CLINICAL SUPERVISION AND
THE EMERGING CONFLICT BETWEEN
THE NEO TRADITIONALISTS AND
THE NEO PROGRESSIVES

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Nowhere is the emerging conflict between neo-traditionalists and neo-progressives more apparent than over the definition of clinical supervision. Although the clash has many new elements, much about the arguments brings a strong element of déjà vu. This article examines the conflict over the definition of clinical supervision from the neo-traditional and neo-progressive perspectives, how the conflict is caught between the two perspectives, and how that conflict affects teachers' assessment and assistance. Finally, we suggest possible areas of compromise and future directions the conflict may take.

CONFLICTING DEFINITIONS OF CLINICAL SUPERVISION

The Neo-Progressive Definition

The use of the term clinical supervision goes back to the works of Goldhammer, Cogan, and the Harvard Graduate School of Education of the 1950s. The concept was developed to help teachers and supervisors together resolve classroom teaching problems. In Clinical Supervision: Special Methods for the Supervision of Teachers, Goldhammer describes some elements that must be present in clinical supervision: rapport between supervisee and supervisor, trust in each participant's direction at mutual rates and intensities, and perhaps most important, a primary focus on the teacher's agenda. Goldhammer outlines the elements of his five-step plan of supervision: a pre-conference, observation, analysis, post-conference, and post-conference analysis.

Goldhammer gives considerable credit to Cogan for shaping his own ideas on clinical supervision. Cogan defines clinical supervision as the "rationale and practice designed to improve the teacher's classroom performance."

2Morris L. Cogan, Clinical Supervision (Boston: Houghton Mifflin, 1973)
To Cogan, the analysis of data collected during classroom observation and the relationship between the teacher and the supervisor form the basis for the supervisory procedures and strategies designed to improve student learning by improving a teacher's classroom behavior. Cogan, like Goldhammer, stresses the need to establish the teacher-supervisor relationship and to plan together for the classroom observation.

In the revision of the original Goldhammer book, Anderson and Krajewski state that a crucial element in the clinical supervision model is the contract established in the pre-conference. This contract explicitly states the specific reasons for the clinical supervision process:

- The teacher's goals have been established and the question ought to be raised as to whether the observation and the rest of the sequence should take place at all. If it makes sense and can be useful to the teacher for supervision to continue, then surely it is worthwhile to say how and why and to make deliberate decisions about what is to be done. If, on the other hand, convincing reasons do not seem to exist, then it is best to ascertain this and it is time to quit.

In this description, the teacher is an equal partner with the supervisor in determining the focus and extent of the supervisory process.

Finally, Voice, the newsletter of the Pennsylvania Education Association, summarizes the five steps of clinical supervision according to Goldhammer and Cogan:

1. The supervisor and teacher meet in a pre-conference, establish a collegial relationship, agree on the purpose of the instructional supervision, identify the teacher's main concerns, and decide on steps to take to reach the desired outcomes of supervision. This enterprise is reduced to a kind of contract, often in writing.
2. The supervisor and supervisee plan the lesson cooperatively, with plans for teaching strategies to reach desired learning outcomes.
3. Classroom observation occurs. The supervisor records data; the teacher is aware that the supervisor is functioning in a collegial, nonevaluative role.
4. The supervisor and supervisee each examine the classroom data based on their prior agreement or contract. They review the data together at the post-conference.
5. The supervisor and supervisee jointly review the completed supervisory process and consider how it might be improved.

Those adhering to the Goldhammer-Cogan definition of clinical supervision are called neo-progressives because many concepts of the clinical supervisor have roots in the older progressive movement. Starting with Dewey, the

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4 Ibid.
5 J. R. Corbin, "Clinical Supervision?" Voice (November 1985). 9
progressive movement reached its zenith in the mid-20th century. Some of these concepts include:

- reliance on teacher concern as a basis to begin (and end) instructional supervision
- endorsement that the goal of supervision is personal enhancement
- rejection of evaluation as a supervisory role
- appeal for an inquiry-oriented collaborative search for ways of improving learning
- disdain of an overemphasis on psychological principles of learning
- distrust of the extensive generalization of the applicability of effective-teaching research
- rejection of a set model of good teaching and cause-and-effect relationships to predict learning outcomes

*The Neo-Traditionalist Definition*

The definition of clinical supervision according to Hunter and Minton has a different focus. Although the relationship between the supervisor and teacher is still important, this aspect is not a critical part of the process. Supervision focuses on how the teacher teaches, stressing teaching strategies as they relate to learning theory and effective-teaching research. Although the supervisor listens to the teacher, the supervisor serves as leader or teacher of teachers during the supervisory process. MacNaughton, Tracy, and Rogus label the Hunter-Minton supervisory approach the neo-traditional model (not a label used by Hunter or Minton) because the model resembles the means-oriented traditional (or techniques) approach, which is the oldest and most widely used assisting and assessing procedure. The crucial weakness of the traditional approach is its inability to validate many particular traits, techniques, or skills as synonymous with student achievement and effective instruction. Furthermore, the model's characteristic checklists fail to differentiate the relative importance of specific traits and techniques. Clinical supervision as practiced in the neo-traditional approach was developed as a result of research supporting the relationship of particular teaching strategies and instructional effectiveness.

Hunter does not doubt this relationship. According to her, "Translation of research-based theory into practice has been accomplished, so we can describe and substantiate much of what is effective in teaching." For her, the elements are clear. First is the basic "white sauce" of teaching, the controversial

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elements of a lesson plan that should be considered essential (though not mandated) in each lesson: anticipatory set, objectives, input, modeling, checks for understanding, guided practice, and independent practice. Hunter then adds the established principles of learning: reinforcement, motivation, retention, transfer, and most recently, hemisphericity. She illustrates these principles with examples of proper teaching.

The extensive effective-teaching body of research is also identified with the neo-traditional approach. Leaders in this field, such as Rosenshine and Stevens, caution that the effective-teaching research applies mainly to structured content (e.g., math procedures or science facts) and does not necessarily apply to less structured content (e.g., the analysis of literature or historical trends). This research does support direct teaching and many of Hunter’s concepts: objectives, reviews, clear explanations with examples and nonexamples, short bits of information, regular checks for understanding, monitored learning, wait time, and closure.

Hunter’s principles of teaching and the effective-teaching research, however, are not one and the same. McGreal distinguishes between the two by defining the effective-teaching research as a combination of correlational studies tying teacher behavior to student outcomes. The Hunter material, on the other hand, is theory. Although Hunter uses the effective-teaching research, she goes beyond what the research has identified, creating a teaching act, part of which is not necessarily tied to the research. But the effective-teaching research and the Hunter principles are compatible. Both Rosenshine and Berliner, leaders in the field of effective-teaching research, publicly credit Hunter for making this research popular.

Minton, a student of Hunter, has built on this body of knowledge and developed a structured supervisory process that both she and Hunter resolutely call clinical supervision. Minton’s model has five steps:

1. Develop a nonprescriptive job description of what a good teacher does.
2. Collect neutral data from classroom observations.
3. Analyze the lesson in light of knowledge of good teaching, including developing an objective for the post-conference and identifying areas for reinforcement and assistance.

10Ibid.
11Barak V. Rosenshine, “Effective Teacher Research” (paper presented to Cleveland State University College of Education, Cleveland, OH, Spring 1986), David C. Berliner, “Research on Teaching” (paper presented at the Research Symposium, annual meeting of the Association of Teacher Educators, Houston, Spring 1987)
4. Hold an instructional conference. The supervisor teaches using inquiry-style questions to help the supervisee to analyze his or her own teaching.

5. After a period of assisting, hold an evaluative conference.

Neither Hunter nor Minton evade the need to assess as well as to assist teachers. For Minton, after gathering the data of the classroom and teaching the teacher about the necessary behavior to bring about an increased probability of student learning, the time comes for assessment.

**The Neo-Progressives Strike Back**

The neo-progressives fault the neo-traditionalists' claim of relying on research to support their model of good teaching. The neo-progressives also believe that the neo-traditionalists' supervisory process is not truly clinical. According to Costa, Hunter excessively uses the language of technology. He contends that she relies too heavily on direct teaching with measurable, preconceived learning outcomes. He disagrees with how Hunter translates research-based theory into practice. Costa accuses Hunter of overemphasizing psychological factors while neglecting anthropology, sociology, and neurology. Costa particularly faults Hunter for making the process of teaching far too simplistic. Teaching, for him, cannot be reduced to quantifiable values, such as counting the number of higher level questions. He argues that teaching is more than a cluster of rational teacher decisions that result in teacher actions causing particular student behaviors. Instead, Costa believes, it involves a series of inner thought processes that include teachers' thinking and attitudes. Gibboney adds to the criticism by calling the Hunter model a technique unrelated to the cultivation of conscious thought. Gibboney, Costa, and Pavan all question the neo-traditionalists' claim of using teaching strategies based on research.

Pavan further criticizes Hunter and Minton for eliminating the preconference from the supervisory cycle. Pavan insists that, to refine a teacher-initiated focus for observation, the pre-conference is essential to the clinical model. Without the pre-conference, Pavan argues, the supervisor cannot know the teacher's reasons for classroom decisions. She claims that by eliminating...
the pre-conference, the neo-traditionalists reject a central tenet of clinical supervision.

According to Haggerson, the language used by Goldhammer, Cogan, Anderson, Krajewski, and others to describe clinical supervision is figurative, with comparisons, contrasts, multiple meanings, expressive objectives, and extensive use of imaginative language. Haggerson sees this model of clinical supervision not so much a body of knowledge for the supervisor to apply as practice with concepts to guide the teacher's actions. This inquiry-oriented concept is aimed at a collaborative study of classroom dynamics. The model is not hierarchical with a search for cause-and-effect relationships. Here, the process of clinical supervision is never to evaluate but rather to empower the individual or, as Goldhammer says, to psychologically enhance the teacher. In comparison, Haggerson describes the neo-traditional concept of clinical supervision as a model intended to improve the instruction of all teachers in the school. He adds that the neo-traditionalists use language that implies a fixed reality, precise preplanning, measurable outcomes, and cause-and-effect teaching behavior with a high probability of enabling student learning.

These criticisms of the neo-traditional definition of clinical supervision leave two seemingly conflicting concepts, both called clinical supervision. The definitions also overlap extensively. Cogan defines clinical supervision as the rationale and practice designed to improve the teacher's classroom performance. The process comes from the data gathered during classroom observations and the mutual analysis of the data. If one accepts this definition, then Hunter and Minton as well as Goldhammer and company can properly claim to be clinical supervisors. The operational focus, the criteria of what constitutes good teaching, and the purposes and underlying assumptions separate the models and form the basis for the continuing conflict.

THE CONFLICT AND ITS EFFECT ON TEACHERS

The differences in the criteria of good teaching and the purposes and assumptions of the neo-traditional and neo-progressive models, when carried out in a school district, affect teachers in at least four ways: the degree of specificity for describing the criteria of good teaching, the locus-of-criteria determination, sources of advocacy of the two models, and views on the use of assessment.

Specificity of the Criteria of Good Teaching

For neo-progressives, the purpose of a supervisory process is based on necessarily changing criteria. No set of assumed criteria becomes the basis

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for the supervisory process. Rather, the teacher is encouraged to identify his or her own concerns and, with the supervisor’s assistance, determine the criteria. An assumption is made that appropriate criteria are recognized and agreed on collegially. Specific criteria for “good teaching” are generally undefined.

The neo-traditional model, however, presents a consistent interpretation of criteria for the supervisory process. These criteria result from quantitative research on the teaching learning process. Although not all the criteria are used at all times (e.g., the Hunter or Minton steps in a lesson), it is possible to identify those things most appropriate to include in clinical supervision.

The two models’ varying degrees of specificity have strengths and weaknesses. Although the neo-progressive approach offers flexibility, it is also reluctant to pin down exactly what to include in the supervisory process. Flexibility may translate into a fluctuating set of undefined criteria requiring a tremendous (and unclear) breadth of supervisory skills. The neo-traditional model faces a similar dilemma. Its consistency of criteria has all too frequently become rigidity when put into practice.

**Locus-of-Criteria Determination**

The locus-of-criteria determination also differs for the two models. The neo-progressives select criteria internally; the criteria for the supervisory process are based on the needs and experiences of the individual teacher. The neo-progressive locus-of-criteria determination also rests on the teacher’s and the supervisor’s considerable analytical ability and on the assumption that a collegial relationship exists to facilitate this shared analysis of teaching. One drawback, however, is the assumption that the teacher will be able to help the supervisor identify appropriate criteria to improve teaching. The locus must necessarily change from teacher to supervisor if the teacher is unable to carry out this analytical role.

The locus-of-criteria determination in the neo-traditional approach is external. The criteria are based on research rather than individual need. Although some opportunity exists to select certain criteria and temporarily ignore others, the external nature of the criteria imposes limits. The positive aspect of this locus is that external criteria allow for a building, department, or teaching team to work toward a goal. Under this locus, teachers can be held accountable. At the same time, external criteria can be imposed rather than agreed on, thus depriving teachers of their individuality and creativity.

**Sources of Advocacy**

The conflict between the neo-progressives and the neo-traditionalists is also evident in the sources of advocacy. The neo-traditionalists' advocacy has swept the practitioner ranks, creating a bandwagon effect described by Slavin.
The attraction of the neo-traditional model is its specific criteria, generalizability to all subject areas, and accountability. Administrators can participate in several intense workshops and acquire the skills needed to implement the model. This immediacy fills a void left by the neo-progressives. Administrators want techniques they can immediately apply in school settings, but administrators and teachers participating in these training sessions have also sometimes assumed that the training has made them experts. As a result, many aberrations of the training are being carried out and taught to others.

Proponents of the neo-progressive model frequently come from the scholarly community and from teachers' groups that have had negative experiences with neo-traditionalism. The Pennsylvania Teachers' Association, for example, notes that although neo-traditionalism has been sanctioned by the Pennsylvania Department of Education and many school districts, few teacher education institutions train preservice teachers in the Hunter method.\textsuperscript{20} From the scholarly community, Garman refers to the difference between "doing" and "being" a clinical supervisor.\textsuperscript{21} She states that to practice clinical supervision (using the neo-progressive definition) one needs prolonged training and a supervised internship. This caution in sanctioning the practitioner as expert may be what makes the neo-traditional model extremely tempting to the practitioner.

Assessment

Finally, the diverse purposes of the two models conflict over the role of assessment. The neo-progressives reject evaluation or assessment as a proper role for the clinical supervisor. Although not denying that assessment must exist, they believe it contradicts the collegial emphasis on the teacher's concern.

Although neo-traditionalists also disclaim assessment as the primary purpose of their model, they do not totally separate themselves from it. Minton acknowledges that after working with a teacher for a period of time, assessment may be at hand.\textsuperscript{22} Also, those trained in the neo-traditional process are teachers and supervisors who may assist teachers, as well as administrators whose function necessarily includes assessment. The historical linkage between the neo-traditional model and the traditional approach to supervision long used


in schools further suggests assessment as a part of the neo-traditional model. Many school districts view the neo-traditional model as a way to refine vague checklist criteria regarding teacher performance into research-based criteria that will hold up under scrutiny. Instead of merely serving as a way to assist teachers, neo-traditionalism has often replaced an existing teacher evaluation system.

The Pennsylvania State Education Association is the most recent state association to challenge neo-traditionalism based on this purpose. Teachers are concerned about compulsory participation in a single-minded approach when it leads to evaluation. They ask whether administrators are using the neo-traditional model as a “quick fix” approach to achieve more uniform teacher evaluations. The association suggests seven missing links in the neo-traditional initiatives trust, collegiality, collaborative settings, confidentiality, nonthreatening teaching environment, teacher decision making, and teacher recognition. Many of these missing links are elements of the neo-progressive model.

CONTINUED CONFLICT OR COMPROMISE?

In closing, we suggest two opposing scenarios representing directions the conflict between the two schools of thought may take. In the first scenario, the differences between the two approaches are rooted not just in practice but in basic philosophical differences on the nature of learning, therefore, the chance for reconciling the two models is remote. In the second scenario, some evidence supports a slight coming together or compromise between the two models.

Scenario 1: No Resolution

The scenario suggesting that neo-progressive and neo-traditional clinical supervision will remain in conflict rests not on the application of the approaches to the school setting but on the belief that the two approaches represent distinctly different educational philosophies of teaching and learning. The neo-progressive got their name from their concern to use inquiry to solve teaching problems as teachers experience what is meaningful to them individually. According to Dewey’s theory of teaching and learning, critics of neo-traditionalism point out, the neo-traditional model is more mechanistic than intellectual, valuing teaching over learning and viewing the teacher as a technical decision maker rather than as an intelligent practitioner of a complex art. Fenstermacher and Soltis concur, stating that from the therapist philos-
ophy of teaching, a philosophical view similar to that of the progressives, the teaching act is downplayed and student learning is stressed.

Neo-traditionalism espouses a different philosophy—one more akin to the behaviorist. Hunter contends, "The research base for clinical supervision began with Thorndike who showed that practice in itself without knowledge of results of what was right or wrong and how to fix it did not improve performance." According to Fenstermacher and Solts, this theoretical approach focuses on skills for managing learning, such as time on task and matched curriculum and evaluation. A direct connection runs between the criteria set up from the effective-teaching research and this theoretical approach.

The two approaches are rooted in different theories of teaching and learning. Therefore, the chance for a reconciliation between the two views is slim. As Phillips and Solts discuss, learning theories explain but are extremely difficult to prove right or wrong.

Scenario 2: The Possibility of Accommodation

The second scenario presents two supervisory models that may be able to work in concert with each other by identifying which teachers can most benefit from which approach. Borrowing from Glickman's concept of developmental supervision, some teachers benefit from the neo-traditional approach of supervisors providing direction and making suggestions for improving instruction. Other teachers benefit more from the neo-progressive approach of clarifying, problem solving, and active listening. We must identify how to best promote teachers' thinking about their classroom and then work with them using the best of the two approaches.

The neo-traditionalists offer a means to work with teachers to help them begin to analyze what happens in their classrooms. The preservice, beginning, or nonstimulated teacher may need specific external criteria to develop a framework for classroom analysis. In these situations, the neo-traditional approach acts as a catalyst to initiate analytical practice. As teachers grow and develop, however, limiting them to external criteria for classroom analysis can stifle creativity and remove motivation. At this point, the neo-progressive internal criteria have their greatest potential. Selecting the best approach for the individual teacher is one example of compromise rather than continued conflict between the two supervisory models.

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Additional evidence of some movement toward compromise between the two approaches rests with the flexibility of the neo-traditional approach. As this model has matured, its external criteria have evolved and expanded. New knowledge of the teaching-learning process has been incorporated into the supervisor's repertoire. For example, the continuing research on right brain–left brain learning theory has been incorporated into the Hunter model. This flexibility suggests that as the neo-traditional model expands, it may actually be moving closer to the neo-progressive, more open definition of appropriate criteria for clinical supervision.

Glickman's discussion of knowledge versus certainty also relates to this movement of the two approaches toward each other. In referring to the effective-teaching research, he says we have "knowledge but not certainty as to what improves instruction." Glickman views this knowledge base as a foundation that we can alter and build on in the years ahead. A willingness to embrace new knowledge while resisting the arrogance of certainty offers each side the opportunity to use its potential to help teachers improve classroom instruction.

Which scenario most closely represents the outcome of the battle between these two views of clinical supervision remains to be seen. Both approaches, however, have the potential for significantly contributing to improved classroom instruction. This improvement will occur only if both sides critically analyze supervisory practice and make an honest attempt to see the potential the other side offers.

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This collection of 31 previously published articles includes 15 not found in the first edition. The scope is broad and inclusive. Topics include curriculum definitions, frameworks, planning and design, the hidden curriculum (new to this edition), implementation and change, and theory and research.

30Carl D. Glickman, Supervision for Instructional Improvement (Alexandria, VA: Association for Supervision and Curriculum Development, 1987), tape recording of a presentation to the 1987 annual meeting of ASCD