

# MY THEORY AND PRACTICE OF CLINICAL SUPERVISION WITH PASTORAL COUNSELING TRAINEES

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## INTRODUCTION

My approach to pastoral psychotherapy and supervision integrates analytic, systemic, developmental, and experiential theories. At the center of my approach is the constructive use of the Self, symbolically represented as an octagonal, light-bearing church (Figure 1). This inner, private symbol, learned through meditation, is the vehicle through which I radiate healing.

I am a living human document.<sup>1</sup> The Wounded Healer within me--the Self--combines the positive (+) and negative (-) of the mirrored images of Child and Adult, Sophisticate and Country Bumpkin, Coach/Teacher and Parent, and Scholar and Mystic Dreamer. From the Self I connect with others in multiple ways through these images as our individual and collective stories become literary, historical, and hermeneutical dimensions of our relationships. I have learned through the Myers-Briggs Type Indicator to value my Extraverted-Intuitive-Feeling-Judging (ENFJ, "Pedagogue") persona and its shadow, the Introverted-Sensing-Thinking-Perceptive (ISTP, "Artisan") type, thereby opening me to individual differences.

My psychotherapeutic practice and my supervision of pastoral counseling trainees are most effective when my psychic energy is channelled directly to others from the Self--the *imago Dei*.<sup>2</sup> The intensity of this flow is proportionate to the healing that has occurred along my ego-

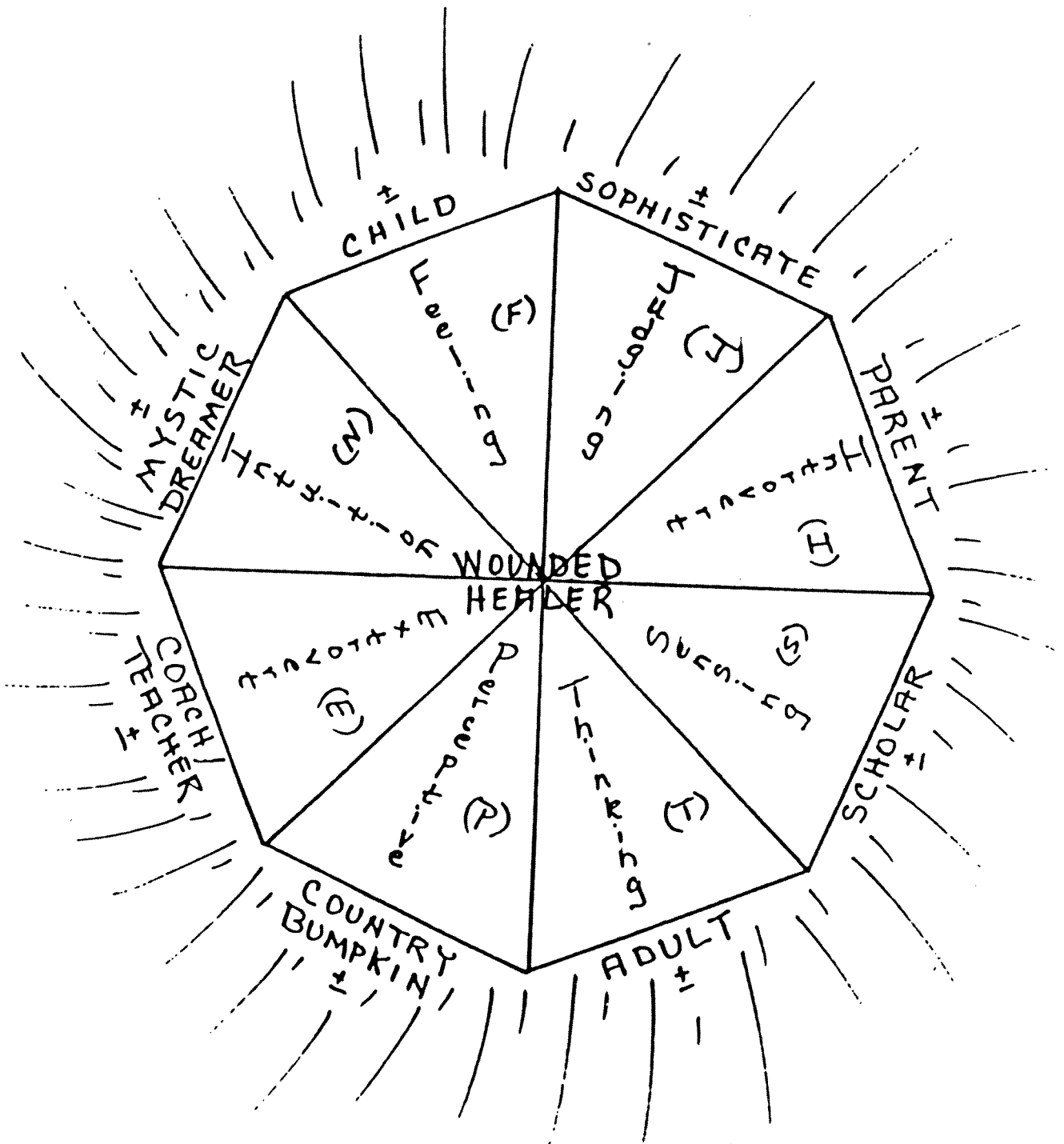


FIGURE 1 - Symbol of the Self

Self axis, which balances the persona and shadow with each other and also with the interpersonal system in the service of individuation/salvation. Experiences as a client, pastoral counseling trainee, pastoral psychotherapist, and supervisor have helped to stimulate this process and shape my theory and practice of supervision.

#### THE DISTINCTIVENESS OF CLINICAL SUPERVISION OF PASTORAL COUNSELING TRAINEES

I believe that pastoral counseling is based primarily upon identity formation and function.<sup>3</sup> The trainee's identity develops from a tension between self-affirmation and self-denial, self-fulfillment and self-emptying, self-realization and self-sacrifice, and is expressed in a lifestyle of ministry.<sup>4</sup> This tension is evident throughout his or her journey.

The trainee's counseling takes on a distinctively pastoral dimension when one (or more) of a range of possible elements is present in the counseling relationship. Either the counselee or the counselor may choose to make the relation of God to the process of their lives the focus of the counseling relationship. An awareness of God as reality may pervade the therapeutic dialogue, allowing conversations about faith in God to occur. The counselor's basic expertise is likely to include the foundational literature of his or her religious tradition along with an awareness of the variegated forms religious culture may assume in counselees' lives. The counselor may come to represent the church in the counselee's transference. There may be a prophetic context for which the counselor is accountable to a community, or the counselor may function as an ethicist. The counselee may choose to recognize or proclaim the counselor's capacity to give or withhold the blessing.<sup>5</sup> A pastoral moment occurs when the counselor enables an individual to claim and utilize personal gifts. Just as pastoral counseling is distinctive, clinical supervision of pastoral counseling trainees manifests distinctiveness in its nature, purpose, task, and goal.

I have learned from my Christian faith tradition that the nature of supervision, like that of pastoral counseling, is rooted in a covenantal relationship rather than a contract. With this deeper level of investment, commitment, and ethical responsibility, the trainee and supervisor become accountable to God as undershepherds of healing, sustaining, and guiding for Jesus Christ, the Great Shepherd.<sup>6</sup> This accountability is balanced by their equal responsibility to be with the counselee at his or her level of integration. Similarly, the supervisor must show the same respect for the trainee. The trainee is most pastoral when his or her undershepherding furthers the counselee's faith tradition. Clinical supervision of the trainee should not only model this perspective but also facilitate a

deepening of pastoral identity and function when it interconnects appropriately with the trainee's own psychotherapy.

The distinction between clinical supervision of the trainee and the trainee's experience in psychotherapy is seen in their respective purposes. The main purpose of the supervisory covenant is to facilitate the trainee's movement toward increased competence in terms of clinical standards, while the therapeutic covenant focuses upon resolution of inner conflict<sup>7</sup> and systemic dysfunction. If the main purpose of each covenant is maintained, cross-contamination is unlikely.<sup>8</sup>

The clinical supervisory covenant and the psychotherapeutic covenant interleaf most successfully when they stay focused on their respective tasks to achieve their respective purposes. The task of each discipline is best understood by the types of questions each raises. Supervisory questions emphasize problems related to learning professional competence, while therapeutic questions may examine the same issues in order to stimulate intrapsychic and relational change. Each discipline has its unique concentration and intentionality, but the same goal of wholeness and individuation/bonding (rather than brokenness and fusion/isolation). When the balance is properly struck, supervision can be therapeutic and psychotherapy can enhance pastoral identity and function.

If the supervisory covenant is to stay focused on its task, the goal must be visible. The goal is the trainee's "nuclear problem"--his or her resistance to the learning process resulting from personality or relational needs.<sup>9</sup> The clinical supervisor serves as a catalyst for honest self-examination of the transference and countertransference issues which take precedence over mere learning of technique.<sup>10</sup> As the trainee works through his or her nuclear problem, the process refines his or her use of the Self as the best technique instead of producing a technical clone.

When the trainee possesses an insufficient theoretical base to conceptualize a counseling approach or misunderstands the counselee's dynamics and interactions, the clinical supervisor becomes a catalyst by teaching, suggesting readings and other learning resources, offering feedback concerning the trainee's functioning, and encouraging the trainee to process his or her own psychotherapeutic needs. Nevertheless, the supervisor must avoid the temptation to become content-oriented rather than functioning as a cosupervisor with the Self of the trainee. The cosupervisory relationship not only ensures synchronicity with the trainee's seasoning process, but also promotes the counselee's welfare.

THE CONTEXT OF CLINICAL SUPERVISION  
FOR PASTORAL COUNSELING TRAINEES

Clinical supervision occurs within a unique context. Ekstein and Wallerstein's clinical rhombus (composed of the supervisor, student therapist, patient, and administrator) was originally developed to describe the training milieu of psychiatric residents<sup>11</sup> and has been utilized in several training programs for pastoral counselors. While the clinical rhombus is effective in emphasizing the need to define the context of training and supervision, I believe it contains at least two major limitations. First, it is a medical model and connotes illness rather than growth. Second, the clinical rhombus does not portray the rapidly expanding arena of clinical training which I prefer to call the clinical pastoral training milieu.

This milieu can be vastly more complex and multifaceted than the clinical rhombus, depending upon the training center in which it occurs. At our center, for example, it is composed of counselee, trainee, supervisor, administrator, referral resource, faith community, medical caregivers, peer group, training committee, degree program, certification committee, and licensure authority. The milieu might be represented graphically by twelve interlocking circles. The supervisor can assist the trainee in becoming attuned to the predicament (or opportunity) presented by these interconnections (especially when fusion or contamination exists).

In the experience of the trainees I supervise, this expanding milieu affords numerous opportunities to learn from parallel process. These occur when the supervisor and counselor experience problems with learning which (amazingly) correspond to the transference distortions which the trainee encounters in other aspects of the clinical milieu.<sup>12</sup> For example, one trainee learned he was searching for a mother's blessing from his therapist and me in a manner similar to that in which his female counselee sought it from him. Working through that transference with us, he developed a new sense of Self, insight, and presence with her. I encourage all my trainees to recognize and work with parallel process for more effective utilization of the supervisory covenant and increased respect for synchronicity.

The training milieu is formed by the interaction of the components, each having its own process and collectively influencing the supervisory process. Parallel process can occur between any two or more of these components. The wise clinical supervisor recognizes both the linear and circular development of each component as well as its interaction with the whole. Through sensitivity to both intrapsychic and systemic balancing, the supervisor can become a catalyst for the trainee's development of such insight. For example,

in the very first course I teach trainees how the developmental process of a certifying body, a state licensure board, a local agency, and particular faith groups can affect professional growth and training.

Perhaps the two most crucial developmental tasks for the supervisory covenant are mutual trust and respect, which in time become circular. In such a context, both the supervisor and the trainee learn to value the temperament of the other, the respective stage of therapist development, and the phase of supervision. I encourage the trainee to identify and claim his or her unique temperament and associated learning style as well as achieve intrapsychic and relational homeostasis. I believe that the trainee and supervisor are brought together by God through the collective unconscious for mutual learning and growth. When we value God at work through the collective unconscious in bonding the Self of one with that of the other, our supervisory covenant allows us to experience the mystery of health in community.

Each trainee embarks upon a unique journey, and yet I have noticed that there are certain mileposts in the seasoning process. These are parallel to the classical learning curve and analogous to an individual's increased utilization of food (Figure 2).<sup>13</sup> When the trainee and I are sensitive to these mileposts, learning can be more intentional and more contextual.

In supervision, I have begun to use Edward L. Smith's labelling of these markers<sup>14</sup> as one way of describing a trainee's developmental stage:

Stage 1 (points 0 to 1 in Figure 2) is the period of the "neophyte therapist." During this period, there is a large return from the time invested as the counselor learns basic vocabulary, concepts, and therapeutic procedures. The primary learning mechanism is introjection with little assimilation.

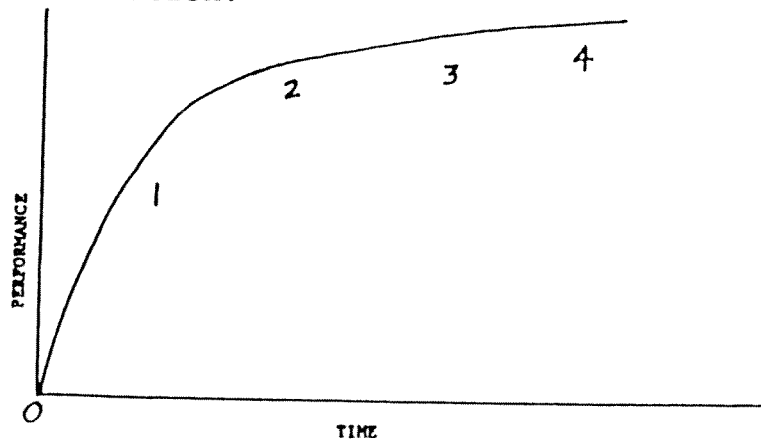


FIGURE 2 - The Learning Curve

Stage 2 (points 1 to 2 in Figure 2) is the period of the "journeyman therapist." The counselor ruminates and assimilates the basics learned in Stage 1. As meaning becomes attached to earlier learning, the counselor's confusion lessens and may be accompanied by an illusion of expertise.

Stage 3 (points 2 to 3 in Figure 2) is the period of the "expert therapist." It is characterized by slower growth. At this level the therapist must counterbalance the temptation to become arrogant with self-discipline in order to claim the genuine personal power necessary to teach neophytes and journeymen.

Stage 4 (points 3 to 4 in Figure 2) is the period of the "master therapist" in which the therapist becomes known for developing systems of therapy and training supervisors.

Since no pastoral counselor ever outgrows the need for supervision or consultation, except at death (when no further growth occurs), Smith's model helps me be clearer with the trainee about our learning covenant.

I now complement this model with one (which I have prized for several years) provided by my former therapist and his colleague, one of my early supervisors.<sup>15</sup> In this model, the first stage consists of the "pre-professional" years--from childhood to the doctoral degree--when the orientation is toward the future and the primary motivation is getting a professional education. The second stage consists of the "trial and error" years--the first decade of practice--when the young counselor focuses upon the counselee's past. Up to this point, the counselor most needs supervision but least appreciates it. In the third stage, comprised of the years of the "working therapist"--the second and third decades of practice--the counselor becomes more accepting of how counselees present themselves. He or she views the office as a place of hard work, attempting to be creative while paying the bills for the children to attend college. The fourth stage consists of the "mellow" years--the remaining decades of practice--when the focus is upon the ongoing therapy experience rather than past history or the issue of whether the counselee is heading in the right direction. The desire is to share of the Self rather than function as a therapist. "The least common denominator and underlying motivation for these changing motivations seems to be an almost narcissistic drive to understand the Self and to live openly, to risk and become more."<sup>16</sup> Whenever a person seeks supervision, my primary task is to mirror his or her constructive use of Self and integration of this ministry as a *coniunctio* of art and science.

I have discovered that I am most effective as a supervisor when I am attuned to the typical developmental stages of the supervisory covenant. My supervisory experience is generally consistent with the model proposed by Barry Estadt<sup>17</sup> despite the contractual sounding term, "alliance":

STAGES	Stage 1 (Early Phase)	Stage 2 (Middle Phase)	Stage 3 (Final Phase)
	Building the Alliance	The Working Alliance	Concluding the Alliance
SUPERVISOR FACILITATES BY	Acceptance Empathy (Primary) Genuineness	Empathy (Advanced) Immediacy of Interaction Supervisor-Counselor Supervisor-Client Counselor-Client Parallel Process	Collegial Affirmation and Evaluation
SUPERVISORY TASKS	Learning Contract Trust Relationship	<i>Counselor Issues</i>  Skill Acquisition Self-Knowledge Therapeutic Capacity Ethical Sensitivity Professional Identity  <i>Counselor-Client Issues</i>  Knowledge of the Client Therapeutic Relationship  <i>Counselor-Supervisor Issues</i>  Supervisability Supervisory Competence	Summation Termination

FIGURE 3

This schematic diagram seems accurate but is limited by lack of reference to transference and countertransference. I would add a fourth tier between "STAGES" and "SUPERVISOR FACILITATES BY":

	Stage 1	Stage 2	Stage 3
SUPERVISORY COVENANT: TRANSFERENCE/COUNTERTRANSFERENCE	Supervisor seen as seasoned therapist/interpreter/representative of the program; Trainee seen as novice	Supervisor seen as unfinished projective object (greater degree); Trainee seen as unfinished projective object (lesser degree)	Supervisor seen as Colleague  Trainee seen as Colleague



Effective management of transference-countertransference dynamics within the supervisory covenant can provide the trainee with a model for working with these issues in the therapeutic covenant.

#### THE ASSESSMENT AND EVALUATION OF PASTORAL COUNSELING TRAINEES

The assessment of the pastoral counseling trainees with whom I work begins while they are being screened for acceptance into training. Applicants take a psychological battery which includes the Myers-Briggs Type Indicator, the Minnesota Multiphasic Personality Inventory, and the Sixteen Personality Factor Questionnaire. This battery, Clinical Pastoral Education evaluations by both self and supervisor, an autobiography with critical incidents and learning themes, and a face-to-face interview with the Admissions Committee are utilized to determine admission to the program, to assess individual temperament and learning style, and to aid in the formulation of a supervisory covenant. The content of this covenant is based upon the relative "seasoning" of the trainee and updated commensurate with ongoing development.

In selecting a trainee for supervision, I use five primary criteria. First, the trainee must have a pastoral identity. Second, he or she must demonstrate a personal-relational readiness and an ethical commitment to be in and learn through the process. Third, he or she must be willing to pursue personal therapy within his or her family context to experience being a counselee. Fourth, he or she must possess the academic preparation necessary to begin the supervisory process or a willingness to complete it. Fifth, he or she must demonstrate a potential for completing certification and licensure according to the eight assessment indicators outlined below. Only those who seem capable of completing the process are accepted. Adhering to such a policy fosters an atmosphere of mutual respect and learning which is crucial to the supervisory process.

The progress of the trainee, the effectiveness of the supervisory covenant, and the overall value of the training program are evaluated through a variety of devices. Individual and group case presentations are reviewed and the supervisor engages in live observations of the trainee's work during the cotherapy experiences. Attention is also given to the trainee's interaction with peers in case conferences and interpersonal relations groups. Written evaluations, quarterly and final evaluations during face-to-face appearances with the Training Committee and one peer, and mock certification committee appearances serve to round out the evaluative process.

In preparing their written case material for supervision and evaluation, trainees are to be thorough yet succinct. They are to include the referral source and the counselee's age and physical description, genogram, educational and vocational themes, familial themes, and religious or spiritual themes--including sustaining beliefs. The sexual identity and peer group or support system themes of the counselee should be described, as should transference and countertransference dynamics. The trainee must present a diagnosis containing psychodynamic, developmental, systemic, and theological perspectives as well as a counseling and psychotherapy plan comprised of covenant issues, modalities, medication, and testing. The written case report should conclude by addressing the trainee's own role in the diagnosis and raise specific learning questions to be focused upon in the supervisory moment.

The trainee's written and face-to-face evaluations are structured in light of his or her stage in the seasoning process, as well as the supervisory stage. The following discussion questions are fairly common in an initial quarterly report:

1. Write a detailed description of your growth process as a pastoral counselor during this quarter including:
  - a. how your personal growth has had an impact upon your professional growth;
  - b. how what has occurred in your immediate and extended family system has had an impact upon your professional life;
  - c. what theoretical knowledge you have begun to integrate into your practice; and,
  - d. the development of your professional identity.
2. Critique the training program by addressing all supervisory relationships, the interpersonal relations group, the didactic sessions, the centers in which you have worked, and all interdisciplinary relationships.
3. List all reading and research you have completed.
4. State and explain your learning goals for next quarter.

As a trainee proceeds in the program, he or she must present to the Training Committee progressively more extensive and in-depth clinical material, including a tape and a write-up reflective of his or her seasoning process.

In supervising and assessing trainees, I consider eight issues to be crucial:

1. Issues of Competence--skills, technique, mastery, and the ability to take appropriate action;
2. Issues of Emotional Awareness--self-knowledge, feeling differentiation, and ability to use own reactions and emotions diagnostically;
3. Issues of Autonomy--sense of own choices and decisions, independence and self-directedness to appropriate degree, and sense of self;
4. Issues of Identity--theoretical consistency, conceptual integration, and sense of self as a pastoral counselor;
5. Issues of Respect for Individual Differences--deep and basic respect, active effort to understand, and appreciation of differences;
6. Issues of Purpose and Direction--formulation of treatment plan with appropriate long- and short-term goals and cognitive map of progress;
7. Issues of Personal Motivation--personal drives and meaning, reward satisfaction, and complex evolving nature of motivation;
8. Issues of Professional Ethics--legal issues, values, professional standards, and integration of these into ongoing practice.<sup>18</sup>

Trainees experience circularity with these issues, moving from stagnation to confusion to integration to stability to stagnation.<sup>19</sup> As the trainee progresses through the seasons of the life of a counselor or therapist and the stages of supervision, his or her professional integration and stability become increasingly more connected with the Self. Assessment can enable claiming, channelling, and celebrating this personal and professional growth.

#### THE FACILITATION OF LEARNING OPPORTUNITIES FOR PASTORAL COUNSELING TRAINEES

As I see it, my primary supervisory task is to facilitate the trainee's learning. This learning seems most likely to occur within a context similar to Rogers's "Necessary and Sufficient Conditions of Therapeutic

Personality Change."<sup>20</sup> I have found these conditions to be applicable to supervision as well as to therapy, and therefore follow them closely when developing a supervisory covenant. The trainee and I must be in psychological contact, for example. I recognize that the trainee, being vulnerable or anxious, is in a state of incongruence and I realize I am most effective when I am congruent and integrated in the relationship. I seek to experience unconditional positive regard with the trainee, and attempt to experience an empathic understanding of the trainee's internal frame of reference. I endeavor to communicate this experience and attempt to make certain that my communication of empathic understanding and unconditional positive regard is at least minimally successful. When the supervisory covenant embodies these qualities, a transference of learning to the therapeutic covenant is more likely to occur.

While supervising, I have discovered five major supervisory situations in which learning can occur. When the supervisor suggests an appropriate intervention, and the trainee reports whether or not the intervention was carried out in the specified manner, the feedback loop is conducive to learning. When the supervisor spots a place where the trainee has failed to intervene due to countertransference issues, interactional resistances, a major rupture in the therapeutic covenant, a basic alteration in the framework, or the presence of coalescing derivations related to resistances and care fantasies, memories, and introjects, the supervisor is obligated to make the trainee aware of these. When the trainee inappropriately intervenes with questions, clarifications, confrontations, interpretations, reconstructions, or managements of the framework, and the supervisor assists him or her in labelling the type of intervention and determining the unconscious communication qualities of the intervention, learning also occurs. When the supervisory covenant utilizes listening exercises to assess how well the therapeutic covenant is addressing the counselee's me-not me boundary (as well as his or her unconscious perceptions and introjections of the supervisor's communications), the result can be effective feedback.<sup>21</sup> Finally, the supervisory covenant may examine the implications of the parallel process in the training milieu.

I intervene in these learning situations based upon the trainee's learning goals, his or her experience level and developmental issues, his or her learning style, my goals for the trainee, my theoretical orientation, and my own learning goals for the supervisory experience.<sup>22</sup> My strategy for intervention is correlated to the circular pattern of learning described earlier. When the trainee is confused, I believe facilitative interventions can be used to reduce anxiety, convey a basic sense of trust, and

provide an opportunity for reflection and introspection. When the trainee is moving from stagnation to confusion, sometimes confrontive interventions can be used to highlight discrepancies. At other times catalytic interventions can facilitate this movement by making the process more conscious and explicit, identifying appropriate goals, and assuming varied roles or trying new techniques. When the trainee seeks to move from confusion to integration, conceptual interventions can help him or her view the situation under a framework of systematically organized knowledge, test assumptions, and apply principles. During stagnation, prescriptive interventions can be used to give the trainee a specific plan of action for a particular situation.<sup>23</sup>

Sometimes the trainee's resistance to me as a supervisor can be a significant learning opportunity. When this occurs, I try to help the trainee identify the problem he or she is confronting, define the counselee's needs, and determine how he or she feels about the counselee and the situation. As learning unfolds, the trainee can experience a balancing of judgment and grace and learn experientially how to model such homeostasis with the counselee.

I have encountered varied learning problems among trainees which Ekstein and Wallerstein first helped me conceptualize.<sup>24</sup> In "learning by vigorous denying," I have observed that a trainee wards off the impact of the supervisory and teaching experiences by reducing them to the familiar. Despite this denial, learning occurs even though I initially may be unaware of its degree.

"Learning by submission" transpires when the trainee's process is impeded due to the transference of an intrapsychic hierarchical world onto the clinical arena because the trainee conceives himself or herself above the counselee and below me. Conversely, "hostile rebellion" takes place when the trainee angrily refuses to cooperate with me in the learning process.

If a trainee sets up a supervisory situation so that he or she feels a need to be beaten emotionally in order to learn, this is an expression of a "mea culpa" attitude. When the trainee seeks to avoid anxiety and embarrassment by diagnosing his or her personal psychopathology or dysfunction before being confronted, I can observe an inner need for approval from either me or the person(s) I represent in the transference.

Some trainees resist learning by "the problem of finding the problem" and "spoon feeding" wherein the trainee will imbue me with magical power and passively ask me to take responsibility for the totality of supervision. The

trainee legitimizes such behavior based on his or her inability to see "scotomata," or blind spots. I have noticed the presence of this dynamic when I have permitted myself to be triangulated, even if only for a moment, into treating the counselee through the trainee.

Sometimes trainees try to learn on the run. They over-extend themselves in a multiplicity of activities, unable to establish priorities, focus energy, or set limits. I encourage them to explore the meaning of such avoidance of the Self and relational intimacy.

Another learning problem is encountered when the supervisory process seems to inhibit the spontaneity and full effectiveness of the trainee's work. The trainee resists learning by externalizing the dilemma upon me as supervisor and internalizing the problem. When the counselee improves even though the trainee shows no growth, this learning problem seems to be present. The trainee may then use this incident to substantiate feeling either superior or inferior to me, depending upon the secondary gain desired. Conversely, he or she may learn to experience mystery and grace.

Learning problems are a natural part of the supervisory process. However, learning can ensue from them when I am open to dealing with my own resistance, when I invite the trainee to explore these impasses in terms of parallel process, and when I encourage movement toward personal and professional maturity. I am successful when I facilitate and bless the trainee's process towards collegiality with me, which becomes the full measure of our journey together.

### CONCLUSION

My primary purpose as a supervisor is to facilitate the trainee's use of himself or herself as a change agent within the clinical arena. By considering learning issues and associated resistances in the parallel process, the trainee moves from the level of an apprentice to the status of my professional peer. This is a mark of advanced clinical competence and suggests the trainee's readiness for self-supervision and providing balanced cotherapy with me as a colleague. My emphasis throughout the supervisory process is upon empowering the trainee to claim his or her own way of being and unique means of providing pastoral counseling. The trainee can thereby develop a theory of pastoral counseling consistent with his or her personhood and practice, as well as an integration and congruence which will exude authority.

## Notes

1. "What is CPE?" in *The ACPE Directory, 1988-1989* (Association of Clinical Pastoral Education, Inc.), 3.
2. Edward F. Edinger, *Ego and Archetype* (New York: Penguin, 1972), 3.
3. R. A. Lambourne, "The Theological Strategy of a British Pastoral Training Course," *Journal of Pastoral Care* 24 (December, 1970): 230.
4. Henri Nouwen, *Creative Ministry* (New York: Doubleday, 1978), xxiv, 52.
5. Wayne Oates, *Pastoral Counseling* (Philadelphia: Westminster, 1974), 11-25.
6. Seward Hiltner, *Ferment in the Ministry* (New York: Penguin, 1972), 3.
7. Rudolf Ekstein and Robert S. Wallerstein, *The Teaching and Learning of Psychotherapy* (New York: International Press, 1972), 137.
8. Hilda M. Goodwin, "Supervision as a Catalyst for Growth," in *Professional Growth For Clergymen: Through Supervised Training in Marriage and Family Problems*, ed. Robert C. Leslie and Emily Hartshorne Mudd (Nashville: Abingdon, 1970), 35-6.
9. Ekstein and Wallerstein, *Teaching and Learning of Psychotherapy*, 254.
10. Carroll A. Wise, "The Supervisory Alliance in Pastoral Psychotherapy," *The Journal of Pastoral Care* 31 (September, 1977): 186-87.
11. Ekstein and Wallerstein, 11.
12. *Ibid.*, 177.
13. Edward W. L. Smith, "Stages of the Therapeutic Craft," *Voices: The Art and Science of Psychotherapy* 23 (Winter, 1988): 51.
14. *Ibid.*, 49-55.
15. John Warkentin and Tom Leland, "Editorial Dialogue: Growth or Else," *Voices: The Art and Science of Psychotherapy* 5 (Fall-Winter, 1969): 5.
16. *Ibid.*

17. Barry K. Estadt, "The Core Process of Supervision," in *The Art of Clinical Supervision*, ed. Barry K. Estadt, John R. Compton, and Melvin C. Blanchette (New York: Paulist Press, 1987), 21-2.
18. E. Hardy and C. Loganbill, cited by L. DiAnne Borders and George R. Leddick in *Handbook of Counseling Supervision* (Alexandria, VA: Association for Counselor Education and Supervision, 1987), 22.
19. *Ibid.*
20. Carl R. Rogers, "The Necessary and Sufficient Conditions of Therapeutic Change," *Journal of Consulting Psychology* 21 (1957): 95-101.
21. Robert Langs, *The Supervisory Experience* (New York: Jason Aronson, 1979), 325-28.
22. *Ibid.*, 28.
23. C. Loganbill, E. Hardy, and U. Delworth, "Supervision" A Conceptual Model," *The Counseling Psychologist* 10: 3-42.
24. Ekstein and Wallerstein, 142-54.

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