requested that he complete a sex offender assessment tool independently to which request James demonstrated hesitance. Using TTM, the supervisor was able to conceptualize James at preparation

stage related to his abilities, and engaged James in self-liberation processes facilitating James' movement to action stage. Once James was comfortable to administer sex offender assessment tools the supervisor allocated more responsibilities to James, such as leading a specialized psycho-educational program for low-risk offenders. In addition, the supervisor mobilized contingency management, counter-conditioning, and stimulus control to prevent James relapsing back to being a less confident clinician in a more dependent supervision relationship.

The third clinician, Ann, was a licensed independent social worker who had worked for eight years assessing and treating people who committed sex offences. The supervisor assessed Ann with superior knowledge and skills in the field and with a high level of awareness, motivation, and autonomy. Ann demonstrated ability to seek supervision when needed and to provide the necessary structure for it. However, at times, Ann demonstrated doubts regarding her abilities. Using TTM, the supervisor conceptualized Ann at preparation stage and worked on self-liberation to move Ann to action stage as well as on contingency management, counter-transference, and stimulus control to move toward maintenance of change. With time the relationship between the supervisor and Ann resembled more one of mutuality and consultation typical of IDM level three supervision.

Limitations and Challenges of Using TTM Within IDM

Although utilizing TTM within IDM facilitates enhanced conceptualization and processes to mobilize supervisees through personal and professional development, like the colors of a rainbow, IDM levels and TTM stages are not clearly distinct or discreet and overlap and blur together, as evident in case vignettes. In addition, although evidence based on how people change with or without outside intervention should apply to supervision as well, there is a lack of empirical evidence directly related to using TTM by itself or within levels of IDM for supervision. Furthermore, TTM has been criticized for its lack of deep exploration of issues, lack of providing

insight, and focusing on change processes typical to western society (Prochaska & Norcross, 2007).

Conclusion

Application of TTM within IDM levels may facilitate timely and satisfactory supervisory experience. Although such application appears well suited because both models are based on a philosophy that is progressive and developmental in nature, the explanation of these processes tends to oversimplify the complex issues of human development and supervision. It is hoped that this paper would initialize interest in clinical and research application of TTM within IDM.

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