Supervision: In the Style of Alfred Adler

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Abstract

Counseling supervision, a process of influencing and training beginning counselors, has generally been ill-defined or simplistically characterized in the Adlerian literature. Adlerian literature typically focuses on theory and diagnostic techniques in Adlerian counseling. Little is devoted to style. Milliren and Wingett (2005) proposed a process they call RCI/TE. RCI stands for the inquiry element, respectful curiosity, developed to emulate Adler's therapeutic style with reflective exploration and assessment of beliefs. TE stands for therapeutic empowerment, similar to the reeducation-reorientation element of the Adlerian counseling process. Using RCI/TE, a supervisor can conduct supervision "in the style of Alfred Adler" as well as model various skills for counselors-in-training. The authors conclude with a vignette of a counselor educator and a master's-level student as an illustration of the RCI/TE process in supervision.

Bernard and Goodyear (1998) defined supervision as "an intervention provided by a more senior member of a profession to a more junior member or members of that same profession" (p. 4). The supervisor is expected to be a competent professional who is able to help the supervisee by means of a clearer vantage point of "super-vision" (Bernard & Goodyear; Bradley & Ladany, 2001). The primary responsibility of the supervisor is to the one who is supervised, ensuring this individual's professional development (Stout, 1987). This should be a cooperative arrangement involving multiple goals of education, evaluation, and an indirect obligation for the welfare and treatment of the client (Minnes, 1987), ensuring that no harm occurs and that constructive, appropriate treatment is provided to the client.

The ability to integrate what is learned in the classroom with what occurs in the therapy room is essential to the training of competent professionals. The experience should include feedback and reflection within a positive relationship in which a supervisor challenges, stimulates, and encourages the supervisee (Bernard & Goodyear, 1998; Bradley & Ladany, 2001). The relationship between the supervisor and supervisee is important and we believe best served if it assumes a horizontal rather than a vertical framework, with the power differential spoken of by Sherry (1991) circumvented as much as possible. Patterson (1964) offered the additional idea that the supervisory relationship is not therapy but may be therapeutic.

The process of how a counseling trainee becomes an effective professional and the characteristics that may influence that process (Russell,
Crimmings, & Lent, 1984) have received little attention from Adlerian counseling researchers. Most models of supervision conceptualize the process as one of skill acquisition within a stage framework of counselor development (e.g., Logenbill, Hardy, & Delworth, 1982; Stoltenberg, 1981). Dreikurs and Sonstegard (1966) offered a model of supervision within the context of "open-forum" counseling. Kopp and Robles (1989) noted that the goal of supervision typically is to identify the trainee's current repertoire of skills or level of development in the context of personal factors that may influence effectiveness.

The Process of Adlerian Supervision

The more cognitively oriented Adlerian supervisor would emphasize a relationship of equality between the counselor supervisee and supervisor. The cooperative encounter of supervision would lend itself to both shared knowledge and personal growth. Content of supervisory sessions would be determined by the collaborative negotiations of both supervisor and supervisee. It would spring from the perceived needs of the supervisee, her or his understanding of the client, and the supervisor's encouragement toward increased awareness of the dynamics of the exchange. A horizontal rather than vertical supervisory relationship would encourage the supervisee to develop egalitarian relationships between self and client that are more conducive to change. Johnson and Gysbers's (1966) survey of practicum supervisors indicated a preference for democratic relationships with shared responsibility for planning.

An Adlerian supervisor would be interested in identifying the supervisee's internal dialogue and challenging the supervisee's cognitions and misperceptions (Bernard & Goodyear, 1998). Holistically, the supervisor would assist the supervisee in developing awareness of fictive goals, convictions, modus operandi, and mistaken beliefs and attitudes that might interfere with or be encouraging of effective intervention with clients.

Single-session supervision focuses on how the "stuckness" in the therapy is described and thus conceived by the therapist. The supervisor guides this process and is especially attentive to the therapist's subjective experience. . . . The goals of the therapist and how he/she views the resistance or "stuckness" are explored. (Kopp & Robles, 1989, p. 213)

Adlerian supervision includes a process whereby supervisees meaningfully reconstruct counseling experiences using their understandings, images, and actions to reframe a troubling situation so that problem solving interventions can be generated, and strengths already in use can be encouraged. In creating a revised interpretation of the meaning of one's counseling
experience as a guide to action (Colton & Sparks-Langer, 1993; Mezirow, 1994), the supervisee’s level of awareness is increased through the recognition of useful strategies, inconsistencies or incongruities, and mistaken beliefs, ideas and attitudes. This implies a give-and-take supervisory interaction that assists counselors-in-training as they reflect on uncertain counseling experiences in supervision and reenter the counseling context with a meaningful change in perception and practice.

**What Would Adler Do?**

It seems likely that whatever Adler would have done in terms of supervisory style might have been similar to his therapeutic style. How did Adler specifically conduct his therapy? Researching the literature indicates that the wealth of available information regards theory and diagnostic techniques. Little is devoted to Adler’s manner or style. Henry Stein (1991) confirmed this lack of documentation:

Adler demonstrated his therapeutic approach; he did not write about it at length. The people who studied with him learned his style of treatment by observing him and absorbing it first hand. He insisted that Adlerian psychotherapy had to be creative, that it could not be made into a system or procedure.

Many therapists, students, and university professors are not aware of the original Adlerian approach. One reason is that most of Adler’s writings have been out of print for some time and his two most important clinical works, “The Neurotic Constitution” and “The Theory and Practice of Individual Psychology,” are very poorly translated. The other reason is that the classical Adlerian technique of psychotherapy has not been comprehensively documented or widely demonstrated. (p. 241).

Adler acknowledged that he was reluctant to describe the technique of treatment “because a written description of the technique of treatment involves laying down the law upon a matter that cannot be standardized, measured, and categorized” (Adler, 2005c/1932, p. 80). Adler viewed the process of therapy as a subjective activity—the “artistry of Individual Psychology”—that “is bound to differ with the individual case” (p. 80).

The possible ways in which the individual can relate to life’s questions are as infinite as the possible patterns of individuality. Even if some patterns of answers are similar, if this leads to the assumption that we might be able to create a typology, it would be very wrong, even theoretically, to organize cases into typical categories and force these various living forms into types. In order for a person in our profession to meet the demands of his work responsibly and fairly, he must be able to feel the nuances of every variation and recognize the uniqueness of every individual. (Adler, 2005a/n.d., p. 8)
Sophia de Vries (2005) discussed what it was like to work with Adler and how difficult it is to put his style into words. Her view was that it had to be witnessed. All of the components of intonation, gestures, body language, empathy, and openness had to be seen to be understood. Adler's style communicated respect, which "always came first, followed immediately by encouragement, which made the patient feel worthy and hopeful" (p. 1). Adler was a master at matching his language and terminology with that of the patient and the patient's level of understanding.

Here was a therapist who, in a careful approach, quickly came to the core of the problem and used very simple everyday language from the patient's own vocabulary. . . . Often, in one sentence, he reduced the patient's imaginary mountain into the molehill it really was. (p. 1)

We are fortunate to have been provided a glimpse of the manner of Adler's "conversational" style with patients in some newly translated lectures, *Lectures to Physicians and Medical Students* (Stein, 2005). This work contains a series of lectures that Adler delivered in German "at what was identified only as an 'Urban Hospital,' somewhere in Europe" (p. iv). These translations contain transcriptions of several live demonstrations of Adler's interviews with a variety of patients displaying the full spectrum of pathology ranging from neuroses to psychoses.

In his editor's preface to this volume, Stein (2005) states:

All of these never-before-published manuscripts add to our appreciation of Adler's remarkable understanding of human nature and the cure for mental suffering. His unique synthesis of psychological and medical knowledge, as well as his exceptional, creative intuition, provide us with a timeless, profound resource in our continuing quest for improving our therapeutic abilities. (p. iv)

A brief excerpt, from an interview with a woman diagnosed with serious depression, provides an opportunity to appreciate Adler's manner and insight (Adler, 2005b/n.d.):

Dr. A.: How do you feel now?
Patient: At the moment I am in great pain since I was just given an injection.
Dr. A.: Do you sleep well?
Patient: I sleep poorly; I can't rest.
Dr. A.: Do you recall what you think about when you can't sleep?
Patient: No, I think about all kinds of problems.
Dr. A.: When do you feel your best?
Patient: I feel best in the middle of the day and worst in the morning.
Dr. A.: Did you lose weight lately?
Patient: I lost 15kg.
Dr. A.: When did your nervousness begin?
Patient: In 1925, when I had the accident.
Dr. A.: Did the insurance company compensate you enough?
Patient: No.
Dr. A.: How is your relationship with your parents?
Patient: It is not good with my father.
Dr. A.: What do you plan to do when you have recovered?
Patient: I have given it no thought as yet.
Dr. A.: You are very sensitive and probably were also that way as a child.
Patient: Yes.
Dr. A.: Did you have girl friends?
Patient: Yes.
Dr. A.: How did your mother treat you?
Patient: Very well.
Dr. A.: Do you still have girl friends, and do they make you happy at times?
Patient: Yes.
Dr. A.: Well, it would be a good idea if you also tried to make them happy. Sometimes when you cannot sleep, try to think about that instead of some problems; it might help you. (pp. 109–110)

The preceding dialogue provides some of the flavor of Adler's style. Milliren and Wingett (2005) have proposed a process they call RCI/TE which was developed as a means for emulating Adler's therapeutic manner. RCI stands for the inquiry element, respect fully curious inquiry, and is designed to allow for reflective exploration and critical assessment of beliefs. The TE element stands for therapeutic empowerment and embodies four basic components of equality, empathy, encouragement, and education. This “resembles the re-education/re-orientation phase of the Adlerian counseling process in which the client's beliefs are co-evaluated by the client and counselor to assess the usefulness of the behavior that evolves from the belief” (Milliren & Wingett, 2004). There are seven basic characteristics or "FLAVORS" of effective RCI (see Table 1).

According to Milliren and Wingett (2004), the Respectfully Curious Inquiry process develops more as a conversation about the client's life journey. It is designed to discover where the client has been, what is currently happening for the client, and where the client would like to be. As this exploration progresses, observations of the client's behavior are connected to speculations about the client's logic. With this process, the client is assisted in bringing his/her beliefs to awareness. . . Therapeutic empowerment . . . involves replacing useless behaviors with creative alternatives. Prescriptions for more effective options may be suggested, more functional or useful behaviors are encouraged, and, throughout, social interest is enhanced. In addition, it is an important goal for the supervisee to view the client as a human being rather than a disease (Dreikurs & Sonstegard, 1966) and to experience a counselor-client relationship of equality. Adler would call it a horizontal rather than a vertical relationship.
Table 1  
The FLAVORS Components of Respectfully Curious Inquiry

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
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<tbody>
<tr>
<td>Focusing</td>
<td>Focusing on what it is the client wants to arrive at mutually agreed upon goals</td>
</tr>
<tr>
<td>Listening</td>
<td>Listening attentively, empathetically, and reflectively</td>
</tr>
<tr>
<td>Assessing</td>
<td>Assessing the client's strengths, resilience, and social interest</td>
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<tr>
<td>Validating</td>
<td>Validating client resources and characteristics, encouraging client growth</td>
</tr>
<tr>
<td>Openly Sharing</td>
<td>Openly sharing in the humor that abounds in the ironies of social living</td>
</tr>
<tr>
<td>Replacing</td>
<td>Replacing information gathering (factophilia) with appropriate clarification, creative intuition, imaginative empathy, and stochastic questions</td>
</tr>
<tr>
<td>Socratic</td>
<td>Specifically engaging in Socratic dialogue (What? Who? Where? When? How?) that serves as the key element of the process</td>
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Similar to the model discussed by Kopp and Robles (1989), we apply the RCI/TE model to the process of supervision. The following vignette offers an illustration of the RCI/TE process in supervision. Al is the counselor educator, and Belinda, the student, is employed as a case worker at the time of this interview. Some of the content in this interview has been edited or deleted for purposes of brevity. We have indicated in parentheses, at the end of each supervisor response, the specific RCI characteristic or characteristics that are evidenced. Elements of Therapeutic Empowerment are also identified. Although the typescript does not directly show it, the general atmosphere of the interview was that of joyfulness and good humor.

Al: Belinda, one of the things I wanted to follow up on with you is the comment you made the other day about how you changed your attitude about your clients, and now they're different in many ways. I'm curious about how things are working out and what kind of progress you're making. So, can you tell me something about that? (focusing)

B: Yeah. I first went into the job (I've only been working there five months) with my undergraduate degree in psychology, you know, the basic of the requirements. I'm doing mostly symptom management: go and see if they're having any adverse side effects due to meds, if there are any symptoms from their mental illness, and money management. It was pretty
clear-cut what I needed to do so I didn’t see . . . I thought I was doing my job. Thought I was doing pretty well. But in taking this class, and all the things that I’ve learned, I know this isn’t just for mentally ill people, this is what you do with your regular clients. But I definitely can apply it to my job.

So I start figuring, “I can really get this stuff, what’s going on.” And the best thing is in the practice I got with my clients. And it clicked! “Here is the key to the puzzle and here’s how you can help these people.” So I decided to go to work, and first and foremost, to not look at these people like they were their mental illness. I said, “These are people, just like I am and they just have these characteristics.” And so, in realizing that we all have intended goals and everything and that we all have . . . regardless of the mental illness, we’re all going about life in the same way. You know, I’m not looking for the symptoms that I need to write down. No. I’m just saying things like: “So, how was your weekend?”

A: Just real curious about them. (listening)

B: Yeah. And that opens the door to the rest of it, their past and things and why they are here today and so just by giving them the right questions, I . . . And I’m not even trying now. It’s like, at first, when you were doing that in class and I thought, “Oh, my gosh.” And I didn’t even know what to ask them. But I’m just saying, it comes a lot more natural to me and I know my reason: to help them.

A: So, what do you think changed in you when you made that shift from not looking at them as being a disease, but just being a person? (Socratic)

B: My whole job. Everything. I loved my job before. I felt good. It was rewarding! I took so much for granted. But man! I was like, It’s kind of like I have this special resource and it’s like I need . . . I just can’t wait to apply it and help them. And like I told this specific client before, “You know, you and me we’re just people, and I just know a couple of additional things that maybe you are not aware of, and I’m just going to just show them to you, help you, maybe guide you through the process. I’m not any better than you are, not . . .”

A: So, the relationship has changed. Rather than being the person who is in charge, you’re functioning more like equals. (listening)

B: Yeah. And it’s a world of difference because I’m not like the case worker getting onto them and managing their money and the like. It’s more like, “Here’s a person who understands my situation.” I’m a person that she wants to see and it’s like hopeful now! And to me, it changed me and I’m like crazy excited. I seriously can’t get enough of it. I’m very happy that I can apply it to my job. And it has completely changed my job.”

A: Now, do you have any clients that you are really hung up on still? (focusing)

B: Yeah, there’s one in particular. This one client, like I’ve gone along with him. And it’s been okay, but we are not really working on the issues. But now, I mean he’s been fine, we found him a job, he’s majorly bipolar with psychotic features, and very low intellectually functioning as well. He worked this one job for five days. And in these five days he was late three times.
And it's never him. It's not his fault. So I'm like, well, let me investigate and try to open up to him so that he can see for himself. And he has these anger issues. I want to have that talk with him, too, but it's very difficult because he... I don't know, maybe he's more severe than this other client, but I'm like... He changes his story every time. Every time we have a visit he is ugly to me. I don't know what to do.

Al: What do you think triggers that initial defensiveness? (Socratic)
B: That he honestly isn't capable. This man... I'm assuming he's illiterate. He can't read or write. And I think he gets frustrated. Because, right now, I'm working on his Social Security problem. He doesn't understand what he needs to do. It's like it's too much for him. It's almost like to him he's been the victim so much...

Al: So even when you ask him questions, he feels like a victim? (focusing)
B: Yeah. Like I'm interrogating him. Like he's got to justify himself to me.
Al: He's looking at all kinds of ways to make it difficult. (focusing)
B: And where do you go with that?
Al: For you or for him? (focusing)
B: Yeah. And so I try to say, "O.K., ..." And like the Social Security thing: I'm willing to help him, go the extra mile, outside of my job, do things. Well, he doesn't like that. And I don't know what to do with that.

Al: How would you like for it to be? What could you do to make that different? (Socratic)
B: I don't know. It's like that every visit!
Al: So he's giving you fits. (listening)
B: And I honestly wanted to be like, "We need to give you the Oscar because you are a great actor." And that's a bad mind set to have; because then I see him as just at me.

Al: And he's just jerking you around. So, what might you do to shift that a little bit? (Socratic) Because what I'm hearing is you ask him some "Why" questions sometimes. And if you dropped those... (therapeutic empowerment)
B: Like, "What can we do?"
Al: You might ask, "How would you like me to be today?" "What are the things that you would like for me to do?" And so maybe you could get him to define more about how you need to be. (therapeutic empowerment)
B: Well, I asked him. I was like, "You're making me out to be a monster. And I'm just trying to help you. These aren't my rules. I'm just the middle person."

Al: So what if you didn't take quite so much responsibility for what you are doing for him? (Socratic)
B: And that's what I did. The Social Security paper...

Al: Maybe, it could be more about, "How would you like for this to be handled?" (therapeutic empowerment)
B: Yeah, and I think it was more like I kind of brought them in and said, "Here's your papers." And he was like, "Oh, so now you're mad at me so now I can do it." I'm like, "No, Curtis, you need to call them. They need to talk to you, because I don't want to be the middle person in this so that they get mad at me." So I told him to take care of it.
Al: And when you fight, you try to explain to him how it has to be this certain way. And it doesn’t go anywhere. So you wind up in this power struggle. *(replacing factophilia)*

B: Yeah, and for the most part. It’s like working with two people, the way he acts sometimes.

Al: How could you side step some of that? *(Socratic)*

B: Well, I know he has issues other than what’s going on with me. I mean I’m sure it’s frustrating being a grown man and he has this girlfriend and they’re like trying to have a kid, and I’m sure it’s frustrating being in this world . . .

Al: And you can’t manage it or control it for him. *(listening)*

B: And I try to understand him and like I told him, I’ll try to hunt him down for our appointments. “O.K., so I’ll go look for you . . .” And I try to understand, but I think though, for that matter, I guess I can just listen sometimes.

Al: How do you approach him differently from this girl (another client) that you’ve been seeing? Is there a contrast, do you see a contrast between the two? *(Socratic)*

B: My patience is like . . . I have a shorter patience with this man.

Al: And do you anticipate his being difficult? *(Socratic)*

B: I guess I did this last visit, but not before, because we’ve never had problems. Well, it happened to me twice now. So I guess the last time I picked him up I’m like . . .

Al: On guard? *(listening)*

B: And I was. And he knew that. Because he told me, he said, “Right now you probably don’t like me.”

Al: What if you didn’t respond to those provocative things? Because then he tries to set you up. But what if you didn’t . . . *(Socratic)*

B: Do you mean like his “I don’t like the doctor” comment?

A: Yeah, or like, “Now you don’t like me either.” Because then he’s trying to provoke you into something. And you might just go (shrug), “Could be.” Just kind of let it go through you and . . . *(therapeutic empowerment)*

B: Well, I guess even with the aspect of having hope for the clients, it’s almost like me having that hope for them too. I don’t see that as clearly as I do with my other clients.

Al: It’s a struggle working with him. *(listening)*

B: Yeah. I see her, and I’m like I’m right there with her, like, “We’re going to do this . . .”

Al: Well, it’s almost like you have to explain yourself or the system to him, when he probably knows. I would assume he knows . . . *(replacing factophilia)*

B: Yeah. He’s had Social Security for I don’t know how long. And he’s like, “What am I going to do?”

Al: So how is this new? *(Socratic)* When he tries to bring it up and provoke you with that, you could just go, “Well, maybe . . . How would you like it managed?” When you try to make it make sense, he outsmarts you all the time. *(therapeutic empowerment)*
B: Well, he plays . . . I honestly, I think he's acting.
Al: And that may have been working for him for a long time? (replacing factophilia)
B: Well, I think it's what is expected of him.
Al: Yeah. And it's kind of the way he gets his way. So you may want to just not take the bait. Just kind of let that stuff go by. (therapeutic empowerment)
B: I don't know.
Al: Well, I'm sure you'll think about that and come up with something. (validating) So that you're not trying to figure it out for him. And when you do that, it's kind of like you're trying to defend yourself and make everything okay. (listening)
B: Then it makes me mad because I . . .
Al: Belinda, may I ask what your birth position is? (Socratic)
B: I am the youngest.
Al: Of how many? (Socratic)
B: Three. I have two older brothers.
Al: What was that like for you, growing up? (Socratic)
B: I never had anyone to play with, I was always left out, and, they picked on me!
Al: And, how was that for you?" (Socratic)
B: When I was younger, my nickname was “Fat.” They just called me “Fat.” That was their name for me.
Al: How did that come about?" (Socratic)
B: I guess they thought I was fat. I think I thought of myself as fat. Even though, when I look at pictures and stuff, I don't think I was that big. Though, I was bigger than them.
Al: So, how did that work out for you?" (Socratic)
B: As I look back now, I constantly feel like I had to justify myself, defend myself. Well, I'm constantly defending myself. I feel like I always have to . . . in almost every relationship, I have to explain myself. With my parents, my daughter, my friends . . . everyone.
Al: It's almost like with this client, you're defending yourself . . . (listening)
B: Well, yeah. He makes me feel like I have to justify why I am asking him things and making him do things. I have to explain to him and defend my job title. I can't just say it and go on.
Al: It's almost like being around your brothers again. (listening)
B: Yeah. I need to change that. Someone just asked me, “Why do I try to defend myself so much?” And I didn’t know.
Al: Does this give you some ideas about where that comes from? (Socratic)
B: Well, it is just like being with my brothers . . . It just amazes me how all that birth order stuff stays with us! I don't want to be stuck there. What can I do differently?
Al: I might shift to asking questions like, “What do you think needs to be done?” or “How do you think this ought to be handled?” You don't have to agree with it, just follow up more instead of trying to explain to him. See if that doesn't take you out of that power struggle. Because it's easy to want to
argue with him. You probably did that on a daily basis with your brothers! (Laughter follows.) (openly sharing humor) It makes you defend yourself and you have to make sure he understands when he probably does already. (therapeutic empowerment)

B: I should ask more of that because then I can see it from his perspective. And maybe my understanding of Social Security is not his understanding. And so I need to be open to what he says.

Al: So he's friendly, initially? And then what typically happens? (Socratic)

B: He will get angry when I try to start telling him what he is supposed to be doing. And he's like, "Oh, I don't know what you're talking about. I forgot." And I'm like . . .

Al: So you could start with instead of, "Where is that paper?" saying, "What's on our list of things we need to get done today?" (therapeutic empowerment)

B: But, see that's his thing. It's like he doesn't even know. It's like he . . .

Al: He acts like he doesn't. (replacing factophilia)

B: Well, no. Like his doctor's appointment, he would have never known to go. I can't sit there . . .

Al: However, the minute you start reminding him, then he gets all mad, so you've got to act as if he's going to know even if he doesn't. So you say, "Well now, what's on our agenda today. What are the things we need to talk about?" And if he goes, "Oh, I don't know," then you say, "Well, let's make something up that we should be doing then. What's going to be helpful to you today?" (therapeutic empowerment)

B: And he'll say, "I don't know."

Al: Well, in that, "I don't know," what do you think would be useful to you? (Socratic) Operate so that you're just constantly asking him for information. (therapeutic empowerment)

B: And not giving it to him?

Al: Yeah. Because if he is playing stupid and dumb, which he probably is because it works for him, it gets him off the hook. You know, if he forgets his doctor's appointment, he can blame it on, "I forgot. I didn't know I was supposed to do that. You didn't tell me!" So if you could be like less responsible for him . . . (therapeutic empowerment)

B: And it's very hard to not be responsible for him but . . .

Al: Yeah because it's easy to go into that space where, "He is not as bright as those people. He's not as capable." Maybe you have to do more for him, rather than like putting him in that same category as you did the other client you had where you were saying, "They're just like me." And maybe view him from a different perspective and not let him put you on the defensive and make you have to explain yourself. And see if maybe that'll improve that relationship. Because when he gets you going, he runs the show. (therapeutic empowerment)

B: Um-hm. And that's what I felt yesterday because . . .

Al: He was in charge and you were feeling helpless. "Where are you going? I'm the case worker." Again, it was like growing up with your brothers! (listening)
B: (Smiles.) Hmm.
Al: He was toying with you, it sounds like. So I just wouldn’t take the bait and see what that does for you. Just assume he knows. Even when he says, “Well, I don’t know.” (therapeutic empowerment)
B: And he’ll say, “That’s your job. You should know.”
Al: And you can respond with, “Well, maybe it is, but I have a lot of clients and I try to help them be as independent as possible.” (therapeutic empowerment)
B: See, and I think in my job though, we don’t allow it to be that way. They are dependent on us so we . . . O.K., I understand that. And now just talking about it and seeing it, yeah, these people, just because they are mentally ill have that excuse. But we can change the services we have to being their responsibility.
Al: Yeah, just start shaking the tree and see what happens. It would be a fun experiment for you. He could be one of your experiments. And just see if you started to view him as if he were like a typical irresponsible teenager. And your job is saying, “O.K., I understand.” And be aware that he plays you by being stupid. And just don’t get sucked into trying to justify yourself and things to him. And just approach him as if, “Well, I know you understand.” And see what happens. (therapeutic empowerment)
B: Yeah. I’m there to help everyone. And I do wonder sometimes if I’m starting out like, “Why am I so willing with some people and not with the others.”
Al: And it could be—and I don’t mean this as anything negative about you—but I’m kind of like, “Well, we take an attitude towards everybody.” And you have some that you kind of go like, “They’ll be cool. They’ll be like normal.” And others you kind of go like, “Well, I don’t know. They are going to put me on the spot.” (replacing factophilia)
B: And the thing about it is it’s a bigger challenge.
Al: To find what’s going well for them? (listening)
B: Yeah. They will be harder cases.
Al: Yeah. And you’ve got to look at you. It’s not them so much. It’s you that’s reacting to what they’re doing. (therapeutic empowerment)
B: Yeah.
Al: And how can you shift what’s happening in you so that it doesn’t interfere? (Socratic)
B: Because I look at it like I wonder why some are capable and some aren’t. And I think, “Are they more severe? Is it that?”
Al: Or better manipulators? (openly sharing humor) (Laughter)
B: Or what? Or how is it that some people can’t overcome? Like I have an awesome client. She is bipolar and I mean bipolar. I would say an extreme case but she is very educated about her illness. She is educated about her meds.
Al: And you see her as completely different, she wants to get better. (listening)
B: Oh. Completely! This lady, I like to listen to what she has to say because I get a wonderful insight into how it is in a very educational way. And then
she knows. I think to myself, like, “I should have that for all my clients.” But this lady, I use her as a kind of.

Al: So if you look at it as where your clients are in their kind of journey, she is down the road quite a ways. *(therapeutic empowerment)*

B: Oh, yeah.

Al: Your other client is kind of . . . *(Socratic)*

B: In the middle.

Al: And he is back here, on the same path. He just hasn’t gone as far? *(Socratic)*

B: Yeah. They’re all starting at the same place.

Al: Yeah. From Zero, or wherever they were when they came in. *(listening)* It’s almost like it’s a measure of hope in some ways. *(assessing)*

B: It is.

Al: You have a lot of hope for this one and some more for this. And it’s like hard to be hopeful for some. *(assessing)*

B: And acceptance for him. It’s like, Oh well, I’m going to be content because he is. And so here we are both stationary and not going anywhere and until someone can maybe initiate it . . . Yeah. And I think that is the thing with mental illness where . . . Because at first I didn’t think that he could, like when you told me in the first or second day of class I didn’t see how you could apply it to these people. Because I completely didn’t see.

Al: Yeah. Because they were “these people,” for you. *(listening)*

B: Yes. And I don’t think it can happen. And that is my job to tell them what to do.

Al: You’d love for him to be able to see that very thing that she (the other client) has going for her, but he’s not there yet. *(validating)*

B: I want it for him, and I’m not out to get him. But we’re stationary.

Al: Yeah, you want it for him, but it’s a whole different thing. It’s hard to have the hope but it’s coming for you . . . *(validating)*

B: But it’s a different mind set. And I think those were like the old difficult ways. Here are my new ways, a different, exciting way to do things. And it’s very easy to fall back into that, “Gosh, I have to tell him what to do. Get it out of the way.” And I’m like . . .

Al: Right. So you can look at what he has going for him that’s not just being obstructive. But . . . *(listening)* Is he fun? Is he pleasant? *(Socratic)*

B: And see, once again, I’m like I was with that one girl, like, I don’t know. I don’t know his background and his . . . Like I told that girl, “I’m sorry that I never did that for you up until just now.”

Al: That’s a clue to something, isn’t it? “Tell me some more about you. What’s your story? Where’ve you been? What has this journey been like for you?” *(therapeutic empowerment)*

B: Yeah. Because I guess we get these cases and we just take each one from where it’s at. And they’ve been enabled and dependent so much it’s just like, “Well, continue to do it.” But they can and are capable of functioning and if we just help them see these things and how to get there. I don’t know what makes him happy. I don’t know what he does for fun.
Al: It might be worth finding out. *(therapeutic empowerment)*

B: And then I think, too, he even would be shocked if I was like . . .

Al: If you were interested in him? *(Socratic)*

B: Yeah, because I think initially that I have some clients that I really wanted to do that with but I felt that they would take it the wrong way. Like this guy, we did get along, but honestly, I guess, he would tell me that I was pretty, and I was like, "Dude, I'm a case worker." And so I guess I acted stand-offish because even like [with] his girlfriend, Elizabeth, he didn't want to tell me that was his girlfriend. He was like, "That's my friend." And I'm like . . . like I stood off and didn't act like I was interested. Because then he would like . . .

Al: Well, yeah. Then you want to be careful with some of that, you being too interested and all. *(therapeutic empowerment)*

B: Yeah. So I guess that was the reason why I didn't . . .

Al: In a way, you do present him with a relationship he may have never had before in this world. You become somebody who is truly interested in him and who he is and something about him. *(replacing factophilia)*

B: People have taken a lot of advantage of him, I know they have. And so I don't want him to get defensive.

Al: Yeah. But when you start probing and asking him to explain himself, he's going to go there, isn't he? *(Socratic)*

B: Yeah, I need to rebuild that because I think in the last three visits . . . Like, I said something to him. I said, "I know you have issues." And he said, "I do. And that's none of your business though." Like that door is shut.

Al: Yeah. And you don't need to pursue that. He'll share those with you when he doesn't have to defend himself to you. *(therapeutic empowerment)* I know you understand what that's like. *(Laughter) openly sharing humor*

B: Yes (laughing), it's definitely a very big mind set for me and the progress my clients make.

Al: Great! You're beginning to see how that old behavior of defending yourself gets in the way. *(listening)* Do you have some ideas of what you might do differently? *(Socratic)*

B: Yes. I can be more focused on asking him what he wants and how I can be helpful to him . . . not take so much responsibility for everything.

Al: Good. When I see you next time, we can talk about how all this goes for you? *(focusing)*

B: Oh yeah! That'll be great! I'm looking forward to seeing him now. I think I know what to do!

**Summary**

Counseling supervision, a process of influencing and training helpers, has been ill-defined or simplistically characterized. Adlerian supervision is inclusive and holistic, based on clarifying the flow of information via an instructional, counseling and consultation process. A range of strategies is
available to the supervisor who can develop an understanding of his or her supervision and allow a more personal encounter.

Adlerian-based supervision is characterized by a democratic relationship between a supervisor and supervisee with the focus on developing the supervisee's attitudes, understandings, skills, and behavior. Using the process of Respectfully Curious Inquiry and its seven components with Therapeutic Empowerment and its four components provides a viable Adlerian-based model for counseling supervision.

Respectfully Curious Inquiry focuses on mutually arrived at goals between the supervisor and supervisee; attentive and reflective listening on the part of the supervisor; assessing the strengths, resilience, and social interest of the supervisee; validating and encouraging the supervisee's useful behaviors; sharing in the humor that abounds in living; employing clarification, intuition, imagination, and succinct questions; and engaging in Socratic dialogue focused on developing understanding, clarification of problems, and identification of socially useful solutions.

Therapeutic Empowerment is both a part of the supervisor-supervisee consultation process and a potential outcome for the supervisee as he or she continues working with clients. The process component of Therapeutic Empowerment focuses on an atmosphere of equality, empathy, encouragement, and education in the supervisor-supervisee relationship. The supervisor establishes an environment of equality through respect and dignity. Empathy is demonstrated through conveying an accurate understanding of the supervisee's beliefs, thoughts, feelings, and actions. Encouragement is imparted through verbally acknowledging the assets, strengths, contributions, and connections of the supervisee, knowing that the very assets, strengths, and education that lead to successes may lead to struggles. Education is used to teach new theory-based tools and techniques to enhance the supervisee and his or her clientele.

When a supervisor uses the theory of Individual Psychology and the techniques and tools of Respectful Curious Inquiry and Therapeutic Empowerment, then the supervisor and supervisee can engage in a supervisory process in the style of Alfred Adler.

References


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