Study on the Components of Solution-Focused Supervision

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Abstract

The purpose of this study was to explore the elements, characteristics and components of SFS. Each of six supervisees, one male and five females, from 25 to 35 years old, received four sessions of SFS, which were taped, transcribed verbatim, and followed by analyses with qualitative methods. There were seven re-occurring components in the supervisory process of SFS, including: (a) Applying positive opening and problem focusing; (b) Identifying positive supervisory goals; (c) Exploring the exceptions of supervisees and clients; (d) Developing other possibilities; (e) Giving feedbacks and clinical education; (f) Forming the first step; and (g) Experiencing the differences and changes. The discussions of the findings and suggestions for future researches were provided.

Key words: solution-focused supervision, supervision, the components of supervision
Supervision has long been recognized as a key means for counseling training and an important process in the professional development of counseling (Holloway, 1995). A good supervision can enhance self-efficacy and professional growth of supervisees while a bad one may result in supervisees’ burnout or career shift (Koob, 1999; Schapira, 2000). In parallel with diversity and short-term of different counseling schools and dramatic developments in post-modern approaches, contemporary short-term and post-modern models of supervision exert their importance and necessity (Corcoran, 2001; Peake, Nussbaum, & Tindell, 2002). Solution-focused supervision (SFS) is hence exactly an alternative. SFS, isomorphic to Solution-focused brief therapy (SFBT), is different from traditional problem-focused models with its opposite assumptions and qualities, including: (a) striving for supervisor/supervisee cooperation by identifying supervisees’ unique cooperative response patterns; (b) focusing on supervisees’ strengths, not deficits, in order to facilitate supervisees’ changes and progresses; (c) impressing on the resources that supervisees have to overcome their therapeutic impasses with clients by delivering the massage to clients that they are the experts in their experiences; (d) believing that changes are inevitable and not necessarily relevant to exploration of problems, so that differences are worthy of being detailed and identified (Rude, Shilts & Berg, 1997; Thomas, 1996). In other words, instead of regarding the supervisor as the fount of all knowledge, SFS is a model of collaborating in a partnership concentrating on supervisees’ interests, intentions, and goals for their work, taking a “not-knowing” position and adapting with the supervisee’s pacing respectively, developing the supervisees’
preferred future or outcome, eliciting supervisees’ strengths and resources, offering supervisees appropriate and evidenced compliment, and noticing supervisees’ positive movements in small practical steps by using scales (Waskett, 2006).

SFS has received considerable acceptance as a highly practical and effective model, whose assumptions and therapeutic techniques have important implications for the context of supervision springing from a psychotherapy background (Seleman & Toss, 1995; Waskett, 2006). Researches on effectiveness of SFS are also increasing dramatically and proved in literature (Corcoran, 2001; Kok & Leskela, 1996; Trenhaile, 2005; Triantafillou, 1997; Peterson, 2005), and self-effectiveness of supervisees has become the most highlighted aspect (Barrera, 2003; Briggs & Miller, 2005; Koob, 1999; Presbury, Echterling, & McKee, 1999). In particular, there are some practitioners and scholars summarizing their own experiences in SFS and trying to find out the components or outlines of SFS, which are described as follows.

Wetchler (1990) was the first one to propose the component of SFS by dividing it into two parts: solution focus and clinical education. Marek, Sandifer, Beach, Coward, & Protinsky (1994) believed that goal setting, exceptions and scaling questions were the important components of SFS. Seleman & Toss (1995) proposed some SFS assumptions to make the components complete, including: (a) Supervisees inevitably cooperated with supervisors; (b) Supervisees’ exceptions should be identified and amplified; (c) If it did not work, do something different; (d) Supervisees took the lead in defining the goals for supervision. Scaling questions, pre-suppositional questions, “pretend the miracle happened”, and “do
something different” were the main supervisory interventions of SFS. Juhnke (1996) listed the outline of solution-focused supervision from his practice, including (a) Pre-session and initial supervision meeting; (b) Establishing supervisory goals; (c) Techniques for identifying goals; (d) Initial supervisees’ exceptions; (e) Identifying successfully used interventions; (f) Post-session exceptions; (g) Scaling questions; (h) Improvement after last supervision; (i) Identifying progress. In addition, Triantafillou (1997) formed the guidelines for SFS after conducting a pilot study which included: (a) Establishing an atmosphere of competence; (b) Searching for client-based solution; (c) Giving feedback to supervisees; (d) Following supervision.

According to the description above, Brigges & Miller (2005) regarded SFS as a “Success Enhancing Supervision”, and it approaches supervision as a job description assisting the supervisees to enhance their knowledge, skills, and related competencies in doing a better job to serve their clients. However, in recent literature, SFS was examined and tried to form its components or outlines from theoretical and experiential viewpoints. Hence, components of SFS were confirmed directly in supervisory process by researches or formal studies though they were still lacking. Considering the applications and developments of SFS, it was worthy of identifying and forming the components of SFS. Therefore, the purpose of this study was to explore the components in supervisory process of SFS. The research questions of this study were: (a) What were the components in supervisory process of SFS? What was the content of each component? Were there specific elements for each component? (b) What were the characteristics of the components of SFS?
METHOD

PARTICIPANTS

Supervisor

The supervisor was the first researcher of this study, who had received professional SFBT training, written relevant papers and books on SFBT, and often conducted SFBT trainings, supervisions and counseling works in Taiwan.

Supervisees

Six 25 to 35-year-old counselors, one male and 5 females, participated in this study as the supervisees and were marked from A to F. Their counseling experiences varied from one to eight years and their approaches were not restricted to SFBT. The resources of their clients, consisting of children, adolescents and adults, were from self-recruit or their present working places. To respect the spirit of SFS, the supervisees were the main decision makers of their own supervisory goals without any rules about the format of the data the supervisees brought into the supervision in the whole process.

INSTRUMENTS

Supervision Verbatim Transcripts

Every supervisee received four SFS sessions in one and half a month. Supervision interval was between one or two weeks. 24 supervisory sessions were taped and transcribed verbatim.
DATA ANALYSIS

The supervision verbatim transcripts were analyzed with qualitative methods. The repetitively re-occurred items in the verbatim transcripts were confirmed as the key components of SFS as well as the guiding pathways and orders of each component which could reflect the process and context of SFS were also surveyed. The supervisor’s records were referred to assist the analysis of data.

Part of F’s first supervisory data was presented as the example of the procedure of data analysis. Shown in Table 1, the data were dissected into paragraphs based on topics, and the supervisor’s interventional techniques were summarily recorded. In the 24 transcripts, the numbers of paragraphs in each supervisory session were from 5 to 15. The key elements of components repetitively occurred in supervisor’s major themes of the intervention were sorted and named in every supervisory session, as Table 2. The “data codes” in this study were labeled as “supervisee code—the number of supervisory session—the number of paragraph”; that was, F1-7 represented that the information could be found in the supervisee with the code name F, in the first supervision, and in the seventh paragraph. Further inter-relations shown with pathways and orders in SFS supervisory process were drawn as the relationship diagram among components, and represented by arrow signs as Figure 1.

<table>
<thead>
<tr>
<th>Paragraph code</th>
<th>The Supervisor’s interventions</th>
<th>The Supervisee’s responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1-1</td>
<td>1. What’s more helpful to talk?</td>
<td>The supervisee felt stuck, not</td>
</tr>
</tbody>
</table>
Understanding the problem

knowing what could be done next though the client had run away from home less after counseling.

F1-2 Exploring exceptions

1. Keep asking the supervisee that how the client could run away from home less. What did the supervisee do? The supervisee was not sure. The client’s behavior made the client’s mother very mad.

2. Asking: how the client would describe their counseling? How would the client say about what supervisee had helped her? The supervisee could listen to the client without being critical.

3. Giving feedbacks about the importance of the supervisee to the client. The supervisee agreed with her on her functions and importance.

Table 2 Examples of elements of the Components

<table>
<thead>
<tr>
<th>Category</th>
<th>Re-organization of supervisor’s interventions, with paragraph codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>compliments</td>
<td>● realizing and appreciating what have been done and what can be done, as F1-2&amp;8, B1-2</td>
</tr>
<tr>
<td></td>
<td>● to assure the supervisee’s self-learning and self-assisting, and knowing how to reflect, E2-5</td>
</tr>
<tr>
<td>Coping</td>
<td>● What made it possible to continue working under this stressful situation? A3-3</td>
</tr>
</tbody>
</table>

RESULTS

Component I : Positive Opening and Problems Description

Positive opening

The supervisor would directly ask supervisees what would be more
helpful for them to talk about, or what kind of help the supervisees would need(A1-1, A3-1, A4-1, C1-1, C2-1&2, D1-1, D2-1, D2-2, D3-1, E2-1, F1-1).

The brief description of problems

If it was necessary to understand the context, the supervisor would collect some background information, make brief counseling dialogues on the identified problems brought up by supervisees (A2-1, B1-1&3, B4-1, B4-1, C3-1&2, D3-1, D2-1, E3-2&5, E-1&5, E3-8&9, D2-2, F1-1&4, F4-1, F3-1).

Focusing on the interactions between supervisees and their problems

This was the major element of the first component. By focusing on the interactions between supervisees and their problems, it became possible to figure out precisely what the supervisees’ needs really were. In order to understand the supervisees’ frames of problems and definitions of failure and success, “How is that a problem to you now?” was most often asked by the supervisor in an appreciating and curious attitude(A1-1, A2-1, A3-1, B1-1, B2-1,B3-5, C2-2, C3-2,C4-2, D1-1&4,D2-2, D3-1, E1-1, E2-2&4, E3-7&8&9, F2-1, F3-1, F4-1).

Component Π: Identifying the Positive Supervisory goals

Turning descriptions of problems into a concrete definition of positive goals

The supervisor would dedicate to guide the supervisees to clarify their desired goals. When supervisees’ goals were described by positive
desired adjectives, it became easier for the supervisor to inspire their senses of hope and identify the directions they really want to work toward. There were often two major leading directions.

First, when the supervisees described one problematic situation, the supervisor would ask hypothetical or magical questions, like what would be different when the problem had gone or did not exist, what changes the supervisees hoped to see in their clients or even at the end of the case. Second, if supervisees insisted on the change that clients needed to do, the supervisor would focus on how the supervisees set the counseling goals for the clients by exploring the important content and the decision process of the goals. In order to make the supervisory goals more focused, concrete, and doable, scaling questions and relationship questions in different dimensions, especially in actions, were often used (A1-1&2&3&5, A4-3&5, B1-1, B3-1, C1-2, C2-2, C3-1, D4-1, D1-7, D2-3, D3-1, E1-1, E2-3, F1-1&9, F2-8, F3-3, F4-5&6).

Clients’ subjective goals were emphasized and combined

The supervisor would guide the supervisees to review clients’ reasons for coming and imaginations for preferred future, which could facilitate them to respect clients’ subjectivity, and re-examine the suitability and possibly relevant challenges of counseling goals they previously set. Relationship questions were often used here to guide the supervisees to examine clients’ opinions about the dilemmas or goals perceived by the supervisees. If the supervisees thought the clients were not willing to cooperate or change, the supervisor would ask the supervisees to think of clients’ good reasons, or lead them to consider the
consequences and challenges if the clients insisted not to change. These leadings were employed to expand the supervisees’ understanding for the clients, find out the ways to cooperate with clients, and form the following directions to work (C1-2&16, C3-2, D1-4&7, F1-3&4&7, F2-3&4).

The issues of supervisees’ professional development were included

The issues of professional development and the counselor’s role would be mentioned in this component. Some supervisees would express that they were not good counselors. The ways of the supervisor’s interventions as mentioned above were applied further to clarify the meaning, importance, definition, standards and evaluation of their perfectly ideal counselors and their present performance. Scaling questions and relationship questions were often used to help. Besides, in order to help the supervisees spontaneously produce creative ways of dealing with their dilemmas, hypothetical questions were also used, such as if they had become the perfect counselor as they had imagined, what they would act and perform differently, and then were applied to probe what they needed to do by a small step to get better (A3-1, A3-2&3&5, A4-5, B2-3, C4-3, C2-2, D3-3, D4-5, E2-3&4, F2-6, F3-3, F4-5). After that, the supervision might proceed to the discussion on supervisees’ goals deriving from their professional growth in this period.

Component III: Exploring the Exceptions of Supervisees and Clients
Exceptions in supervisees’ interventions to the client

While listening to the supervisees’ descriptions of their difficulties and goals, the supervisor would explore, remind and discuss their small successful interventions for this client in any aspects of small changes and progresses in previous sessions, and compliment their understanding and hard working (A1-4&5,A3-4,A4-3,B1-2,B3-3&4, D2-4&13, D3-1, D4-12, E1-4&8, E3-2, F1-3, F1-2&3&8, F2-2&5&10). Scaling questions and relationship questions were used to invite the supervisees to evaluate their satisfaction for present performance and the effectiveness of counseling. The reasons why clients did not become worse were also investigated from both their own and this client’s point of view (A1-4&5, A4-1, A2-2&4, A3-7&8, B1-1&2, B4-4, C1-3, C2-3, C3-2, C4-3, D1-1&2&4, D2-10, D3-2, D4-13, E1-6, F1-2&4, F2-2&3, F4-2&4&8).

Supervisees’ personal exceptions

If the supervisees’ goals were related to personal professional growth, or they had no exceptions of former interventions for clients, the supervisees’ personal exceptions in personal lives or learning process of counseling would be probed. These dimensions would be explored with coping questions, including other successful experiences for helping former clients with similar or different backgrounds, former successful experiences and strategies to break through similar or different counseling work in other workplaces, the methods used before to help themselves move forward in professional growth, and coping abilities of having some good performance and caring for the clients even under the situations of high anxiety, strong stress, or dissatisfactions. Personal
resources of supervisees in their own growing experiences about how to handle similar difficulties with clients’ were also discussed if necessary (A1-5, A3-5, A4-3&5, B1-2, B3-3&4, B4-4, C1-7, D2-4&12&13, D4-4&11&12, E1-5&8, E2-5, E4-2, E3-11, F1-2&8, F2-5).

The use of client’s own exceptions

In the process of actively discovering exceptions, clients’ personal exceptions were emphasized to assist the supervisees to find out how to facilitate the clients to make use of them. The supervisees were often asked directly: when the clients were free from occurrences of problems, when the problems were less severe, or how the situation didn’t get worse. The supervisor would also reflect clients’ advantages and exceptions in the listening process, then directly ask the supervisees in a curious manner: How could the clients help themselves to have this exception? What were the meanings and values of these exceptions? Scaling questions for evaluating clients’ various situations were also often employed. Furthermore, the supervisees were asked in a hypothetic language to examine the effect that this exception might bring forth, such as: How was it helpful if the clients could be aware of their own exceptions? What were the effective methods to empower the clients? The purpose was to inspire the supervisees to generate alternative interventions or strategies to break through their difficulties in helping the clients (A1-5, B1-3&4&5, B4-4, C2-6, C3-4, D2-10, F0&5).

Component IV: Developing Other Possibilities

“Developing other possibilities” was employed by using a hypothetic sentence patterns in order to broaden the supervisees’ original thinking
and help them look back on their own dilemmas or goals from various and comprehensive angles, and then increase the possibilities to achieve their positive supervisory goals.

The hypothetical situations different from the supervisees’ dilemmas

The first direction was to ask the supervisees to hypothetically consider other situations that were reversely different from the dilemmas mentioned by supervisees. Supervisees were often asked three kinds of questions. First, if the difficulties perceived by the supervisees had not existed and they had been capable to deal with these problems, how would they have reacted or intervened differently (A2-3&4, A4-3, A3-9, B2-3, D1-9, E1-4&5&7, F2-5&10&11)? Second, the sentence pattern “if the current situation were…, how would you consider and behave differently?” was used, for example, “if you agree with clients’ goals or stay more on the issues that are important to the clients…”, “if you could accept their own anxiety and needs”, or “if you re-encounter the similar situation in the future….“ (B2-4, A3-7&8, B2-2%4, B3-3&7, C1-6, C2-5, C3-8, E2-3&5, E3-3, F2-5&12, F4-8) Third, the sentence pattern, “if the worst situations you worried about truly happened …” was often used to inspire supervisees’ thinking or coping. For example, if clients committed suicide or were disappointed at them, or if the counseling process did not proceed as their expectations, what would they care most? What were the meanings of the results to supervisees? How would they handle it and what kind of resources could be helpful? The supervisor would
particularly guide the supervisees to accept the possibility of the occurrence of hurt and regret, but would strive to reduce the possibility at the same time (B3-7, C1-6, C2-5, C3-3, E1-4&7&8, E3-2, F1-9, F2-10, F4-8).

**Reflection from various kinds of hypothetical issues**

According to the supervisees’ goals, their clients’ needs, and the supervisor’s own frames of reference, the second direction was to invite supervisees to hypothetically reflect on some related issues. First of all, the supervisees were invited to re-examine and expand the beliefs they had and valued. For novice counselors, the definition of counseling and the identification of counselor’s role were shared and discussed between the supervisor and supervisees, and then the meaning of current dilemmas might be re-examined and renamed (A4-3&5&6, B3-6, C3-6, D4-12714, E1-6&7, E3-4, E4-2, F2-3, F3-5, F4-8).

Secondly, the supervisees were invited to re-examine and expand their interventions for clients. The supervisees were led to image: if they had used different interventions suggested hypothetically by the supervisor, how it would have been helpful on current issues, and what possible outcomes would have been. When the supervisees decided to choose one direction, they would be asked to evaluate, from diverse dimensions, the following steps or conditions needed to happen first, the possibility of success, and the possible challenges in the future (A1-3, A2-4&5&7, A3-13, B2-2, B3-4&5, B4-2&3&5, C2-5&11&12&15&16, C3-2&7, C4-3&4&5, D3-3&9, D2-11, E2-5, E1-4&7, E3-3&7, F1-8, F2-10, F3-2&4, F4-3&4&8).
Component V: Giving Feedbacks and Clinical Education

The component consisted of three elements. First of all, the supervisor would always give abundant positive feedbacks and assurance to the supervisees in the supervisory process. Particularly before the end of each supervision, the whole performance of supervisees would be complimented in an organized way, including their good functions, exceptions, coping, reflection, actions and progresses, their willingness to learn, their care and understanding for clients (A1-13, A2-2, B1-2&7, B3-6, B1-13, B3-5, B4-6, D1-11, D2-13, D3-3, E2-6, E4-5, F1-10, F4-6, D2-13).

As to the second part, after circulating the previous component, the supervisor would estimate if the supervisees had clear clues to reach their goals, or were familiar with certain professional knowledge or techniques. If no, the supervisor would directly share, illustrate, demonstrate, or role-play with the supervisees. That is, the contents and procedures of clinical education would be in accordance with the supervisees’ needs and goals, and aim to provide the supervisees with some suggestions about a little more than what they could do now. Various dimensions of clinical education were often involved, such as developmental psychology for a specific stage of life, basic counseling principles on specific issues and populations, the process and contents of forming counseling plans and clients’ conceptualization, the intention and application of specific counseling techniques, the functions and limitations of a counselor’s roles, and the professional development or the learning process of counseling (A1-5&7&10, A2-7, A3-12, B1-6&7, B2-2&3&5, B3-3&5&6, B4-2&3,
The third part was giving tasks to supervisees in the final stage of the supervision, including practices of specific counseling skills, or specific methods for self-trust, self-training, and self supervision. The first little step that supervisees agreed to take was discussed concretely at last (A1-10, B1-7, B2-6, B3-6, B4-3, C1-5&8, C2-6&8, C3-6, C3-7, C4-6, D1-4&10, D2-15&18, E2-6, E4-3&4&5).

Component VI: Forming the First Little Step

After fully proceeding components III, IV and V at the end of each supervisory session, the supervisor would guide the supervisees to organize the findings from this supervisory session. Based on previous findings and current restrictions, the supervisees were led to precisely form the “first little step”, which was reasonable, attainable, and capable for them to exert experimentally (A1-14, A2-9, A3-13, A4-7, B1-7, B2-6, B3-5, B4-6, C1-9, C2-8, C3-8, C4-7, D1-9, D2-17, D3-6, D4-16, E1-9, E2-6, E3-11, E4-5, F1-9, F2-11, F3-11, F4-10).

Component VII: Exploring the Differences and Changes

“What is better since the last supervision?” was asked to start the following supervisory sessions. Then the progresses, differences, and changes of the supervisees or clients about their influences and process were highlighted and encouraged to duplicate them. The supervisor showed high interests in supervisees’ efforts and changes, and tried to
facilitate the supervisees’ awareness and accumulation of self-assistance in execution and development of professional work, and then moved to form next supervisory goals. In the last supervisory session, the overall experiences and harvest of each supervisee were probed and organized. The supervisees were also encouraged to move toward their preferred directions with self-appreciation and self-assistance in the near future (A2-1, A3-1, A4-1&7, B2-1, B3-1, B4-1&6, C2-1, C3-1, C4-1&7, D2-1, D3-1, D4-1&16, E2-1, E3-1, E4-1&5, F2-1, F3-1, F4-1&10).

DISCUSSION

Dynamic Circulation Appeared among the Components of SFS

The components of SFS shown in this study exerted the uniqueness and comprehensiveness of this SFS model, and overlapped with Juhnke’s (1996) and Triantafillou’s (1997) opinions though they were not exactly the same. Most importantly, the components of SFS did not work independently. Figure 1 showed the inter-relations and pathways among the components and their elements. The major axial line in this SFS moved on by the order from components I to VII, but there were most connections in the irregular mutual circulating process among component I to V, then finally, to components VI and VII. In other word, ”Positive opening and problem focusing”, ”Identifying positive supervisory goals”, “Exploring the exceptions of supervisees and clients”, “Developing other possibilities” and “Feedbacks and clinical education” were influenced circularly and mutually. “Feedbacks and clinical education” certainly appeared in the later phase of the supervisory process, and “Exploring the differences and changes” was shown in the following sessions.
“Feedbacks and clinical education” and “Forming the first step” were functioned in the final phase of the supervisory process. So, the dynamic circular developmental process of this SFS model was emphasized and quite different from the opinion of ‘linear progressing’ in imagination or as described in previous literature.

I. Opening Positively and Describing Problems

II. Identifying the Positive Supervisory goals

III. Exploring the Exceptions of Supervisees and Clients

IV. Developing Other Possibilities

V. Giving Feedbacks and Clinical Education

VI. Forming the First Little Step

VII. Exploring the Differences and Changes

Note 1. (Ⅰ), (Ⅱ) stands for components

2. → represents the main pathways, ←→ represents the existential pathway diagram among them.

Figure 1 The Components and Elements of SFS
Furthermore, the supervision was a process of “moving spirally forward”, that was, from negative complaints to positive goals, from big goals to small goals, and from small goals to little steps. Between goals and actions, the supervision followed the content and the pace of supervisees’ consciousness flow and moved in the supervisees’ thinking context, and continued to circulate until the appearance of the first small workable step accepted by supervisees.

Components of SFS Exerted Empowering Behaviors in Postmodern Approaches

Lombardo, Greer, Estadt& Cheston (1997) proposed four kinds of empowering behaviors in supervision, that could bring senses of empowerment to the supervisees. Consistency can be found between the components of SFS in this study and the empowering behaviors proposed by Lombardo et al. (1997) shown as Table 4. In sum, echoing Triantafillou’s (1997) perspectives, SFS is a model of empowerment, which can facilitate an empowered helping relationship, and fully exert the behaviors and effects of empowerment.

LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCHES

According to the limitations of the study, several suggestions for future studies were proposed to increase the investigation of effectiveness and application in SFS. Future researches can increase relevant questionnaire measurements or interviewing designs to expand the
exploration of SFS components, the supervision effects, and the relationship between them. The stage of professional development or counseling approaches of supervisees can be also considered into research design. Further increasing comparison studies of process and effectiveness with different supervisory models in the future should be interesting and necessary.

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Empowering Behaviors in Components of SFS</th>
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<tbody>
<tr>
<td>The SFS component in this study</td>
<td>The empowering behaviors of each component in supervision</td>
</tr>
<tr>
<td>I. Opening Positively and describing problems</td>
<td>Eliciting ideas</td>
</tr>
<tr>
<td>II. Identifying the positive supervisory goals</td>
<td>Eliciting ideas</td>
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<tr>
<td></td>
<td>Praising strengths</td>
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<tr>
<td>III. Exploring the exceptions of supervisees and clients</td>
<td>Praising strengths</td>
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<td></td>
<td>Eliciting ideas</td>
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<td></td>
<td>Suggesting alternatives</td>
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<tr>
<td>IV. Developing other possibilities</td>
<td>Eliciting ideas</td>
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<td></td>
<td>Suggesting alternatives</td>
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<tr>
<td>V. Giving feedbacks and clinical education</td>
<td>Suggesting alternatives</td>
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<td></td>
<td>Eliciting ideas</td>
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<td>Models</td>
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<tr>
<td>VI. Forming the first little step</td>
<td>Suggesting alternatives</td>
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<td>VII. Exploring the differences and changes</td>
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<td>Models</td>
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</table>

Reference

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