As supervisors and/or mentors of supervisors, we try new training ideas and repeatedly use the ones that work best and we enjoy the most. We may be tempted to use techniques that fit best with our own preferences and those of the majority of learners. However, systemic therapy supervisors and mentors need to be just as creative as the wonderful therapists and supervisors-in-training with whom we are so privileged to work; this often means learning how to move everyone through different modes of learning and how to optimize different adult learning styles. Supervision and mentoring conundrums often initiate expansion of our routine. For example,

**Supervisor A** has used role plays for years to help new therapists develop first session skills. This year one new therapist does not seem to be able to integrate the details into a comfortable rhythm during the role play and is becoming frustrated and embarrassed.

**Supervisor B** enjoys having therapists share their genograms, but this year she has a supervisee who is bored and has requested that they “get to the real therapy faster.”

**Supervisor C** has one therapist who excels at using check-lists and another who forgets to make client phone notes and to check her clinic voice mail twice a day, as required by the internship site.

**Mentor A** is working with all three supervisors. Her idea is to help all three see how Kolb’s model of experiential learning can help them to conceptualize different therapists’ strengths, growth edges, learning preferences, and learning potentials.
This resource focuses on providing new supervisors and mentors with ways to use Kolb’s (1984) model of experiential learning to enhance the supervision and mentorship processes. (See Chapter 20 in the accompanying book for additional guidance in the use of experiential learning in training supervisors.) It also provides a brief introduction to the four types of learners that result from people’s learning preferences, and how supervisors and mentors can target each.

**Kolb’s Model of Experiential Learning**

Many current new supervisors and supervisees are of the millennial generation, and researchers have demonstrated that Millennials tend to respond well to experiential learning (Bowen et al., 2011; Bringle & Hatcher, 2000; McCurry & Martins, 2010). Taking this into account, it is ever more essential that mentors train new supervisors and that supervisors train new therapists to identify each professional’s experiential learning strengths so as to be able to maximize learning outcomes. Supervisors and mentors should develop training skills so as to be able to move supervisees through all four preferences. In short, Kolb’s model reflects a four-stage process through which the teacher (supervisor or supervisor mentor) moves the learner. One can start the cycle at any mode. Effective learners use all four modes so that they obtain access to a holistic experiential learning process. It is important for mentors and supervisors to develop training skills in each of the four styles, moving through the cycle of experiential learning, so as to match and then to expand each therapist’s learning skills. As Turesky and Gallagher (2011) said, “learning in multiple modes creates a synergy” (p. 7) (Figure 2A.1).

During concrete experiencing (CE), the learner has a direct experience with the material to be learned. During reflective observation (RO), the learner thinks

![Figure 2A.1. Kolb’s four modalities of experiential learning.](image-url)
backs over the direct experience in order to develop deeper emotional and cognitive meaning about that experience. During abstract conceptualization (AC), the learner constructs a new perspective or connects the learning to a bigger picture, such as a theory or a research outcome. During active experimentation (AE), the learner tries new ideas and behaviors.

Supervision can be conceptualized as an experiential adult learning process guided by supervisors. Kolb’s (1984) experiential learning theory is a flexible and useful model to use to help supervisors and mentors obtain a meta-perspective on the experiential learning process. Researchers have begun to investigate whether Kolb’s model is sensitive to aspects of human diversity. Brew (2002) found that men and women fell fairly similarly among Kolb’s preferred learning models, and Trinh and Kolb (2011) found it to be congruent with both western and eastern styles of learning.

Supervisors and Mentors Enhance the Experiential Learning of Therapists and Supervisors

It is helpful to understand the types of learners with whom one is working so as to be able to engage them in their strengths and help them develop beyond their weaknesses. It is important for supervisors and mentors to have skills in each of the four styles, moving through the cycle of experiential learning, so as to match and then to expand each therapist’s and supervisor’s learning skills. Supervisors and mentors can then develop training options within each of the four modalities of experiential learning (Turesky & Wood, 2010) so as to have the ability to choose among learning modalities in order to achieve the desired learning outcomes. Supervisors and mentors can move supervisees and supervisor-in-training through the cycle while using a variety of supervision structures and methods of supervision, including individual and group supervision, live supervision, and case-presentation supervision.

Supervisors and mentors can help therapists and supervisor-in-training to develop skills within each of the four modalities (concrete experience, reflective observation, abstract conceptualization, and active experimentation, see Table 2A.1) of experiential learning (Turesky & Wood, 2010). Once competent in training therapists and supervisors-in-training using all four modalities, supervisors and mentors develop the ability to develop training practices that move therapists and supervisors-in-training through all four, moving through Kolb’s cycle results in achieving more complex and meaningful learning during the next round of the cycle.

Kolb postulated that although most people have learning preferences, people were capable of developing learning capabilities in all four, and ideally should. To better think about systemic supervisors and mentors using the four modalities in a cyclical format, here are a few examples. What is important is that one can enter the cycle at any type of learning modality.
Table 2A.1  Examples for how to teach using all four learning modalities

<table>
<thead>
<tr>
<th>Learning modality</th>
<th>Examples for supervision with a therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concrete experience</td>
<td>Constructing a genogram/double genogram</td>
</tr>
<tr>
<td></td>
<td>Doing therapy/supervision</td>
</tr>
<tr>
<td></td>
<td>Watching a therapy/supervision session</td>
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<tr>
<td></td>
<td>Making a safety plan with a client or with a supervisee</td>
</tr>
<tr>
<td>Reflective observation</td>
<td>Journaling about a therapy/supervision session or readings</td>
</tr>
<tr>
<td></td>
<td>Describing a concrete experience or an intervention just tried in a session (e.g., genogram and therapy/supervision session)</td>
</tr>
<tr>
<td></td>
<td>Answering questions about how different ways of conceptualizing cases informs therapy/supervision (e.g., particular models, feminist ideas, or strategies for raising critical consciousness)</td>
</tr>
<tr>
<td></td>
<td>Writing a case/supervision note</td>
</tr>
<tr>
<td>Abstract conceptualization</td>
<td>Reading theory, research, and applied therapy/supervision literature</td>
</tr>
<tr>
<td></td>
<td>Reading and conceptualizing therapist/supervisee development</td>
</tr>
<tr>
<td></td>
<td>Applying a theory to a case conceptualization or supervision worksheet prior to supervision/mentoring</td>
</tr>
<tr>
<td></td>
<td>Constructing a treatment/supervision plan</td>
</tr>
<tr>
<td>Active experimentation</td>
<td>Trying a new intervention or skill in therapy/supervision or in a role play</td>
</tr>
<tr>
<td></td>
<td>Interviewing family members/supervisees about one’s family sociocultural history, especially about secrets</td>
</tr>
<tr>
<td></td>
<td>Experimenting with new or expanded levels of emotions</td>
</tr>
</tbody>
</table>

Example 1: Using the model for systemic conceptualization

The following are possible supervisor assignments at each place in the cycle to facilitate systemic conceptualization of therapy/supervision:

1. CE: Watching a live therapy or supervision session from behind the mirror.
2. RO: During or after watching, completing a list of questions from the supervisor/mentor that helps the new therapist/supervisor to map the systemic interactions via one model.
3. AC: Meeting in supervision/supervisor training groups after the session to brainstorm possible next session’s interventions.
4. AE: Role-play doing possible future interventions as a supervision/supervisor training group.
Example 2: Using the model to master a new skill

The supervisor/mentor assists therapists/supervisors to achieve goal of mastering a new skill.1

1. CE: Do the new skill in therapy/supervision and notice how it feels to do it; notice whether it leads you to do other things differently; what are others’ reactions to the use of this new skill?
2. RO: Journal your emotional reactions and thoughts about the new skill. How does it change your maneuverability in the therapy/supervision system?
3. AC: How do your reflections and conclusions affect the meaning of doing this new skill?
4. AE: Do adjustments need to be made? What is the next skill to be added in order to continue to develop as a therapist/supervisor?

Learning Preferences Create Four Types of Learners

Once a supervisor or mentor develops the capacity to think about adult learning as a process cycle through which they should facilitate movement, a supervisor or mentor might find it useful to screen therapists/supervisors-in-training for their preferred style of learning. Kolb’s model provides for four types of learners, based on their preferred taking-in mode and transformational mode: diverger (CE + RO), assimilator (RO + AC), converger (AC + AE), and accommodator (AE + CE). There are several instruments available to do this including the Learning Style Inventory (Kolb, 1984); the Learning Styles Questionnaire (Honey & Mumford, 1982) and the Learning Skills Profile (Boyatzis & Kolb, 1991) (Figure 2A.2).

Accommodators prefer active experimentation and concrete experiences. This person enjoys learning by trial and error, and prefers doing things rather than talking or theorizing about them. These therapists do well with jumping into co-therapy or solo therapy early in their systemic training, right alongside their coursework (if any). Similarly, a supervisor-in-training prefers to join right into working with a therapist while they are taking their first training. They are pragmatic and need to feel like they are accomplishing something. They crave individual supervision and mentorship (Hurst-Wajszczuk, 2010).

Divergers like to have experiences upon which to reflect emotionally and cognitively. They like to journal about readings and therapy sessions. They enjoy watching videotapes and peer’s therapy or supervision sessions and then completing reflection worksheets or journals. They like to craft various interventions prior to trying them, so that they feel like they are being thorough and know how they feel about their options. Many like to have conversations with peers about their feelings and ideas related to a model and a session. They are curious and
empathetic, crave feedback from supervisors/mentors and peers feedback, and enjoy post-session reviews and reflecting teams.

Convergers are the questioners (Hurst-Wajszczuk, 2010) and learn by conceptualizing a case and then by applying their ideas in therapy. They prefer individual or dyadic supervision or mentoring rather than groups. They also find focused learning projects helpful as a way to get their questions answered and work through learning. They like to try things themselves, so they often volunteer first to try new models or interventions. Socratic questions in supervision or supervision training encourage this supervisee or supervisor-in-training to build competency in their own thinking, and they enjoy this process.

Finally, assimilators are the theorists of the group. These therapists or supervisors in training usually love learning about models, writing about their work, and applying models to case or supervision examples. They are good at constructing treatment/supervision plans and putting work into concise, model-based case/supervision notes. They enjoy training in multiple models (Sugarman, 1985). They just might be the listener-thinkers of the supervision or mentoring group, so they might need to be asked what they think. Hurst-Wajszczuk (2010) notes that sometimes these supervisees or supervisors-in-training can feel rushed to put theory into practice. As supervisors with new therapists or a mentor with a new supervisor, assimilators can make mistakes if they have not had enough time to observe and plan.

Adults with different learning style preferences are able to maximize learning within that preference. But a preference is only that, and the other three styles can be learned. Supervisors and mentors must guard against seeing their own learning
style as being superior (Sugarman, 1985), as learning style preferences may be affected by personality, past learning environments, gender, and culture of origin (McKee, Mock, & Ruud, 1992).

It has been popular to research students’ learning style preferences within the science disciplines, but a few researchers have also looked at graduate students within related disciplines, like social work. In an American study, Massey, Kim, and Mitchell (2011) found that a large majority of social work students preferred the Diverging (46.5%), and accommodating (34.9%) styles; followed by assimilating (11.6%), and with the fewest preferring converging (3.5%), or being balanced in their preference (3.5). It has also been suggested that teams should be balanced by learning style preferences. Lau, Beckman, and Agogino (2012) found that teams with more than one converger did less well than teams with only one.

**Conclusion**

This resource has provided a few examples aimed at helping new supervisors and mentors of supervisors to better understand and develop training interventions that cover all four of Kolb’s learning modalities. Once keen on training in all four modalities, supervisors and mentors can assess supervisees’ and supervisor-in-training learning preferences, connect with them on their learning strengths, and help them to expand in other areas of the therapy or supervision process. Supervising and training a variety of therapists in diverse contexts can be challenging, and I have found Kolb’s ideas to provide a process map by which to organize my focus, broaden my own repertoire, and know how to integrate new ideas about systemic supervision and training.

**Note**


**References**


