SUPERVISION METHODS

by Kendra Smith, PhD., LPC, ACS
Gallaudet University

Supervision can occur in different formats (e.g., individual, triadic, group or team supervision) and with different supervisors (e.g., faculty, site, or peer supervisors). Across formats and supervisors, supervision is accomplished using one or more methods to access the content and process of the counselor/client session. Among the most common methods[1] are supervisee self-report (e.g., verbal exchanges, written notes, and case presentations), observation (live or videotaped), co-therapy, role-playing, and modeling. The purpose of this paper is to present the reader with an overview of these methods, as well as to identify some of the advantages and disadvantages for using each one.

Supervisee Self-Report

Supervisee self-report occurs is several forms. It can be written or verbal, and can happen as an exchange between the supervisee and supervisor or as the more formal process of case consultation. Essentially, self-report refers to the descriptive information provided by the supervisee "about the client, the therapeutic interaction, the supervisory interaction, and personal information about himself or herself" (Ladany et al., 1996, p. 10). Borders and Brown (2005) assert that this method is the most commonly used in supervision, and the most highly criticized.

The concern for this method is two-fold. First, the supervisee can only report things about which he or she is consciously aware (Borders & Brown, 2005), leaving unconscious information "flying below the radar." Thus, self-report is limited by the supervisee's biases and level of competence (Borders & Brown; Ladany et al., 1996). Second, the supervisee may consciously decide to edit out information that does not leave him or her in a favorable light, or as a way to gain a sense of control in the supervisory relationship (Borders & Brown; Ladany et al.). Either way, it is easy to see how self-report can lead to a skewed depiction of clinical events and processes.

In a study of what and why therapists-in-training tend to leave out of their self-reports, Ladany et al. (1996) found that intentional supervisee nondisclosure could be grouped into twelve categories: negative reactions to the supervisor personal issues, clinical mistakes, evaluation concerns, general client observations, negative reactions to the client, countertransference, client-counselor attraction, positive reactions to the supervisor, supervisor appearance, supervisee-supervisor attraction, and positive reactions to the client. The reasons for nondisclosure give by those studied were varied and included: a belief that the information was pointless, negative feelings of the supervisee (e.g., shame or embarrassment), a poor alliance with the supervisor (e.g., mistrust), and a belief that the supervisor would not be able to meet the supervisee's needs related to the non-disclosed content.

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[1] "Methods" are also sometimes referred to as techniques (see Taibbi, 1995) or interventions (see Mead, 1990; Borders & Brown, 2005). For the purposes of this paper, the term "methods" will be use throughout for consistency.

Given these disadvantages, it is easy to wonder why the use of self-report continues to be so pervasive. There are several reasons:

1. The most likely reason is "expediency." Self-report does not usually consume the time required by other methods and does not necessitate the set up and use of equipment (e.g., for video play-back).
2. With respect to written self-report (i.e., case notes), there are legal and ethical requirements for maintaining appropriate documentation of clinical work.
3. The first *disadvantage* noted above (i.e., material outside of supervisee's conscious awareness) can also be an advantage as it serves the purpose of helping the supervisor assess the supervisee's development.
4. As the supervisee's competence and confidence increases, so should the movement of unconscious material to the supervisee's conscious awareness, thereby reducing some of the concern for this method (Borders & Brown, 2005).
5. Patterns of supervisee nondisclosure identified by the supervisor may also guide the supervisor to the use of additional supervisory interventions (Borders & Brown).

It is safe to say that self-report should never be used as the sole method to access therapeutic information in supervision, particularly for novice supervisees. Yet, when combined with other methods, it may contribute to the supervisor's understanding of the supervisee's clinical competence and help identify patterns for further exploration.

<u>Observation</u>

Observation can occur in different ways, including live observation (in and outside the therapy room) and use of videotapes.

Live Observation/Supervision[2]

This method involves having the supervisor present at the time of the counseling session. The observation can occur with the supervisor in the same room, or in an adjacent room. When the supervisor is located outside of the therapy room, a window or electronic equipment for viewing the session is necessary. There are advantages and disadvantages to both. With the supervisor observing in the room, the supervisory feedback can be immediate and the client's welfare is safeguarded (Bernard & Goodyear, 2009). For example, if the client is suicidal or when novice supervisees are learning to conduct an intake interview, a superviso in the room can follow up with questions that the supervisee may have missed. Supervisee and client anxiety, however, may be increased by having a person of authority in the room, and/or the supervisee's confidence may be decreased. The

[2] Bernard & Goodyear (2009) differentiate between live observation (observing the supervisee) and live supervision (a combination of observation and active supervision in the moment). While I agree, due to space constraints, for this article the two interventions are grouped together.

opposite, of course, may occur; that is, the supervisee may feel more confident to take risks with the supervisor present (Bernard & Goodyear).

There are several ways for live observation to occur with the supervisor outside of the therapy room. A common setup is having a window (often one-way mirror) in the wall between adjoining rooms. Other methods involve using a camera and television monitor. Communication between supervisor and supervisee is accomplished in one or more different ways: planned interruptions of the session, unscheduled interruptions, "bug-in-the-ear" audio feedback, and post-session debriefing.

Planned interruptions (e.g., halfway through the session or after a specifi intervention) are established prior to the beginning of the session. Unscheduled interruptions occur when one or the other feels a need for consultation. In either situation, the supervisee leaves the room to receive feedback, either at his/her own initiation or when the supervisor beckons at the therapy room door. Once consultation is finished, the supervisee returns to the therapy room.

As with in-room observation, knowing that the supervisor is watching can increase a supervisee's performance anxiety, though it seems to have less effect on the client's presentation. The interruptions can be bothersome, as the counseling is suspended while the supervisee leaves the room, but, given time, supervisee and client usually adjust to the format.

Another type of live observation/supervision is the reflecting team. Originally used as a team approach to family therapy, this method has also been applied to team supervision (Bernard & Goodyear, 2009). In this arrangement, the counselor and client(s) are in the therapy room and a team of colleagues observes from an adjoining room through a one-way mirror. (This can also be accomplished with a camera and television monitor is the rooms are not adjacent.) At a predetermined point in the session, the counselor leaves the therapy room and joins the team for consultation. Questions and comments are raised by anyone on the team, not just the counselor. By switching the room lighting or camera transmission, the client(s) watches the team as it reflects on the counseling process and content. This allows the client(s) to feel part of the process. In fact, the reflections often become the therapeutic intervention. Another advantage is that responsibility for reporting the consultation feedback to the client(s) is shared by the team, not carried back to the client solely by the counselor (Bernard & Goodyear).

A method similar to the reflecting team in transparency, but consisting of just the supervisee and one supervisor is "in vivo" supervision. The supervision content and process occurs, again, in the presence of the client (Bernard & Goodyear, 2009).

"Bug-in-the-ear" technology (audio transmission via microphone and wireless earphone) allows the supervisee to continue a session uninterrupted, while simultaneously receiving spoken feedback (Bernard & Goodyear, 2009). This technology is not accessible for deaf supervisors and supervisees, and this author would not encourage its use between hearing supervisor and supervisee with a deaf client. A "video" version of this method has been explored, with a computer monitor positioned behind and out of sight of the client at shoulder height so that the supervisee can read messages sent from the supervisor. This arrangement has

advantages, including the ability to save the feedback electronically for later review (Bernard & Goodyear), but also may be distracting to clients as they watch the counselor's eye gaze shift to the monitor.

Videotapes

With the increasing sophistication of technology, videotaping counseling sessions has become quite commonplace as a method of supervision (Bernard & Goodyear, 2009 Borders Brown, 2005). Videotaping allows the entire content of the session to be saved intact for future review ("observation") by the supervisee and supervisor. This method has an advantage over live observation/supervision because the tape can be stopped and replayed as necessary (Haynes, Corey, & Moulton, 2003).

The taped session is viewed in whole or in part by the supervisee and/or by the supervisor, alone or with the supervisee. Supervisee self-review of the counseling sessio is an excellent teaching tool, helping to increase counselor awareness (Borders & Brown, 2005). Whether a supervisor watches the entire videotaped sessio or not is a subjective decision, but Borders and Brown suggest that seeing the entire session is important to understanding counselor pacing, flow and process dynamics, and so as not to miss critical elements of the session. It is particularly important for supervisors of novice trainees to watch the entire session (Bernard & Goodyear, 2009; Haynes, Corey, & Moulton, 2003).

How the tape is used in the supervision session depends on the supervision model employed and "should be grounded in a supervisee's learning goals and the supervisor's session goals" (Borders & Brown, 2005, p. 41). One method is Interpersonal Process Recall.

Interpersonal Process Recall (IPR): IPR is designed to increase counselor self-awareness, particularly thoughts and feelings the counselor experiences during the therapy session (Borders & Brown, 2005). The steps of IPR are fairly straight forward and are outlined by Borders and Brown as follows:

> A supervisor and counselor review a counseling session tape, or portion of a tape, together. Either person can stop the tape at any time, giving the counselor the opportunity to say aloud what he or she was thinking and feeling at that time, as if the counselor is back in that moment (vs. evaluative statements or any commentary about what happened then)….To encourage in-depth recall, the supervisor takes on the nonevaluative role of an inquirer….As suggested by the term inquirer, the supervisor asks questions to broaden and enhance the counselor's recall of in-session thoughts and feelings, such as "What were you thinking just then?," "How did you want the client to perceive you?," "Was there anything that you wanted to say but didn't say at that time?," "What kept you from sharing that?"….The supervisor also asks follow-up probes to encourage further reflection…[and] helps the counselor stay in the recall

mode (vs. self-evaluation or conceptualizing about the client, etc.). (p 43-44).

While IPR is a very effective method for increasing counselor self-awareness, Bernard and Goodyear (2009) caution that exposing the counselor-client relationship to such scrutiny can often lead to perceived distortion of the relationship dynamics, causing the supervisee to see the clinical relationship as dysfunctional or ineffectual. This can be managed by limiting IPR to carefully selected portions of the session. The supervisor should make the selections, using two questions for guidance: "From what I can observe, does this interaction seem to be interrupting the flow of counseling?" and "From what I know of the supervisee, would focusing on this interaction aid in his or her development as a mental health professional?" (Bernard & Goodyear, p. 229).

Co-Therapy

As the name implies, co-therapy involves the supervisor and supervisee working together as co-therapists. Supervision occurs in pre- and/or post-session debriefing sessions. Co-therapy gives the supervisor and supervisee the opportunity to have a shared first hand experience of the counseling session. However, given the imbalanced power dynamic inherent in the supervisor-supervisee relationship, it is particularly important to attend to the balance of power in this arrangement. Haynes, Corey, and Moulton (2003) suggest that the supervisor needs to refrain from taking over the work, as this robs the supervisee of space to learn through struggling. There is also the potential that the client will defer to the supervisor as the authority of the pair.

Role-Playing

Role-playing is the acting out of scenarios, with the supervisor and supervisee taking on the role of counselor and client (or client and counselor) (Haynes, Corey & Moulton, 2003). Role-playing is an excellent opportunity to rehearse and strengthen specific supervisee skills and techniques. Role-playing can also focus on relationship dynamics and increase the supervisee's empathic understanding of the client (Borders & Brown, 2005). One drawback of this method is the potential for the supervisee to interject his/her own dynamics into the portrayal of the client, thus clouding the enactment (Borders & Brown).

Modeling

In its narrowest definition, modeling is a specific kind of role-playing wherein the supervisor takes on the role of counselor for the purpose of teaching a technique or intervention to the supervisee. In this way, the supervisor (or supervisee) selects a specific skill to be modeled by the supervisor and then discussed within the supervision session (Borders & Brown, 2005). However, in a broader sense, modeling refers to the supervisor as a constant overt and subtle model of all aspects of professional behavior, including role definition, interactions with clients, ethical behavior and decision making, establishing and maintaining collegial and collaborative relationships, and the pursuit of ongoing professional

development (Borders & Brown; Haynes, Corey, & Moulton, 2003). Being a role model involves serious responsibility for supervisors, regardless of theoretical orientation or preferred methods of supervision. Because supervisees are continually watching and learning from us, Haynes, Corey, and Moulton recommend that we make a concerted effort to explain our thinking process out loud so that supervisees have access to our thoughts in addition to our behaviors.

This paper has provided the reader with a description of several of the most common methods of supervision. Readers are encouraged to investigate each method, and others, in more detail in the referenced texts.

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