

## Integration of Shame Resilience Theory and the Discrimination Model in Supervision

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Shame is a destructive feeling, and if unaddressed, it leads to difficulty in the supervisory hour. A supervisory model to address shame within supervision could guide supervisors on how to work with and diffuse the symptoms and defense mechanisms of shame. Shame Resilience Theory (SRT) and the Discrimination Model (DM) of supervision have been synthesized within this conceptual article to create the Shame Resilience Discrimination Model (SRDM), which is designed to help supervisees work through shame. Examples of how to use the model and a case example have been provided. The SRDM is displayed in a table at the end of the article.

*Keywords:* shame, supervision, SRDM, Discrimination Model, Shame Resilience Theory

Supervisors' duties within supervision include assisting the development of the supervisee and ensuring client welfare (Bernard & Goodyear, 2014). In order to fulfill these duties, supervisors must train, evaluate, and potentially gatekeep supervisees (Fitch, Pistole, & Gunn, 2010). Such responsibilities can distract supervisors from maintaining a focus on the working alliance with their supervisee (Fitch et al., 2010), which may increase proneness to ruptures in rapport that can in turn lead supervisees to experience shame in supervision (Alonso & Rutan, 1988). Supervisors may contribute to supervisee shame by not processing the shame, having negative personal aspects (e.g., being judgmental of the supervisee) that lead to supervisees not being able to cope with shame, and directly contributing to shame by criticizing the supervisee (Holloway, 2016).

Supervisee shame can lead to withdrawal, depression, anxiety, negative self-evaluation, and non-disclosure (Black, Curran, & Dyer, 2013; De Rubeis & Hollenstein, 2009; Dyer et al., 2017; Ladany, Hill, Corbett, & Nutt, 1996; Mehr, Ladany, & Caskie 2010), which can further rupture the supervisory working alliance (Buechler, 2008; Ladany, Klinger, & Kulp, 2011). For example, supervisees experienc-

ing shame may attack supervisors to protect themselves from negative self-evaluation (Elison, Lennon, & Pulos, 2006). This attack on the supervisor creates a deficit in personal reflection, which may hinder professional development (Moss, Gibson, & Dollarhide, 2014). Nathanson's (1992) Compass of Shame describes several other responses that supervisees may use to reduce feelings of shame, such as withdrawal, avoidance, and attack self. This compass is useful for identifying experiences that might suggest the presence of shame in a supervisory interaction. Given the impact shame has upon counseling supervisees, it is important that supervisors gain greater understanding of how to work with supervisees who feel shame. Understanding ways to mitigate, counteract, or repair supervisory interactions that produce shame is an essential task of supervisors as they balance developing professional counselors and protecting clients.

Shame Resilience Theory (SRT; Brown, 2006) describes a model for reducing the transmission of shame. SRT highlights four shame resilience continuums (SRCs) that contribute to an individual's overall ability to decrease feelings of shame (Brown, 2006): *acknowledging personal vulnerability, critical awareness, reaching out, and speaking shame*. In

Brown's (2006) study, participants experienced shame in a context of social norms and expectations in which they were taught they needed to behave a certain way. This shame described by Brown (2006) can also occur in supervision when supervisees believe they must be or act a certain way or when they feel they are not meeting expectations (Graff, 2008). Shame can arise at any moment in supervision (e.g., in relation to skills use, use of theory, personal issues, professional behavior), and it is important that supervisors help supervisees work through shame. The Discrimination Model (DM; Bernard, 1979) of supervision allows supervisors to work in roles and on skills with supervisees according to the supervisee's needs (Bernard & Goodyear, 2014). The roles and focus areas of the DM can assist supervisors to recognize and respond to supervisee shame across multiple circumstances found in supervision, making the DM an ideal model to integrate with SRT. Accordingly, the purpose of this article is to address ways to incorporate SRT and its SRCs into the DM, offering suggestions on ways that supervisors can work to address the presence of shame, to counteract its impact on the supervisory alliance, and to repair instances where shame has occurred during supervision. The integration of the DM and SRT is called the Shame Resilience Discrimination Model (SRDM).

### Defining Shame

To understand how to effectively manage shame in supervision, it is important to operationally define this emotional state. Turner (2014) defined shame as a feeling of being inherently flawed and incapable of measuring up to expectations, goals, and standards. Shame is found under an umbrella of self-conscious feelings that include guilt, embarrassment, and pride (Turner, 2014). Guilt is often differentiated from shame in that guilt is a feeling that one has transgressed standards but can recover from such transgressions (Alonso & Rutan, 1988; Blum, 2008; Hoggett, 2017; Piers & Singer, 1953; Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996; Turner, 2014; Weiss, 2016). Shame has been linked to multiple mental health challenges, including depression, suicidal behavior, and posttraumatic stress disorder (Van Vliet, 2008).

Lewis (1995) stated that shame can begin forming as early as age 3. Shame has many aspects that

lead to difficulty in defining and identifying it clearly, and individuals experiencing shame are impacted by it in different ways. Shame is "a highly negative and painful state that also disrupts ongoing behavior and causes confusion in thought and an inability to speak" (Lewis, 1995, p. 71). Shame has also been described as "incapacitating and destructive" (Hahn, 2000, p. 10), which can present challenges for the supervisory working alliance if a supervisee and/or supervisor are unaware of the shame being experienced. Negative effects of shame impact individuals who are more prone to shame, as well as individuals who only experience it at certain moments of their lives (De Rubeis & Hollenstein, 2009; Turner, 2014).

Shame-proneness and state shame are two ways in which shame can be experienced (De Rubeis & Hollenstein, 2009; Turner, 2014). Shame-proneness is the characteristic of being particularly susceptible to shame over a wide range of situations and times and has been referred to as a personality trait (De Rubeis & Hollenstein, 2009). Multiple studies have shown shame-proneness to correlate with maladjustment (Tanaka, Yagi, Komiya, & Mifune, 2015; Tangney, Wagner, & Gramzow, 1992; Tangney et al., 1996). Shame-proneness not only impacts interpersonal relationships (Turner, 2014), but it has also been linked to decreased performance in outcomes across professions. For example, sport psychology researchers found that shame was linked with hindrance in physical performance and decrease in skill level among elite youth soccer athletes (Hofseth, Toering, & Jordet, 2015). By extension, it is possible that supervisees who feel shame could also experience difficulties with counseling performance as they work with clients.

Turner (2014) defined state shame as a momentary experience of shame. This experience can be difficult to measure because individuals are not always aware of their in-the-moment shame, and they do not always want to admit feeling inadequate (Turner, 2014). The lack of awareness or difficulty admitting to feeling shame makes it challenging for supervisors to help supervisees process state shame. It can be difficult to understand the effects of shame-proneness and state shame, but these two types of shame have been measured using different instruments such as the Test of Self-Conscious Affect (TOSCA; Tanaka, et al., 2015), and the Experiential Shame Scale (ESS;

Turner, 2014). These two instruments have been created to measure shame-proneness and state shame, respectively. Some scales have assessed aspects of both state and trait shame (De France, Lanteigne, Glozman, & Hollenstein, 2017). Importantly, some individuals avoid both types of shame by using responding to shame in protective ways, and this process has been described using the Compass of Shame (Nathanson, 1992).

### The Compass of Shame

Nathanson (1992) developed the Compass of Shame to describe how individuals defend themselves against shame. The Compass of Shame contains four responses that individuals use to avoid the difficult feeling of shame: *withdrawal*, *attack self*, *attack others*, and *avoidance*. Withdrawal refers to when individuals choose to refrain from participating, attack self is experienced when individuals focus anger towards themselves, attack others refers to striving to make others feel bad, and avoidance refers to focusing attention on others (Elison et al., 2006; Nathanson, 1992). Each one of these responses is accompanied by a characteristic feeling or feelings: Withdrawal is accompanied by distress and fear; attack self by self-disgust; attack others by anger; and avoidance by excitement, fear, and enjoyment (Nathanson, 1992). Individuals may use any of these defenses as a part of their personality (i.e., shame-proneness or trait shame) or within any given moment as a reaction to present felt (i.e., state) shame (Elison et al., 2006). Shame and the responses that it produces are found within supervision as supervisees do their best to manage this challenging feeling.

### Shame in Supervision

Between 30–40% of supervisees in potentially high shame-producing supervisory settings withheld disclosure of perceived clinical errors (Yourman & Farber, 1996). Shame-producing supervisory settings include situations in which supervisees feel unknowledgeable, need supervision regarding challenging clients, and experience transference; such settings are also induced when supervisors are confused as to which roles to take to assist supervisees and when supervisors experience countertransference (Alonso & Rutan, 1988). Yourman and Farber

(1996) suggested that nondisclosure was influenced most by shame, but that shame was also more susceptible to change than other feelings, such as self-esteem and fear of conflict. Bilodeau, Savard, and Lecomte (2012) concluded that higher shame-proneness at the beginning of the supervisory process positively correlated with the strength of supervisory working alliance. Toward the end of supervision, though, higher shame-proneness negatively correlated with supervisory working alliance. Based on these findings, if shame is not addressed early in supervision, the supervisory working alliance may be negatively impacted toward the end of supervision. Ladany and Friedlander (1995) stated this impact on the working alliance can lead trainees to experience role difficulties regarding their student, counselor, client, and colleague roles in supervision. Supervisees may not know how much information and what information to share with their supervisors, especially as they pertain to personal matters that may influence their practice (Ladany & Friedlander, 1995).

Although shame-proneness is seen as a personality trait (De Rubeis & Hollenstein, 2009), researchers in multiple studies have suggested that shame felt by supervisees is influenced by supervisors. Nuttgens and Chang (2013) stated that supervisees felt blamed and shamed by their supervisors for conflict within the supervisory working alliance. Supervisees also may feel shame as a result of perceived supervisor disapproval (Talbot, 1995). It has been suggested that supervisors who felt shame in their own supervision as trainees vicariously transmit that feeling to their supervisees (Talbot, 1995). Supervising trainees takes skill in being able to balance roles, and supervisors who are unclear about which role to take in supervision may also transmit shame on to supervisees (Alonso, & Rutan, 1988).

Supervisors can also positively influence supervisees who may experience shame. Hahn (2001) stated supervisors help supervisees work through shame by normalizing the challenge of balancing being a counselor-in-training and desiring to feel professionally competent. Hahn (2001) also suggested that supervisor self-disclosure can decrease difficult feelings. Multiple researchers have suggested ways of working through shame with supervisees (Alonso & Rutan, 1988; Buechler, 2008; Hahn, 2001; Talbot, 1995; Yourman, 2003). Alonso and Rutan (1988)

suggested making sure that the supervisee experiences a broad range of client issues rather than having a supervisee constantly take on challenging client concerns. Yourman (2003) suggested that normalizing clinical errors for the supervisee may also be beneficial in reducing the negative effects of shame. When supervisors notice supervisees experiencing shame and/or the responses identified in the Compass of Shame, they can utilize SRT within supervision to help supervisees manage, and develop resilience to, their shame.

### Shame Resilience Theory

Multiple strategies for helping individuals become resilient to shame have been developed (Brown, 2006; Van Vliet, 2008). Resiliency is the ability to restabilize oneself after a negative emotional experience (Van Vliet, 2008). Resiliency was once defined as a trait, but more modern definitions view it as something that can be obtained (Van Vliet, 2008). Brown (2006) developed SRT by describing how women recover from the negative impacts of shame. Brown (2006) found that those who were more resilient to shame were more empathic and felt power, connection, and freedom. Participants of Brown's (2006) study believed that empathy and shame were opposites and that they could be experienced on a continuum. The shame side of the continuum was associated with feeling trapped, powerless, and isolated, and the empathy side with connection, power, and freedom (Brown, 2006). Empathy is focused on the experience of another, and shame is focused on the self. Brown (2006) described four components that increase an individual's resiliency to shame: acknowledging personal vulnerability, critical awareness, reaching out, and speaking shame. Each component is a continuum in which those who are able to exhibit more of the component experience an overall shame resiliency. These components are referred to as SRCs. Brown's (2006) research was a grounded theory where she theorized that those experiencing these SRCs on the higher end were more resilient to shame. These SRCs are described in this study as interventions that a supervisor may intentionally use to help supervisees become resilient to shame.

The first SRC noted by Brown (2006), acknowledging personal vulnerability, helps individuals understand their shame. Participants stated shame was usually felt in relation to their personal vulnerabilities. Vulnerable means susceptible to attack, and those who are aware of their vulnerabilities know how to protect themselves in healthy ways. Critical awareness is the second SRC noted by Brown, and it helps individuals see their life experiences in the context of greater society. Participants who gained greater critical awareness felt normalized regarding experiences that usually elicited shame. The third SRC noted by Brown is reaching out, and it is defined as providing empathy for others. Individuals reach out by joining support groups that normalize shameful experiences. Speaking shame is the last SRC noted by Brown, and it is the ability to talk about shame; it is having words to describe the thoughts and feeling associated with shame. These four SRCs noted by Brown align with what other researchers have published regarding shame. Ladany et al. (2011) stated that identifying supervisee shame and then processing it may be crucial to providing effective care to clients. This resembles Brown's second SRC. Similar to Brown's fourth SRC, speaking shame, Buechler (2008) suggested that acknowledging shame's role in supervision and talking about it with the supervisee may help the supervisee feel less shame about feeling shame.

Brown, Hernandez, and Villareal (2011) noted that SRT is useful for educating people about shame and how to develop resilience to shame. The educational flair to SRT maps well onto the pedagogical nature of clinical supervision, particularly when supervisees might be experiencing shame and need assistance from the supervisor to address it. Hernandez and Mendoza (2011) conducted a study where the results showed that women with substance use disorders who completed an SRT curriculum experienced "higher levels of general health and well-being, reduced levels of depressive symptoms, reduced levels of internalized shame, increased self-esteem, reduced levels of shame self-talk, and reduced levels of blame self-talk (pp. 386–387). These findings may suggest similar benefits to supervisees who obtain education and help from their supervisors who use SRT-based supervision.

Table 1

*Shame Resilience Discrimination Model*

<b>Intervention</b>	<b>Teacher Section 1</b>	<b>Counselor Section 2</b>	<b>Consultant Section 3</b>
<ul style="list-style-type: none"> <li>Acknowledging Personal Vulnerability</li> <li>Critical Awareness</li> <li>Reaching Out</li> <li>Speaking Shame</li> </ul>	<p><b>Speaking Shame:</b> “Shame is sometimes a difficult feeling to identify. Are you feeling like you do not understand this intervention?” OR “I experience you as being defensive, which can be a way individuals cope with shame.”</p>	<p><b>Critical Awareness:</b> “You are not sure what intervention to use, and that is okay.” OR “What are you currently experiencing as we talk about these interventions that you demonstrated?”</p>	<p><b>Acknowledging Personal Vulnerability:</b> “How can you practice self-compassion the next time you feel like your interventions are not measuring up?” OR Supervisor may disclose personal feelings of shame regarding interventions.</p>
<b>Conceptualization</b>	<b>Section 4</b>	<b>Section 5</b>	<b>Section 6</b>
<ul style="list-style-type: none"> <li>Acknowledging Personal Vulnerability</li> <li>Critical Awareness</li> <li>Reaching Out</li> <li>Speaking Shame</li> </ul>	<p><b>Reaching Out:</b> “Shame is a feeling that leads individuals to want to hide. How can I help you be more active in conceptualizing your client?” OR “It is important that you reach out and speak to how you feel inadequate. This can lead to feelings of adequacy.”</p>	<p><b>Critical Awareness:</b> “Conceptualizing can be difficult for even the most skilled counselors. Tell me how your ideal self would like to be able to conceptualize.” OR “You think that you do not know how to conceptualize this client, and that maybe that means you are a ‘bad’ counselor.”</p>	<p><b>Speaking Shame:</b> “I wonder if shame you might be feeling is stifling your creativity. There really is no ‘right’ answer. How might you conceptualize this client?” OR “Shame can sometimes lead us to believe we are flawed. I believe you know what is going on for this client.”</p>
<b>Personalization</b>	<b>Section 7</b>	<b>Section 8</b>	<b>Section 9</b>
<ul style="list-style-type: none"> <li>Acknowledging Personal vulnerability</li> <li>Critical Awareness</li> <li>Reaching Out</li> <li>Speaking Shame</li> </ul>	<p><b>Acknowledging Personal Vulnerability:</b> “Sometimes individuals combat feelings of shame by lashing out at others. I experience you as somewhat aggressive as I brought up this personalization.” OR “Acknowledging where you feel vulnerable as a counselor will help you to become shame resilient.”</p>	<p><b>Critical Awareness:</b> “You think that you are no good because you had that personalization.” OR “What is scary for you about working with this client?”</p>	<p><b>Reaching Out:</b> Provide supervisee resources on shame and let him or her know that the resources could be helpful. OR “How might counselor shame impact clients?”</p>

The DM is particularly suitable for integration of SRT into supervision because it allows supervisors to assume roles that are more directive in educating supervisees about shame. Furthermore, Brown et al. (2011) stated that counselors must understand their own shame before they can work with clients who experience shame. The DM’s counselor role provides supervisees within supervision the opportunity to explore their own personal shame within the context of the supervisory working alliance.

**The Discrimination Model and SRT**

Supervisors can utilize the DM as a delivery model for SRT to help supervisees become aware of and accept shame. The DM is designed to help supervisors easily focus their approach to supervision via roles and focus areas (Luke & Bernard, 2006). The DM contains three supervisory roles (i.e., teacher, consultant, counselor) and three skills on which to focus feedback (i.e., intervention, personalization, and conceptualization; Luke & Bernard, 2006). Each of the supervisory roles can be utilized by a supervisor to educate supervisees about shame,

help supervisees become aware of their own shame, increase shame resilience, and prepare supervisees to work with clients who experience shame.

Supervisors working with highly shame-prone supervisees, as well as supervisees experiencing state shame, can utilize the Shame Resilience Discrimination Model (SRDM) to help direct their interventions (see Table 1). The SRDM is an integrated supervision model that helps supervisors address shame across the roles and focus areas of the DM. Supervisors recognize supervisees experiencing shame when they see any one of the four Compass of Shame responses occurring within the supervisee. The SRDM is divided into nine sections, like the DM. Each section is intersected by a supervisor role and a supervision focus. The four SRCs are found in the far left column and can be intersected with any role and skill. Supervisors can utilize any one of the four SRCs to address any of the three counseling skills in any one of the three supervisory roles. As supervisors encounter shame, they address it using a SRC, skill, and role they believe will be most beneficial to the supervisee. Examples of how to use the SRDM follow

along with a case vignette to demonstrate application of the model.

Throughout the course of providing a supervisee feedback on interventions, a supervisee may begin to question the supervisor's competence and ask how their suggestion is better than what the supervisee did in session. Some might conceptualize this supervisee as defensive. From the SRDM, this dynamic constitutes a supervisee figuratively "fleeing" by using the Compass of Shame response of attack others to escape the feelings of shame. A supervisor noticing this can choose which shame resilient component he or she believes will be most helpful to the supervisee and provide feedback in one of the three DM roles. The supervisor may want to use the counselor role and the SRC of acknowledging personal vulnerabilities to help the supervisee become aware of and acknowledge his or her personal vulnerability. The supervisor may use empathy and say, "I am wondering if you believe I am attacking your interventions." This approach by the supervisor can open the door to helping a supervisee acknowledge personal vulnerabilities. A supervisor may then continue with another SRC by saying "I have felt like that before." This example integrates the reaching out SRC in the counselor role as the supervisor provides empathy to the supervisee.

SRC interventions may build upon one another. As supervisors use the counselor role to process what supervisees experience related to shame, they can then use the teacher role to teach supervisees the language of shame. A supervisor in the teacher role may teach a supervisee how to identify the Compass of Shame responses as they exhibit them. This utilizes the speaking shame SRC; it provides supervisees with new language to communicate their experiences.

### Case Example

Anna is a counselor-in-training receiving doctoral supervision at her university. A few times, she has stated that she feels misunderstood during supervision and that she has difficulty with multiple supervisors (e.g., at the university and at her internship site). She works hard, comes to supervision on time, and always has a tape of one of her counseling ses-

sions to review. Her doctoral supervisor, Jacob, notices it is hard for her to receive constructive feedback. When Jacob asks her open-ended questions, she freezes and appears to not know what to say. If Jacob reflects that she is experiencing anger, fear, or other emotions that would suggest she is having a difficult time, she denies them.

In their most recent supervision meeting, as Anna and Jacob review her tape together, Jacob senses Anna is frustrated with her client because of her sharp delivery of her interventions in session. Anna uses confrontation, but also almost suggests that if the client would just change, then he would be happier. Anna has a voice intonation and facial expression that Jacob interprets as irritated. Jacob decides to pause the tape and reflect that feeling to her, and Anna denies it. Jacob wonders if she may be experiencing shame at having approached her client in this way, so he uses the counselor role of the SRDM to explore with her what frustration means for her (personalization focus area). As this exploration continues, Jacob learns that she associates frustration with being a bad counselor. Jacob reflects that Anna thinks she is a bad counselor if she feels frustration (counselor role), and he defines this for her as shame. In the second part of this intervention, Jacob used the SRC speaking shame in the teacher role of the DM regarding the skill of intervention. Jacob then continues to communicate to her in the teacher role that shame is a feeling experienced by counselors and that it, along with other feelings, are not inherently good or bad. Hahn (2001) suggested that confronting shame can negatively impact the supervisee if it communicates embarrassment. Supervisors will want to communicate to the supervisee that it is okay to experience shame.

In the next session, Anna provides Jacob with information about another client. She tells Jacob that this client talks about frustrations he has with a recent relationship that ended. As Jacob views the tape, he notices that when the client speaks negatively of his partner, Anna challenges him. Jacob stops the tape and asks Anna what she was experiencing in that moment when she challenged the client. Anna states that she thinks that the client should take responsibility for his part of the relationship. Jacob wonders if there is some personalization that she is experiencing from her own relationships. Jacob asks her if this is occur-

ring, and she denies it and stops talking. In her withdrawal, Jacob recognizes a Compass of Shame response (i.e., withdrawal). He decides to use the counselor role of the SRDM to reach out about this potential personalization. Jacob lets Anna know that it is okay to experience this difficult personalization if that is what is going on for her. Jacob uses the normalizing effect of reaching out by informing her that he has experienced similar personalization. Jacob states, "It is okay if you are personalizing. I have personalized too with my clients and provided interventions based on my own relationships rather than on what is presently going on with the client. I felt like a 'bad' counselor for doing it, too, but I wasn't, and neither are you." This skill shows Anna that she is not alone in feeling shame. She continues to deny the personalization and Jacob leaves it there for a future time to address if he thinks he notices it again. Jacob does this because Anna might not be fully aware of the shame and personalization that she is experiencing and pushing the matter might continue to perpetuate shame and create discord in the supervisory alliance.

As rapport continues to be built with Anna, she feels comfortable sharing with Jacob a tape of her conducting a suicide risk assessment so that she can obtain feedback regarding this intervention. Given their past experiences with supervision, Jacob understands that Anna may experience shame as he provides her with feedback. Jacob is aware that using the teacher role of the SRDM focused on the suicide risk assessment may be most beneficial. Using the teacher role, Jacob provides her with information on how to successfully conduct such an assessment. Jacob understands that Anna may not have covered each point as adequately as she would have liked, so he uses the SRC of reaching out. Jacob helps normalize her experience of not adequately conducting the assessment and reminds her that she is a beginning professional. Jacob also provides her with encouragement for bringing such a case to supervision. Jacob also uses the SRC of acknowledging personal vulnerabilities in the counselor role and provides advanced empathy by saying "you must have felt vulnerable sharing your difficulty with conducting this assessment." Anna accepts this intervention and states that it was vulnerable for her. Jacob continues the conversation with her in the teacher role with the

SRC of speaking shame. He reminds her that acknowledging her personal vulnerabilities will help her become more resilient to the shame that she experiences in supervision and in working with her clients.

As supervision continues, Anna comes into session informing Jacob that she has been experiencing shame. She discloses that in seeing clients today, she has felt inadequate. She says that she has felt tired and "not with it." In order to help Anna become more resilient to shame, Jacob uses the SRC of critical awareness in the teacher role. He tells her that there is often this pressure for counselors to be perfect and to never make mistakes and or to never have a challenging day. Jacob normalizes this experience for her and allows her to critically analyze it within its cultural context. He states, "It is okay for you to feel shame. It's hard for counselors to not feel shame given the pressure of the field to 'do no harm.' I think it just shows your progress that you were able to come in here to supervision and acknowledge that you were feeling shame." Jacob makes note of Anna's progress through supervision and in her understanding of shame and expresses this to her.

### Case Example Analysis

This series of case examples provides a demonstration of a supervisee (Anna) actively experiencing shame in supervision and how a supervisor (Jacob) utilized the SRDM to help relieve distress. Situations within this case describe the multiple facets of shame that can be experienced by a supervisee in supervision. In this case example, Anna denies having feelings that she believes may suggest lack of competence. This denial signals avoidance within the Compass of Shame. Because Jacob is aware of this, he uses his counselor role to explore potential shame, and then uses the teacher role and SRC of speaking shame to identify shame for Anna. Jacob provides this intervention in relation to Anna's personalization regarding feelings of anger and fear, which would make this supervisory experience occur within section seven of the SRDM, where the teacher role, personalization, and speaking shame intersect.

As the case continues, Anna begins to withdraw (another response within the Compass of Shame) by no longer participating in dialogue with Jacob. She denies observations that Jacob provides regarding

her intervention. This is where Jacob uses the counselor role in reaching out to Anna to normalize the experience of shame for her, and this would constitute section two of the SRDM. Supervisee awareness and supervisory alliance and rapport may not be sufficiently strong enough for a supervisor to push too hard regarding the shame that a supervisee may be experiencing. If so, the supervisor may try to bring it up again later regarding another situation, once rapport and awareness had been strengthened. In such a case, pattern recognition may also be utilized to bring up multiple situations where the supervisee may have experienced shame.

The case becomes more complex as Anna brings in tape requesting feedback on the more challenging and advanced skill of suicide risk assessment. This constitutes Jacob using multiple roles and SRCs to help Anna. He uses acknowledging personal vulnerabilities in the counselor role when Anna decided on her own that she wanted feedback on conducting a suicide risk assessment. This helps Anna become aware of her own vulnerabilities and helps her begin the practice of being able to acknowledge them for herself. This supervisory intervention comes as Anna strives to conceptualize and assess her client's suicidal ideation, so it would be defined in section five of the SRDM. Jacob closes supervision by highlighting the successes that occurred for Anna during supervision.

### Implications and Future Directions

The SRDM provides supervisors with tools to help supervisees become more resilient to shame, and thus, more comfortable and engaged in supervision. This article delineated the process of shame resilience, as well as a delivery model for supervisors to assist supervisees with managing and overcoming shame. Supervisors who work with supervisees experiencing any one of the Compass of Shame responses can use the SRDM as a conceptual and practical guide. Notably, the SRDM reframes traditional labels of shame, such as defensiveness, resistance, and/or unproductive, as normal. Instead, supervisors who understand shame and the SRDM can be better prepared to work with supervisees who experience

shame by viewing shame as a response to challenging feelings and as workable within the supervisory relationship.

There are notable limitations to the SRDM. Supervisors who have limited understanding and/or awareness of shame in their own lives may have challenges recognizing shame in their supervisees. This would make this model difficult for such supervisors to integrate into their supervision. As supervisors use this model, they may encounter supervisees who experience trait shame at levels that are beyond the scope of SRDM. These supervisees may be individuals who continue to respond to shame defensively despite the supervisor's best efforts to practice this model. Such supervisees may show an unwillingness to examine observations made by the supervisor. This may leave the supervisee's clients at risk of being harmed. Supervisees experiencing challenges at this level may benefit from formal remediation plans that may include personal counseling where the supervisee has more time and focus to address the cause of their deep-seated shame. Another limitation to this model is that it has not yet been studied empirically, and data need to be collected to investigate its effects with supervisees, supervisors, and the supervisory relationship.

The SRDM needs to be submitted to quantitative or qualitative research, particularly investigating supervisors' use of the model and supervisees' experiences with the model. Supervisors may wish to utilize shame assessments such as the TOSCA or the ESS to measure state and trait shame to see if they decrease over time with the use of this supervision model compared to other supervision models. In using such assessments, supervisors and researchers could conduct single-case research designs in which baseline assessments of shame are compared to intervention phases where the SRDM is implemented after a given period of time. These and other research approaches can test the hypothesized utility of the SRDM and help to refine the model based on empirical evidence.

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