THE CONTEXTUAL SUPERVISION RELATIONSHIP MODEL: GENESIS, EVOLUTION, REVISION, 2015-2025

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Abstract: *We consider three questions in this paper: How does psychotherapy supervision work? Why does it work? and What are the critical ingredients that contribute to that process of 'working'?. In providing answer to those questions, we elaborate upon the Contextual Supervision Relationship Model (CSRM) --- one vision that proposes a coherent trans-theoretical structure by which the supervision relationship evolves and instigates supervisee development. The need for such a trans-theoretical structure is presented, and the CSRM components and connections are described. The development of the model is considered, changes made to the model during the past decade are identified, and some new CSRM revisions circa 2025 are proposed.*

Key words: *Contextual Supervision Relationship Model, alliance, real relationship, expectations, supervisee outcomes*

1. INTRODUCTION AND QUESTIONS OF CONCERN

Psychotherapy supervision, interdisciplinary in scope and international in reach [1, 2], serves several crucial purposes: (a) developing and enhancing conceptual/treatment skills; (b) developing and crystallizing a psychotherapist identity or Practice Self; (c) developing conviction about the meaningfulness of psychotherapy; and (d) monitoring treatment process and safeguarding client welfare [3, 4]. As signature pedagogy of the helping professions (i.e., the key means by which professional practice learning is fostered [5, 6]), supervision we contend is the *single most powerful contributor* to therapist competence development *and* practice excellence [7]. Three models of supervision practice - psychotherapy-focused, developmental, and social role/process - have traditionally been identified [2, 5]. Psychotherapy-focused supervision perspectives emphasize different forms of psychotherapy and their learning (e.g., psychodynamic supervisors working with

psychodynamic therapists to learn psychodynamic therapy), with the supervision process being uniquely stamped by the particular psychotherapy approach being learned. Developmental supervision perspectives emphasize (a) the developmental stages and developmental issues that evolving therapists experience and (b) the supervisor's matching developmental responsiveness. Social role/process perspectives emphasize (a) supervisees' evolving learning needs and (b) those supervisor roles that best address those evolving learning needs. Second-generation supervision models, while still grouped under the psychotherapy-focused, developmental, and social role/process umbrellas, have emerged increasingly across the past couple of decades, including combined models (i.e., model integration), target issue models (e.g., having a multicultural focus), and common factors/trans-theoretical models (i.e., identifying those core features that are common across perspectives) [5].

But common factors/trans-theoretical supervision models, until very recently, have been far more rarity than reality. And that rarity is indeed a most puzzling reality. Why has that been the case? Why have common factors/trans-theoretical supervision models been so slow to develop? Shortly over a decade ago, Bernard and Goodyear [8] --- identifying only four such models --- stated that, "Although there is frequent reference to similarities among supervision approaches, there is little published literature on the topic" (p. 60–61). What makes that "little published literature" on such a seemingly important topic even more puzzling would be these two accompanying Bernard/Goodyear quotes: (a) it may well be that, in becoming a supervisor, "to develop an integrationist perspective probably is inevitable" [9, p. 108)]; and (b) "Common factors models are especially important because they attempt to address the infrastructure of supervision" [5, p. 69)]. With any such identified infrastructure by definition being trans-theoretical and, thereby, having trans-theoretical supervisory salience and implications, it would again seem highly important to better understand those ever-present, practice-affecting commonalities so potentially important for us all. Furthermore, if "to develop an integrationist perspective probably is inevitable" [9, p. 108)], then developing a more defined portrait of supervision's integrationist commonalities would seem most instructive in our being able to most informatively meet that inevitability. There has been sore need for more attention to be directed toward common factors/trans-theoretical supervision perspectives.

Based on supervision scholarship across this past decade, some of that sorely needed attention has indeed been accordingly forthcoming: articulated common factors/trans-theoretical models have emerged [10, 11, 12, 13, 14, 15, 16] and increasingly appear to have become, or are in the process of fast becoming, part of the supervision mainstream [5]. Matching those conceptual/practical contributions, empirical efforts have also been increasingly made to identify critical commonalities across supervision characteristics and practices [17, 18, 19, 20, 21]. With those realities recognized, our fundamental contention is this: all psychotherapy supervision approaches are grounded in and guided by a nomothetic, nomological network of binding commonalities --- an 'integrationist infrastructure' (after [5, 9]) --- that enlivens and invigorates, directs and determines, and actuates and actualizes supervisory action [11, 14, 15, 22]. Through better understanding the specifics of that structural commonalities network, we as supervisors ideally are best positioned to be most informed about the foundations of, and bring more informed action to, our supervisory conceptualization and conduct, potentially benefiting the totality of our practice [5].

In what follows, we have chosen to highlight one common factors/trans-theoretical model --- the Contextual Supervision Relationship Model (CSRM) --- that we view as holding particular promise in cross-perspectively explicating the dynamics of the supervisor-supervisee relationship, its impact, process and outcome. We describe the genesis and evolution of the CSRM, indicate why we have chosen it for highlight here, and propose some new revisions to the existing model. Our coverage tracks the CSRM across this past decade, 2015-2025.

But, first, let us offer a word of caution. Because the CSRM is based on the work of the first author (CEW), we do not claim lack of bias. What we present subsequently is indeed a reflection of that work. So, we at the outset openly acknowledge that perspectival investment and offer that acknowledgement as caveat, asking that the reader bear that caution in mind in reading further. However, our hope is to foremost present a fair and balanced case for the CSRM, and we have endeavored to do that in going forward.

2. THE CONTEXTUAL SUPERVISION RELATIONSHIP MODEL --- FROM WHENCE DID IT COME?

The CSRM is a modified-to-fit supervision analogized model. According to Milne [23], reasoning by analogy refers to critically reflecting upon what is known in one area to inform thinking in another area, making connections so that the transfer of ideas across domains can occur: "…the models and methods of the more sophisticated psychotherapy literature may help to formulate and illuminate supervision in some key, common areas" [23, p. 220]. The CSRM, analogized from Wampold's [24, 25, 26] Contextual Psychotherapy Relationship Model (CPRM), has been adapted to fit the supervisory situation. But to best understand the analogized CSRM, let us first consider the four critical constructs of Wampold's [24, 25, 26] common factors/trans-theoretical psychotherapy model: the working alliance (bond, goals, and tasks), the real relationship, psychotherapy expectations, and healthy actions [cf. 27]. Once having then considered those critical psychotherapy constructs, we will transition to considering the model's supervision extrapolation.

2.1 COMING to READ and UNDERSTAND WAMPOLD'S PSYCHOTHERAPY RELATIONSHIP MODEL

It all began with, first, spending time reading and coming to understand Wampold's psychotherapy thinking and his CPRM. Wampold's model of the psychotherapy relationship [24, 25, 26] emphasizes: (a) the importance of bond development (part of the alliance) or initial therapist-client relationship formation; and (b) three relationship pathways that facilitate client change. Trust, understanding, and expertise --- the bond aspect of the therapeutic or working alliance --- lays the foundation for and facilitates the action of the three pathways. The first pathway, the real relationship, refers to that transference-free, realistically-based genuine therapist-client relationship [28]; in contrast to the working alliance, it is considered more personal and non-work in nature and provides a continuing dose of therapist-client connectedness across sessions. Real relationship benefits come via a sense of belongingness, social relatedness, and attachment. The second

pathway, expectations, accentuates two intersecting variables: (a) expectational creation through explanation about the treatment process; and (b) providing some form of treatment that builds upon those expectations. A primary therapist task is to frame or reframe client issues and concerns as treatable, thus providing clients with an adaptive explanation that casts treatment as their issues'/concerns' antidote, inspiring hope that treatment can be remediating, and galvanizing clients' therapeutic actions in pursuit of achieving those positive outcomes. The goals and tasks components of the working alliance play a critical role in this pathway's realization. The third pathway, healthy actions, refers to the client's participation in healthy behaviors as a part of the treatment endeavor: "All therapeutic activities, regardless of the therapeutic approach, induce (or should induce) the patient to do something helpful…" [29, p. 617]. Healthy actions may initially be stimulated by specific therapeutic ingredients; a snowballing effect can also occur, where healthy actions beget healthy actions and clients' mental health is accordingly affected. When operating in 'good enough' fashion, the three pathways and therapeutic bond converge, producing two general treatment outcomes: symptom reduction and better quality of life. Thus, the CPRM provides a wholistic, contextualized perspective on the interaction and intersection of psychotherapy's common *and* specific factors in favorably contributing to those two outcomes [24, 25, 30].

2.2 WONDERING ABOUT the MODEL'S SUPERVISION ANALOGIZATION

After having read many of Wampold's publications about his psychotherapy thinking and his consequent model, the question that I (CEW) always ask about anything psychotherapy --- "How might this fit for supervision?" --- soon leapt to mind. This was then followed by much reflection on two more specific questions: How could 'that which is wholly psychotherapy' be transformed into 'that which is wholly supervision'? How do you take a psychotherapy model that has clients' problems/pathology and their amelioration as foundational foci and render that into a viable supervision model that has therapy supervisees' development and its facilitation as foundational foci? After wrestling with those questions for a while, a pathway forward began to emerge. But what first became clear was this: for any successful supervision analogization to occur, Wampold's adaptive treatment explanation for clients about their therapy would have to be transformed into an adaptive educational explanation for supervisees about their supervision. And with the transforming of that adaptive explanation, it would accordingly result in needed changes in both the actions and outcomes components of the model, such that our emphases would now become supervisee actions and supervisee outcomes.

3. THE CONTEXTUAL SUPERVISION RELATIONSHIP MODEL --- DEVELOPMENT and DEFINITION

3.1 FIRST PROPOSAL

With those needed changes in mind, and complemented by earlier work that had accentuated supervision adaptive explanation and expectations [31], a first version of the

Contextual Supervision Relationship Model (CSRM) was developed. That first version did incorporate those particular changes in adaptive explanation, actions, and outcomes as well as make other modifications to render the model supervision specific. The four critical constructs of the common factors/trans-theoretical supervision model were: the supervisory working alliance (bond, goals, and tasks), the supervisory real relationship, supervision expectations, and the supervisee's facilitative educational actions. Soon thereafter, I (CEW) contacted Bruce Wampold to get his feedback on the model and, if indeed the model looked presentable to him, to also ask if he might be willing to serve as a co-author on a presentation of the supervision model at the upcoming American Psychological Association's (APA) annual convention. Wampold agreed to serve as a co-author (along with Stephanie Budge), with that first CSRM presentation being given at the 2015 APA meeting in Toronto, Canada.

Figure 1 presents that very first presented version of the model [32]. As can be seen there, the four key CSRM constructs of the supervisory alliance, supervisory real relationship, supervision expectations, and supervisee facilitative actions are on full display. This model, while perhaps having relevance across the full spectrum of supervisee developmental levels, took as its primary focus the learning process of beginning or relatively new supervisees; therefore, early therapist development was emphasized.
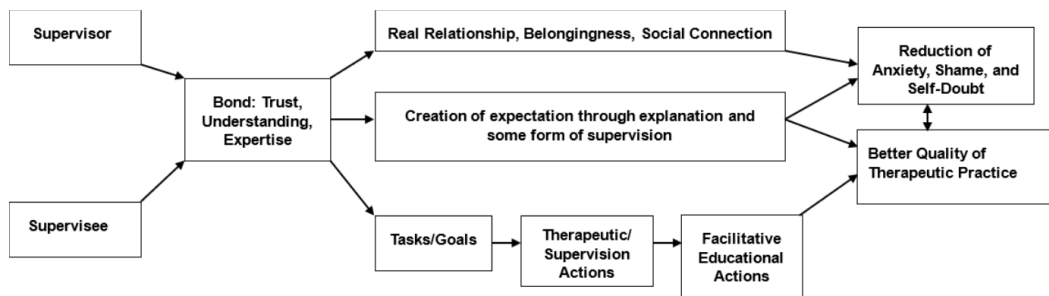

Figure 1. The Contextual Supervision Relationship Model: First Version

Source: [32] Watkins, C. E., Jr., Wampold, B. E., & Budge, S. L. (2015). *Extrapolating the Wampold/Budge model of the psychotherapy relationship to psychotherapy supervision*. Paper presented at the annual meeting of the American Psychological Association, Toronto, Canada.

3.2 REFINEMENT, REVISION, DETAILS, and ELABORATION

After that first 2015 presentation [32], and further reflections on how to render the model more supervision precise, several CSRM modifications were made, and an updated model has since been detailed in complementary articles and its supervisory implications considered [11, 14, 33, 34]. The specific model modifications made subsequent to that 2015 presentation [32] were these: (a) a two-pointed arrow connecting supervisor and supervisee was added; (b) the Therapeutic/Supervision Actions block was changed to a Supervision Actions/Interventions block; (c) the Better Quality of Therapeutic Practice outcome block

was broken down into two sub-outcomes: therapist identity development and therapist competency development; (d) arrows connecting the three change pathways to supervisee outcomes were added; (e) an arrow connecting supervisee outcome, Reduction of Anxiety, Shame, and Self-Doubt, to supervisee sub-outcome, therapist competency development, was added; and (f) arrows connecting supervisee outcomes to client impact were added [11, 14, 33, 34]. That model, with those changes incorporated, is presented in *Figure 2*, the primary focus remaining on the beginning period of supervisee development.
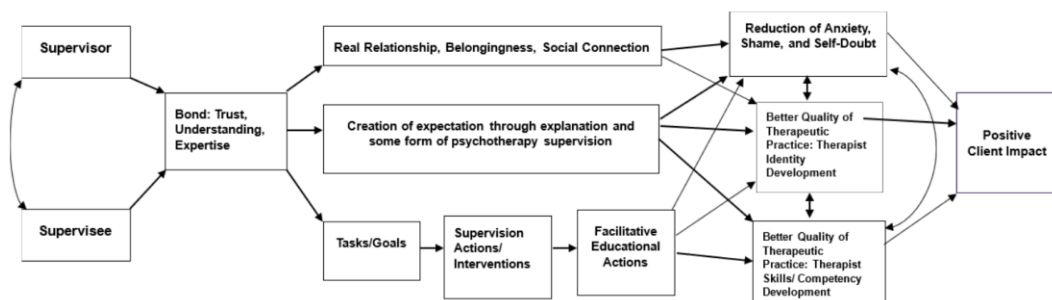

Figure 2. The Contextual Supervision Relationship Model (CSRM).

Note. We express our appreciation to Dr. Jeffrey Magnavita, Editor, *Journal of Unified Psychotherapy and Clinical Science*, for allowing us to use previously published CSRM material from that journal [14, 34].

The quintessentials of the CSRM have been described as follows. The CSRM, accentuating relational connection, expectations/goals, and supervisory action, has two anchoring assumptions: (a) the supervisor-supervisee relationship is a most powerful, if not the supremely significant, mediator in instigating supervisee change; and (b) a common core of inextricably intertwined relational *and* intervention factors substantively contributes to making supervisee changes possible. Those common relational and intervention factors (e.g., expectations, providing feedback) are present across all supervision approaches, function interdependently, and complement and potentiate each other.

The CSRM, analogized from the work of Wampold [25, 26], has emphasized: (a) the importance of the supervisor-supervisee bond (part of the alliance) or initial supervisor-supervisee relationship formation; and (b) three relationship pathways that facilitate supervisee development. Trust, understanding, and expertise --- the bond aspect of the supervisory working alliance --- lays the foundation for and facilitates the action of the three supervision pathways.

The first pathway, the real relationship, refers to that transference-free, realistically-based genuine supervisor-supervisee relationship [35, 36]; in contrast to the supervisory working alliance, it is considered more personal and non-work in nature and provides a continuing dose of supervisor-supervisee connectedness across sessions. Real relationship benefits come via a sense of professional belonging, social relatedness, and attachment.

The second pathway, expectations, accentuates two intersecting variables: (a) expectational creation through explanation about the supervision process; and (b) providing some form of supervision that builds upon those expectations, an expectation-consistent form of supervision. In the second pathway's implementation, a primary supervisor task is to frame or reframe supervisee developmental issues, concerns, and (skill) deficits as addressable via education, learning, and supervision. For instance, it is quite common for beginning supervisees to wonder: "Am I up to the task of being a therapy provider? Do I have what it takes to be a therapist? How do I acquire the treatment skills that I need?"[37].

In providing supervisees with an adaptive explanation that casts supervision as their issues'/concerns'/deficits' antidote, hope that supervision can be remediating is inspired, and supervisees' actions in pursuit of achieving those positive supervision outcomes are galvanized. The goals and tasks components of the supervisory working alliance play a critical role in this pathway's realization. The third pathway, facilitative educational actions, refers to the supervisee's active engagement in behaviors that are growth affecting, where supervisees use and act upon the supervision process. To paraphrase Wampold and Budge [29], "All [supervision] activities, regardless of the [supervision] approach, induce (or should induce) the supervisee to do something [developmentally facilitative]…" (p. 617). The supervisee's facilitative educational actions may initially be stimulated by specific supervision ingredients; a snowballing effect can also occur --- where facilitative educational actions beget facilitative educational actions and supervisees' growth and development are accordingly affected.

When operating in 'good enough' fashion, the three supervision pathways and supervision bond converge --- producing two general supervision outcomes: better quality of therapeutic practice and reduction of anxiety, shame, and self-doubt. Better quality of therapeutic practice can be further broken down into two sub-goals or sub-outcomes: therapist identity development and therapist skills/competency development. And when all operates in 'good enough' fashion, positive impact on the client is increasingly apt to occur as well. Thus, the CSRM provides a wholistic, contextualized perspective on the interaction and intersection of supervision's common relational and intervention factors in favorably contributing to those two general outcomes and sub-goals.

3.3 SOME IMPORTANT CSRM REVISIONS CIRCA 2025

In rendering the CSRM most current, we wish to subsequently modify these particular earlier-presented [11, 14, 33, 34] explanatory statements above: to repeat, first, "The CSRM…emphasizes…the importance of supervisor-supervisee bond (part of the alliance)…. Trust, understanding, and expertise --- the bond aspect of the supervisory working alliance --- lays the foundation for and facilitates the action of the three supervision pathways"; and, second, "When operating in 'good enough' fashion, the three supervision pathways and supervision bond converge --- producing two general supervision outcomes: better quality of therapeutic practice and reduction of anxiety, shame, and self-doubt. Better quality of therapeutic practice can be further broken down into two sub-goals or sub-outcomes: therapist identity development and therapist skills/competency development." Our reasons for statement modification are twofold.

First, although alliance development involves all three alliance components (bond,

goals, and tasks) and, admittedly, those three components may well intersect and affect each other for best effect throughout the entirety of supervision, the prioritizing of the bond alone may not accurately reflect what best builds relationship for each and every supervisee from the outset. It may well be that, for some supervisees, discussing goals and tasks may speak to them more so in terms of relationship development, easing them into the process via structure and, consequently, bond building in the process. For instance, for beginning supervisees who may not yet be sure about their own specific supervisory goals and tasks, supervisors can constructively fill that void by: (a) sharing that supervision's fundamental goals are to contribute to their therapist competence development and therapist identity development; (b) providing education about what that practically means and ideally provoking supervision discussion as a result; and (c) further explaining that as their supervisee development proceeds, more specific supervisee goals and tasks will come into focus for them. A supervision agreement, in conjunction with that sharing, explaining, and discussion, can also be a helpful tool in reinforcing those most important educational emphases [38, 39].

And as supervisee development does indeed advance, some other useful ways to foreground goals/tasks could involve the following: regular check ins about goals/tasks adherence, checking in about new supervisory goals/tasks to be added, and collaborating with supervisees to evolve goals/tasks in accordance with the supervisee's own evolution. Although each of those examples would still be standard fare in any good supervision, that a more focused goals/tasks attentive approach may be most beneficial for some supervisees at the outset (and beyond) merits acknowledgement, and supervisors are encouraged to remain most mindful of that possibility. This need may be a product of the supervisee's developmental level, with some beginning supervisees initially being most responsive to that structure and goals/tasks focus. Furthermore, some limited research [40] suggests that culture may differentially affect the supervisory alliance: the bond component may carry more weight in some Western countries, whereas the goals and tasks components may carry more weight in some Eastern countries. Thus, with those points recognized, we believe that the bond, goals, and tasks components of the alliance need to be brought into alignment with each other. Just as any alliance component can give way to relational disruption and rupture [41, 42], we conversely consider any alliance component as having potential for relational construction and rapture.

Second, although the real relationship pathway has heretofore pinpointed exclusively the general well-being or person/personhood of the supervisee (e.g., not being skills focused or task oriented in any way), we see need for modification of that facet of the model as well. If the real relationship is about fostering professional belonging, social relatedness, and attachment, it may be that tasks/goals discussion (as part of the alliance) contributes to that 'fostering' process via hold and containment [31] at the beginning of (and, as needed, over the course of) supervision. And it may also be that, once set in motion, the sense of real relationship --- again, professional belonging, social relatedness, and attachment --- has impact on therapist skills/competency development. That a feeling of belonging, relatedness, and attachment would have some impact on supervisee skills/competency development (e.g., through freeing up supervisees to experiment) would make intuitive sense and seem quite defensible from a growth standpoint.

In conjunction with those two modification reasons, and because of the repositioning of the Tasks/Goals block in the model, this also brings into focus yet another

needed change: that the bond component of the alliance, in and of itself, can impact directly Supervision Actions/Interventions. The bond, through supervisor modeling and 'being', can itself be an intervention and, in turn, have direct effect on other implemented interventions, too. Whereas the bond was previously viewed as affecting Supervision Actions/Interventions via Tasks/Goals [11, 14, 33, 34], we believe that the bond's direct effects now need recognition as well.

With those considerations in mind, we have revised the CSRM accordingly. Our revisions, placed in simplest capsule form, can best be captured in this way: both supervisor and supervisee contribute to all alliance components, all alliance components --- separately and in combination --- contribute to the three relationship pathways, and the three relationship pathways --- separately and in combination --- contribute to all supervisee outcomes.

Figure 3 reflects these specific revision changes: (a) the Tasks/Goals block has been moved to be paired with the Bond block; (b) a two-point arrow connecting the Tasks/Goals and Bond blocks has been added; (c) arrows that flow from the Supervisor and Supervisee blocks to the Tasks/Goals block have been added; (d) arrows that flow from the Tasks/Goals block to the Real Relationship, Expectations, and Supervision Actions/Interventions blocks have been added; (e) an arrow that flows directly from the Bond block to the Supervision Actions/Interventions block has been added and (f) an arrow that flows from the Real Relationship block to the Better Quality of Therapeutic Practice: Therapist Skills/ Competency Development block has been added. These changes, in our view, better capture (a) the different ways in which the alliance components can contribute to supervision and actuate the start of a favorable process and (b) how each of the pathways, Real Relationship included, can potentially affect all supervisee outcomes.
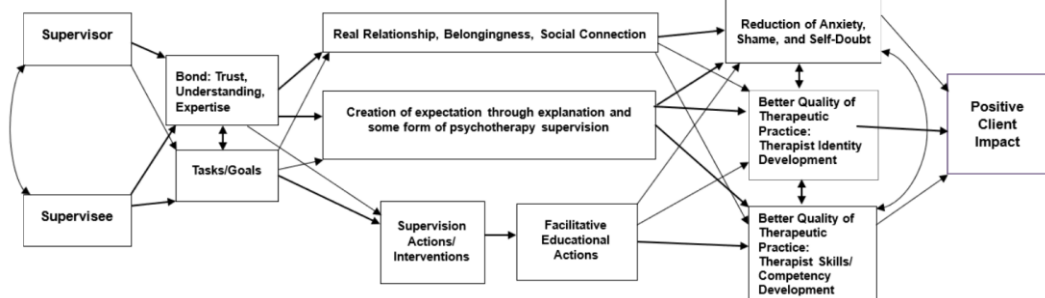

Figure 3. The Contextual Supervision Relationship Model (CSRM) circa 2025: Updated Revision

Note. We express our appreciation to Dr. Jeffrey Magnavita, Editor, *Journal of Unified Psychotherapy and Clinical Science*, for allowing us to adapt previously published CSRM material from that journal [14, 34].

These changes have been made to recognize, and render the CSRM reflective of, these newly proposed Bond, Tasks/Goals, and Real Relationship supervision effects. Thus, we would re-word our earlier CSRM description as follows: The CSRM emphasizes the importance of supervisor-supervisee *bond, goals, and tasks*. Trust, understanding, and

expertise --- the bond aspect of the supervisory working alliance --- *in conjunction with the alliance's goals and tasks* components lays the foundation for and facilitates the action of the three supervision pathways. When operating in 'good enough' fashion, the *three supervision pathways and supervision alliance converge* --- producing two general supervision outcomes: better quality of therapeutic practice and reduction of anxiety, shame, and self-doubt. Better quality of therapeutic practice can be further broken down into two sub-goals or sub-outcomes: therapist identity development and *therapist skills/competency development* (italics added to highlight affected text differences/meaning as a result of model modifications).

3.4 REVISION for the NEGATIVE: WHEN SUPERVISION GOES WRONG

Figure 3 provides a picture of positive supervision process, a collaborative and co-constructed experience, where all unfolds in optimal fashion and leads to optimal results --- where our supervisory desiderata are realized and actualized. But as we have increasingly learned across supervision's last generation, a negative supervision process --- be it labeled 'bad, inadequate, unsatisfactory, conflictual, counterproductive, or harmful' --- can also happen [40, 43-47]. And that negative process can have a host of untoward effects and deleterious consequences for the supervisees "caught" in its web [44, 48].

Figure 4 provides one such picture of a negative supervision process, instigated by the supervisor, where all unfolds in disruptive, problematic fashion and leads to disrupted, problematic, compromised results.
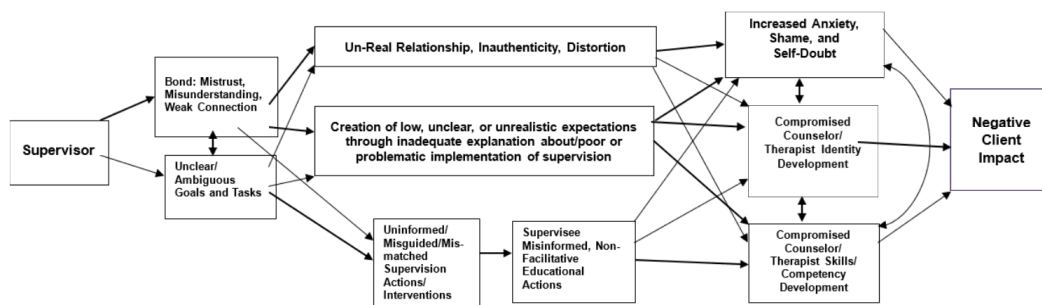

Figure 4. The Contextual Supervision Relationship Model (CSRM): Supervisor Factors that Contribute to Un-Beneficial Outcomes

Note. We express our appreciation to Dr. Jeffrey Magnavita, Editor, *Journal of Unified Psychotherapy and Clinical Science*, for allowing us to use and adapt previously published CSRM material from that journal [14, 34].

Largely a mirror reflection of Figure 3 in complete reverse, Figure 4 is defined by such features as ambiguity, vagueness, lack of clarity, mistrust, instability, unpredictability, and a supervisee feeling of being unmoored. The anchoring frame that ideally secures the supervisee is instead absent, fractured, or perverted. Although supervisees can contribute

to a negative supervisory process (e.g., through being highly defensive or through unintentional mistakes [49, 50]), we accentuate the supervisor here because: (a) being in the power position, supervisors have the responsibility to get supervision started off most favorably and to accordingly accommodate supervisees' developmental learning needs in the process; and (b) case examples and research indicate that, when supervision goes awry, supervisors often fail to fulfill those fundamental responsibilities at supervision's outset and over its course or/and use their power in a problematic, even destructive and abusive, way [44, 45].

Some supervisor factors that can contribute to the enactment of such a negative supervision process include the following: lack of training/supervision in how to supervise, lacking the needed interest and desire to supervise (yet doing it anyway), being overly task oriented, laissez faire, or having a stress-inducing supervision approach, being a personality or theoretical mismatch with the supervisee, or personal impairment [5, 42]. Research down through the decades suggests that, where supervision is characterized by "stressful involvement" (i.e., a supervisor provides supervision that is stressful for and unsupportive of the supervisee), supervisees suffer and can suffer greatly, that being especially so for novice or beginning supervisees [51-54]. That suffering, according to the superb longitudinal research conducted by Orlinsky, Rønnestad, and their colleagues [51-54], becomes particularly pronounced where a supervisee "double traumatization" transpires: an unencouraging, unsupportive, even harsh, supervisor allows a novice supervisee to see a highly troubled client --- who is well beyond their therapeutic capabilities --- and, then, accordingly provides a supervision experience that is highly critical, unsupportive, disconfirming, even punitively-laced. Thus, the novice supervisee is traumatized not only because of working with a highly troubled client who is well beyond their ability to help, but they are traumatized yet again by the discouraging, dismissive, hurtful way in which they are treated by their supervisor during the supervision process. Contrary to experiencing the "best of both worlds" (i.e., being able to help their client and being helped to do so by their supervisor), this beginning supervisee instead experiences the "worst of both worlds" and can understandably be traumatized as a result.

Figure 4 captures some of those most critical factors that are increasingly apt to create such a negative supervision process. What is reflected here is this: de-emphasis on, dismissal of, the importance of the supervisor-supervisee alliance, a consequent weakening or scuttling of the very foundation that stimulates development of those three relationship pathways, and a weakened if not foundering effect on the outcomes for both supervisee and client. This would be an unfolding of the supervision process at its worst. Just as we need to understand the dynamics of positive supervision process, so too do we need to understand the dynamics of negative supervision process. The CSRM provides one such vision for negative process understanding.

4. CONCLUSION

Models merit scrutiny, models need revision, models require research. We have offered some revisions to the CSRM. Although first presented in 2015, the CSRM has evolved, we have wished to capture and add to that evolution here, and we have wished to explain our reasons for doing so. Circa 2025, the CSRM still provides a trans-theoretical

perspective about how supervision works, why it works, and what its critical constituents are. Connection, conception, allegiance, alignment, and action still remain its key defining, guiding, and abiding watchwords [11].

Although some CSRM components have research support (e.g., the supervisory alliance) [40, 55], other components have only recently begun to be examined (e.g., the supervisory real relationship). Furthermore, the study of relationships between and among variables across the model (e.g., via structural equation modeling) has yet to be conducted. We consider the CSRM to not only be a valued and viable conceptual/practical framework but to also be a highly heuristic research framework [11, 14, 33, 34]. Thus, we hope going forward that the CSRM, while continuing to add to our conceptual/practical understanding, will serve as a most fruitful and fructifying research stimulus that advances our empirical supervision understanding as well.

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