

## Supervision interventions

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### **Abstract:**

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### **Chapter:**

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## **CHOOSING SUPERVISION INTERVENTIONS**

### **Supervisor Preferences**

At the broadest levels, your intervention choices are influenced by your worldview and theoretical orientation to counseling (Friedlander & Ward, 1984). As noted in chapter 1 (this volume), your beliefs about why people behave the way they do, how change happens, and the relative role of cognitions, behaviors, and emotions in working with clients, as a few examples, necessarily influence decisions you make about supervision. Relatedly, your ideas about how people learn also are at work in your decisions. The clearer you can be about your own worldview and theoretical orientations—and the advantages and limitations of them—the more conscious you can be about your choices, including the situations in which they are more effective. Such awarenesses also, then, are a prerequisite for becoming more flexible in your supervision interventions.

Clearly, other factors also will influence your choices, including your personality characteristics (which probably are reflected in your broader beliefs also) as well as your own experiences as a

supervisee and, if applicable, your experiences as a supervisor, teacher, and consultant. In particular, supervisors sometimes adopt a supervision stance that mirrors what worked best for them. Others are determined to do the opposite of what was done to them. Of course, awareness of these biases help the supervisor step back and make sure that these supervision preferences are really appropriate for a particular supervisee, in a particular supervisory session.

Importantly, one's worldview or assumptive world (Friedlander & Ward, 1984) also refers to one's cultural background and perspectives. Clearly, these beliefs, and one's personal and professional experiences with diversity, need to be revisited in preparation for discussing multicultural issues in the first supervision session (see chap. 2, this volume) as well as one's ongoing work with supervisees.

In our supervisor training experiences, we have found that every participant arrives with at least a few strong ideas—reflecting their broader beliefs—that influence their supervision intervention choices. In training groups or classes, this can become quite an advantage. For example, the more cognitively oriented supervisor knows who to call on in the group for helpful consultation about working with a supervisee who has difficulty exploring client emotions. The supervisor who so easily recognizes personal issues affecting a supervisee's work is a help to all, and can use the group members to make sure that efforts to address personal issues are developmentally appropriate and within ethical guidelines. The experienced teacher in the group knows how to break down complex clinical interventions into manageable, sequential steps that can be explained in language familiar to the novice. In short, each supervisor brings valuable skills and perspectives that can be shared with colleagues, as well as the need to identify limitations of these perspectives and preferences, gain appreciation for other perspectives, and meet the challenge of expanding the repertoire of available supervision interventions.

Beyond general exploration and discussion of your worldviews, theoretical orientations, and beliefs and preferences, you also can use several structured exercises that operationalize some of your preferences. Bernard (Bernard & Goodyear, 1998), for example, suggested an activity in which a supervisor audiotapes a role-play of a supervision session; the audiotape is then analyzed to determine the primary role (e.g., teacher, counselor, consultant) portrayed by the supervisor. Importantly, Bernard noted that supervisors often are surprised by their results. Like Bernard, we have found the most common dissonance to be a supervisor who states a preference for the counselor role, but who behaves much more in a teacher role. Even Carl Rogers apparently experienced this dissonance, per his discussion of his supervision work with Hackney and Goodyear (1984). Perhaps some counselors want to avoid the more directive behaviors typically associated with the teacher role (which means they misunderstand the teacher role), and thus prefer to see themselves in the counselor role. At any rate, it seems that review of a practice supervision session might best involve both self-evaluation and review by others.

Several more objective measures also can be used to identify your preferences. The Supervisor Emphasis Rating Form—Revised (SERF-R; Lanning & Freeman, 1994; Table 3.1) challenges supervisors to prioritize four areas of emphasis that are based in and expand the focus areas in the discrimination model (Bernard, 1979, 1997). The SERF-R yields a rank ordering of the degree to which one emphasizes counseling performance skills, cognitive counseling skills, self-awareness, and professional behaviors (our adapted terms) during supervision sessions. The

Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984; Table 3.2) measures self-ratings of three styles that easily translate into the three supervisory roles: task-oriented (teacher), interpersonally sensitive (counselor), and attractive (consultant). These measures can be completed in regards to your ideal preferences, your current supervision work, or how you believe you will behave (or should behave) in an upcoming supervision experience with a particular supervisee (e.g., a novice vs. a developmentally advanced supervisee).

## **TABLES APPEAR AT THE END OF THIS DOCUMENT.**

Beyond these more supervisor-based factors, there are other important considerations that need to be a part of your decision-making process. These additional factors include the following: (a) the developmental level of your supervisee; (b) your supervisee's stated learning goals; (c) your own goals for the supervisee; (d) your own learning goals for your supervision work with this supervisee; and (e) contextual factors, such as the counseling setting, course requirements or licensure regulations, other supervisors or administrators who will have some oversight with the supervisee, timeframe for this supervision experience, and so forth.

### **Supervisee Developmental Level**

Developmental models and stages of counselor development were described in chapter 1 (this volume). As indicated earlier, the optimal environment (Stoltenberg, 1981) to encourage counselor growth varies by developmental level, and requires intentional and proactive planning by the supervisor. At beginning levels, the need to take more of a teacher role will be clear. These supervisees often arrive with a long list of specific questions, primarily concerning which technique to use with a particular client or "how to" questions about employing a particular skill. Supervision sessions typically are very detail oriented and mostly skill based. Thus, supervisors of supervisees at early developmental levels often employ instructional and experiential interventions such as demonstrating and modeling, role-playing, explaining, and providing resources (e.g., readings; Rønnestad & Skovholt, 1993; Stoltenberg, 1981). For example, at the first author's university, supervisors of novice counselors working with children often schedule their supervision sessions in the play therapy room where they can quickly demonstrate or role-play a particular play therapy intervention. At the same time, a good measure of encouragement and support must be provided, given the high level of anxiety characteristic of beginning supervisees. Live observation may be welcomed—if not requested.

The middle developmental levels seem to correspond with the characteristics of graduate students nearing the end of their training and internship experiences. These supervisees still have lots of questions, but they are more likely to investigate clinical options themselves (having learned how to access such resources from you previously). They even may share their assessments of the advantages and limitations of a technique with you, as well as their level of comfort with each. Your role, then, shifts to a more facilitative one, encouraging a thorough, open analysis of clinical options, what Rønnestad and Skovholt (1993) termed "clarifying feedback" (p. 401). Your instructional role now is focused on helping the supervisees fine-tune their performance, particularly in terms of how an intervention or technique needs to be adjusted or modified for a particular client, situation, or clinical goal. Remember, it's a good sign when a supervisee at this developmental level disagrees with your opinion of what to do with a client!

At the middle developmental levels, you will find your counseling skills to be quite useful, as your supervisees are becoming more aware of their reactions to clients as well as the potential clinical value of their reactions. Supervision interventions such as Interpersonal Process Recall (Kagan, 1980), metaphor (Young & Borders, 1998, 1999), and reflection (Neufeldt et al., 1995) are helpful in facilitating your supervisees' growth in this area. Your confrontation skills—as well as your methods for encouraging self-confrontation—also are quite appropriate and needed as supervisees try to deal productively with transference and countertransference issues. Use of your immediacy skills will highlight the processes at work in the counseling and supervision sessions, thus both facilitating the supervision *and* modeling this intervention.

At the later developmental levels, you will be called on to be more of a consultant with your supervisees. These supervisees most often will be able to identify the needed focus for supervision and will request your help with more subtle or sophisticated issues, such as understanding an impasse, a confusing paradox, or an unexpected internal response to a client. There also may be issues related to the supervisee's evolving professional identity. As counselors age and face new developmental life tasks (e.g., middle-age concern for generativity), they have new questions, challenges, and priorities that must be considered and integrated into their counselor identity. Clearly, a number of your skills will be relevant at this stage. A major defining characteristic of your role at this level is the collegial, peer interaction. You will learn much from your supervisee at this level.

As a reminder, developmental level and experience level are not synonymous. Counselors with some years of experience may be functioning at middle—or early—developmental levels, particularly if they have not had counseling supervision since completing their internship. These counselors may have a limited repertoire of counseling skills and self-awareness, and struggle with conceptual questions and confusion.

### Supervisees' Learning Goals

We discussed earlier (chap. 2, this volume) the merits of asking supervisees to identify several concrete goals, and offered several formats for writing relevant goals. We also offered some specifics regarding how you can use these goals in supervision. Clearly, supervision interventions should be chosen with some thought to helping supervisees work toward their own learning goals. You might even make the connection obvious to the supervisee: “Would you be willing to try a role-play? I think it would be a good way to work on your goal of using more open-ended questions.” Or, “There is a supervision technique called IPR that was designed to help supervisees develop awareness of their reactions to clients, which is one of your learning goals. I wondered if you would work with me today in an IRP exercise with the videotape of your last session?”

In relation to their overall learning goals, supervisees typically are asked to identify specific questions for a particular client or counseling session to be discussed in supervision. These more focused questions usually reflect their larger learning goals (even if these goals have not yet been stated formally) and also will point toward appropriate supervision interventions.

## Your Goals for the Supervisee

As suggested in chapter 2 (this volume), your goals for the supervisee—goals the supervisee cannot or does not identify—emerge from your ongoing assessment of the supervisee. This assessment is about much more than skill proficiency. The supervisor also will observe which counseling skills are used and which are not evident, session pacing, the supervisee's comfort level with various clinical topics and clients, openness to supervisory feedback, interactions with peers during group supervision sessions, anxiety level and when anxiety increases and decreases, as well as the supervisee's methods for dealing with anxiety, and so forth—all of which may need to become a focus of supervisory interventions. Within a university setting, we have found that it takes about one third of a semester for these issues to emerge. By this time, we have direct knowledge of the supervisee's work, as well as observations from our interactions with the student in supervision sessions, so that themes and patterns have begun to emerge. Whether your goals are ever shared with your supervisee, they necessarily will guide your selection of supervision interventions.

## Your Own Learning Goals as a Supervisor

It is certainly appropriate to base some supervision intervention choices in your own learning goals and professional development. You may be ready to try a new intervention in individual or group supervision; want to develop greater skill and confidence in the teacher, counselor, or consultant role; or work toward greater comfort with confronting supervisees. Although client and supervisee needs take priority, it is likely that your goals and their needs often will be an appropriate match.

## Contextual Factors

Does your facility have a one-way mirror and observation deck for live observation? Do you have telephone equipment to allow contact with the supervisee during a session (live supervision)? Is videotaping possible? Obviously, the physical setting will affect your choice of supervision interventions—although supervisors often become creative when they believe a particular intervention is needed. In addition, site policies also may affect your supervisory work, such as limits on the number of counseling sessions per client, an emphasis on psychoeducational group approaches versus individual clinical approaches, or discouragement of discussing some topics with school-based student clients. In some states, licensure regulations require that direct observation supervisory methods be used with licensure applicants (Borders & Cashwell, 1992; Borders, Cashwell, & Rotter, 1995). You also may be working collaboratively with an onsite clinical or administrative supervisor who has additional requirements, preferences, and responsibilities related to oversight of the supervisee's work.

What is the purpose of your supervision? Are you charged with skill development primarily? Are you evaluating whether this person is ready to be licensed? Are you being asked to help with a subgroup of a supervisee's clients because of your clinical expertise? What degree of client protection is needed? What is the match or mismatch of supervisee skill level and level of client difficulty? (Goodyear & Nelson, 1997). Supervisors should be clear concerning their purpose

and tasks, and, assuming they agree to these tasks, choose supervision interventions that are an appropriate match.

## PLANNING FOR A SUPERVISION SESSION

In a typical scenario, you receive an audiotape or videotape of a counseling session and the supervisee's self-evaluation of the session several days before the supervision session is scheduled. As requested, your supervisee's self-evaluation includes information relevant to your planning and your choice of interventions. You know what the supervisee hoped to accomplish in the session with this client as well as his or her self-assessment of how well these plans unfolded (or didn't happen) in the session, and specific questions and needs for supervision. You read this tape critique carefully, noting the supervisee's specific requests for supervision in particular. Then you settle in for your own review of the tape, taking notes on the content, identifying statements or portions of the tape that are particularly relevant to the counselor's stated needs and overall learning goals, jotting down observations or questions about the counselor more so than the client (Borders, 1992). At the end, you review your notes for themes and patterns, and, as needed, determine priorities. You know that realistically your supervisee can hear a maximum of three points during a supervision session, so you take care to make good choices, with at least one point having relevance to the supervisee's learning goals. Importantly, these points are stated as *supervision goals*—what the supervisee will gain from attention to these points—rather than *agenda items*—things you will do in the session. Why you are doing what you are doing addresses the goal of your action. This difference may seem subtle or trivial, but attention to goals helps make sure you focus on the supervisee's learning and not just the method. The method, or intervention, should follow the goal (i.e., why you choose a particular method). Then, you consider which supervisory interventions are appropriate to your three (or two or one) supervision goals, and which also match the other factors that influence your choice (e.g., counselor developmental level and motivational style, the supervision facility, your goal to use more experiential supervision interventions, etc.), and you make a plan.

At this point you know what you want to cover, and you have a pretty good idea of how you want to approach each point. You also are aware that the supervisee may arrive with additional needs, and that some parts of your plan may take more or less time than you anticipated. So, you consider, of your plans, which points can wait and which must be addressed. Your planning is intentional and proactive as well as flexible.

You probably have noticed that you have read a good portion of this book and you still haven't read about how to conduct a supervision session, except the initial one. This is intentional—and appropriate. To be an effective supervisor, you will spend at least as much time in preparing for a session as you spend conducting or facilitating the actual session. Supervision sessions do not begin with your asking the supervisee, "What would you like to do today?" Instead, you likely share your agenda and sessions goals, in the supervisee's language, ask if the supervisee has other issues that need to be addressed, and make any needed adjustments to your plan. This "business" of the session is conducted, of course, in a warm and supportive manner that contributes to the other message you are delivering: that supervision of this supervisee is important to you, that you've spent some time preparing so as to be as helpful as you can be in this supervisee's growth and development, you want to hear any other concerns, and you are

ready to work! These messages are good models for supervisees' approach to counseling sessions as well as their preparation for supervision sessions.

## IMPLEMENTING SUPERVISION INTERVENTIONS

Our biases will become clear in this overview of supervision interventions— and likely will be no surprise to you. Our preferences for direct observation of a supervisee's work and interventions based in educational principles also are not unique. We would add that we also believe that there is no bad intervention per se. Each intervention has its advantages and limitations, each has its purpose. Our emphasis—again, no surprise—is on encouraging supervisors to be clear about the purpose(s), so that an informed choice of an intervention(s)—one that fits your goals for a particular session—is possible. As stated earlier, each intervention can be used as an assessment of the supervisee, an intervention meant to facilitate change, and an evaluation of progress (Borders et al., 1991), sometimes simultaneously. These different uses are illustrated later.

In the following section, our goal is to provide a brief introduction and overview of the most commonly used supervision interventions in individual supervision sessions (group supervision is covered in chap. 4, this volume). There are many variations on each intervention. Some variations have been published, sometimes labeled with clever acronyms, so that you can read and determine which variations are appropriate to your own supervision work or get some sense of how to adapt these yourself for your work, your style, and your supervisees. Our favorite sources for descriptions of supervision interventions are *Counselor Education and Supervision*, the journal published by the Association for Counselor Education and Supervision, *The Clinical Supervisor*, a multidisciplinary journal, and each edition of Bernard and Goodyear's (1992, 1998, 2004) text, *Fundamentals of Clinical Supervision*.

### Self-Report

Self-report is both the most commonly used intervention (Borders & Usher, 1992; Goodyear & Nelson, 1997; Roberts & Borders, 1994)—likely due to its convenience—and the most criticized intervention. Essentially, self-report means the supervisee makes a verbal report of what happened in one or more sessions with a client. Limitations of this approach are obvious. The supervisee can only report what he or she consciously heard and observed, through whatever biases and unconscious filters govern the supervisee's conscious awareness. In addition, the supervisee intentionally can choose what to report and not report, as well as what to emphasize or de-emphasize, and so forth. Critical information about the client (or couple or family or group) or the counseling relationship may be left out, consciously or unconsciously.

These same factors, however, highlight the usefulness of this approach, particularly as an adjunct to other supervisory interventions. Over time, a supervisee's self-reports reveal what information is apparently outside the supervisee's awareness. Patterns and themes of omissions become evident. These omissions may become the focus of other interventions, such as having the supervisee watch a videotape without sound to force a focus on nonverbal behaviors, or confronting the discrepancy between the self-report and session content (per supervisor's review of session audiotape). In addition, how the supervisee self-reports may be "the message,"

particularly if the supervisee behaves differently, becomes animated or flat. This self-report could be the supervisee's unconscious attempt to play the role of the client, the first step in a parallel process (Goodyear & Nelson, 1997; Levenson, 1984; see also chap. 5, this volume, for a discussion of parallel process) that may become the focus of supervision.

It is likely that self-report is more reliable with supervisees at more advanced developmental levels, as they have achieved a certain measure of self-awareness as well as recognition of the key issues that need to be reported, and may be less likely to self-protect in their verbal reports. Nevertheless, self-reports at beginning levels are instructive, and changes in self-reports (e.g., fewer omissions, more awareness) can be useful in evaluating supervisee progress.

### Process Notes

Process notes are distinct from case notes. The latter are a report of the session content, including the client's report, the identified problems, and the counseling interventions used. In contrast, process notes are the supervisee's reflections on the processes of the client, the counselor, their interactions and relationship. To be effective, at least in early use of this approach, supervisors need to provide a structure or format that encourages introspection and reflection.

Typically, these formats include questions focused on the counselor's feelings and thoughts about the client; rationale for interventions used in the session; preferred and alternative hypotheses about the client, client-counselor interactions, and session content and flow; attention to potential diversity issues; and perhaps some IPR-type questions concerning the client's thoughts and feelings about the counselor (Bernard & Goodyear, 1998; Goldberg, 1985; Goodyear & Nelson, 1997).

Much like self-report, process notes likely are limited by supervisee awareness and developmental level. Although advanced supervisees' process notes may be richer, a beginning supervisee's use of this approach (perhaps with a limited focus on one or two process questions) can help that supervisee start developing an awareness of process elements and an appreciation for their value in understanding a client and the work of a counselor. Process notes also provide an assessment of current awareness of feelings and cognitions, and a measure of improved awareness over time. Likely, as with self-report, the use of process notes in conjunction with other supervision interventions is preferred. For example, process notes for a session could be part of the tape critique turned in with a session audiotape. The supervisor's review of both the notes and the tape can yield rich material for the supervision session.

### Audiotapes and Videotapes

Rogers (1942; Goodyear & Nelson, 1997) was one of the first to advocate for the use of electrically recorded interviews in counselor training and supervision. Today, use of audiotapes and videotapes are common and valued modes of supervision, with increasing ease of use due to technological developments. Most basically, tapes provide access to the actual counseling session content, and so are an important complement—and contrast—to self-reports and process notes. Having tapes available, however, does not ensure quality supervision.



As with other supervisory interventions, the particular method of tape review should be grounded in a supervisee's learning goals and the supervisor's session goals. Often, these goals are reflected in a required self-review and tape critique that is turned in to the supervisor along with the tape. The tape-critique format may be some combination of case notes, process notes, and self-evaluation, or emphasize only one of these, based on the instruction or processes desired through this method. Regardless of format, a supervisee's self-review—structured by the tape-critique format—is a critical component. Supervisees' review of their own tapes of counseling sessions is a teaching tool. For example, focused observations via tape review increase awareness that can lead to greater in-session awareness, a better appreciation of one's strengths and areas for growth, and more accurate self-monitoring and self-supervision.

For the most part, we suggest that supervisors review the entire tape. Otherwise, the supervisor may make observations and suggestions that were used in nonreviewed portions of the session, or that even are inappropriate based on information revealed in those portions. In addition, the supervisor is not able to assess counselor pacing of the session, as well as the flow and process dynamics, and the supervisor may miss problems—or strengths—in how a supervisee opens or closes a session. Reviewing entire sessions seems particularly critical for supervisors in university training programs, as they are working with beginning-level counselors who need lots of feedback, and they will need to certify that these supervisees have sufficient entry-level skills to graduate. In fact, internship supervision may be the last supervision some counselors receive, particularly school counselors, who also may be the only counselor in their work setting. Even counselors who seek licensure may find their postdegree supervision to be less intense and more irregular, less focused on their professional development and more like case staffing than supervision. As our interns near the end of their academic training and they realize the likely realities of postdegree supervision, we often hear comments and questions such as “May I call you if I get stuck?” and “What do I do if I get a client with an issue that I’ve never worked with before?” For these counselors-in-training, then, review of entire tapes—the relatively few we can hear across two semesters of supervision—seems an ethical imperative. Even so, we have found this practice also to be a sound one with experienced doctoral students and other advanced supervisees. Typically, these persons have returned to supervision with specific goals for enhancing and broadening their work, a few blind spots, and a couple of bad habits. Review of entire tapes is necessary to attend to these needs.

That said, there certainly are situations and supervisees where a different approach is appropriate, perhaps at least as a change of pace. In these cases, supervisors could ask supervisees to select a segment of tape for review. Regardless the amount of review, a supervisor can still request that the counselor identify segments of tape for focused review, providing an instructive guide for the supervisee and a focus for supervision. Perhaps most often the supervisor—directly or indirectly—asks supervisees to identify a segment that illustrates their struggle with the client or session—in other words, the place where they most need help. Preselected segments, however, can be tailored to the supervisee's learning goals, such as identifying one to three times when the supervisee believes a confrontation was needed. In this case, supervision can be skill oriented (practicing confrontive statements that would have been appropriate) and address conceptual and self-awareness issues (what kept the supervisee from making a confrontive statement: client dynamics? supervisee fears?). There also needs to be a balance of problem areas and strengths. Supervisees should be encouraged—if not required—to

present at least one session tape that shows their best work, a session they are especially proud of, or one in which they at least partially achieved a performance goal. For our university supervisees, we also want to review a variety of counseling work—difficult clients and clients making progress; clients with a variety of clinical issues; individual, group, and, if available, family and couple sessions; intakes, middle sessions, and termination sessions.

Among the structured approaches to review of tapes, the most well-known are microtraining (Daniels, Rigazio-Digilio, & Ivey, 1997; Forsyth & Ivey, 1980) and Interpersonal Process Recall (Kagan, 1980; Kagan & Kagan, 1997). Both approaches have been found effective in a number of studies, and the two have very different purposes and goals.

### Microtraining

*Microtraining* is most appropriate for skill acquisition. Originally designed to teach basic helping skills, more advanced skills have been added to the program. In fact, Ivey's (1994; Daniels et al., 1997) microskills hierarchy ranges from attending behaviors to skill integration and developing one's own style and theory. In addition, Greenberg (1980) developed a microtraining-type approach for teaching gestalt techniques. Microtraining follows a step-by-step procedure: (a) Skills or parts of skills or techniques are isolated and taught one at a time; (b) the skill is explained via lecture and written materials, and, most importantly, is modeled; (c) the supervisee practices the skill and receives feedback via self-observation of audiotapes and videotapes as well as from peers, trainees, and supervisors. There is ample empirical support for the effectiveness of microtraining. Research evidence also indicates that, with follow-up training and reinforcement, counselors transfer learning to actual counseling sessions. Microtraining may be most useful with a supervisee who has a specific skill deficit but also may be seen—at least in adapted form—through role-plays in supervision.

### Interpersonal Process Recall

In contrast to microtraining's focus on skill development, *Interpersonal Process Recall* (IPR; Kagan, 1980; Kagan & Kagan, 1997) was designed to increase self-awareness, particularly counselors' in-session thoughts and feelings. It is assumed that there are perceptions kept just beyond the counselors' self-awareness as a self-protection. Allowing these perceptions into consciousness awareness would threaten the counselor's sense of psychology safety in interpersonal exchanges. Based in humanistic and phenomenological theories, IPR is designed to provide the optimal environment to allow counselors to become aware of these covert thoughts and feelings, and feel free to express these in the here-and-now without experiencing the anticipated negative consequences. As a result, counselors discover those instances in which they fail to deal with clients' covert messages as well as their own reactions to these messages. IPR allows counselors to practice using facilitation and confrontation skills, based in their increased awareness, and thus encourages a deeper level of involvement with their clients.

Following the steps of IPR, 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).

In essence, the counselor is invited to re-experience the counseling session without the distractions and pressures of being with the client. In fact, we suggest the recall be expressed in the present tense as a way of helping the counselor really be present in the actual here-and-now of the session.

To encourage in-depth recall, the supervisor takes on the nonevaluative role of an inquirer. To create and maintain the necessary environment, the supervisor must remain in that role until the IPR process is completed or ended. 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?" "What do you think the client wanted from you at that moment?" and "Do you think the client was aware of your feelings about her at that moment?" The supervisor also asks follow-up probes to encourage further reflection (e.g., "What effect did that perception have on you?"). (A more complete listing of inquirer questions can be found in Bernard & Goodyear, 1998, and Kagan, 1975.) As an inquirer, the supervisor helps the counselor stay in the recall mode (vs. self-evaluation or conceptualizing about the client, etc.).

It is particularly important that the supervisor maintain a nonjudgmental stance and be accepting of negative feelings, including any negative thoughts and feelings about the client. As Kagan (1975) emphasized, the supervisor is to listen and learn—not teach. This is not as simple as it sounds (Cashwell, 1994). Without realizing it, supervisors easily slip into asking questions such as "Were you aware of the client's tears?" that, at the least, have an indirect or implied evaluative tone. Such questions are outside the inquirer role, leading counselors to explain or even defend their in-session awareness and behaviors versus freely sharing what was going on for them at that moment. Even in the followup processing, the supervisor inquires of the counselor what he or she learned or became aware of during the IPR session. As the counselor processes the experience, the supervisor remains nonjudgmental, and summarizes rather than interprets.

Given the rather dramatic role change for the supervisor during IPR, it is important that the purpose of the procedure be explained to the supervisee, including how the approach may facilitate growth along the supervisee's learning goals. In addition, the existence of covert thoughts and feelings should be normalized as a way of attending to supervisee anxiety. Kagan (1975) suggested the supervisor/inquirer introduce IPR with statements such as the following:

It's clear our mind works faster than our voice during a session, so that there were things you were vaguely aware of but didn't have time to put words to it, or you weren't sure these were things you should share with the client. And even if you did have the awareness at the moment, there's just not enough time to say everything in your head. You may have impressions of the client, or ideas about the client's impressions of you. Sometimes during a session, images come to mind or we have body reactions to a client or something a client says. Our goal today is to bring these thoughts, feelings, impressions, images, and reactions into conscious awareness and see what we can learn from them.

These statements are similar to guidelines suggested for setting up gestalt exercises with clients, and your knowledge and experience with such techniques can be helpful here.

Statements that help the counselor become aware of sensory experiences during the session may enhance the recall, and inviting the counselor to participate in the experiment may encourage greater disclosure. For example, a lead-in to help the counselor get back to that time and place is useful, such as:

So, to try to get back to your awarenesses during that session, try to remember what you were thinking about just before the session began, how the client reacted when you greeted her in the waiting room, and your initial thoughts or impressions as you entered the counseling room and started the session. Is some of that coming back to you? Okay, do you think we can begin?

Similarly, we find that inviting the counselor to try the IPR approach (as a way of addressing one of their learning goals or questions about the session) helps create a more positive set and openness to the experience. We've never gotten a "no" response; we have gotten expressions of reluctance, which typically has meant some part of the approach needs to be explained further or better.

IPR also can be applied in a client recall session and a mutual recall process involving both the counselor and client. The procedure (i.e., reviewing tape, inquirer role, and questions) are the same, adapted for the new recall participants. Here, of course, the purposes are different. From a supervisor perspective, client recall offers a check on the counselor's perceptions as well as feedback on effectiveness. For instance, we have heard a client reveal (knowing his counselor was behind the one-way mirror observing the recall session conducted by the supervisor) that "I knew what he wanted me to say and so that's what I said, but it's not at all what I plan to do." Blocher (1983) stated that one characteristic of a highly functioning counselor is the ability to recognize client feedback in session, and client recall can foster greater recognition of such feedback.

Mutual recall encourages counselor–client discourse at a different level. In fact, a supervisor may choose mutual recall as an intervention to change the way the counselor and client are communicating. Now, after asking the counselor, "What do you think the client wanted from you just then?," the supervisor can ask the client, "Were you aware that the counselor had this perception of you?" Mutual recall is particularly effective in dealing with interpersonal dynamics in counseling. For us, mutual recall is always a preferred option when we are stumped by an impasse in the counselor–client relationship. Often, the block that surfaces through the process was an unknown issue, at least at the conscious level. Sometimes, the interference was a dynamic in the counselor's life that was being played out in the counseling session but really had nothing to do with the client. In short, be open to what may be revealed via mutual recall (and other recall sessions). Beginning with assumptions about what will be revealed may hamper the process.

IPR can be slow (Bernard, 1989), depending on the length of tape reviewed and the extent of questions and recall. We know one supervisor who set aside 2 hours for any recall session. It is

not necessary, however, to review the entire session. In fact, carefully selected sections, which lend themselves well to the purposes and goals of IPR, may be preferred. A session that combines IPR with another intervention may be needed. In the latter case, supervisors would need to clearly set forth their change in roles (e.g., inquirer) and concretely note the change for the supervisee.

For those new to IPR, we suggest practicing in a group. Supervisors in the group can indicate when they would like to stop the tape and ask a question. Group members can help evaluate both the appropriateness and timing of the question as well as the wording of the question itself (i.e., inquirer vs. evaluative phrasing). Another constructive learning approach is to experience IPR as a participant. In fact, supervisor recall can provide constructive insights about the supervision relationship and other dynamics, much like counselor recall. We even have found supervisor–supervisee mutual recall helpful in breaking through a relationship impasse. The main caution, other than time requirements, is the possibility that interpersonal dynamics will be distorted or magnified out of proportion with such focused and intense scrutiny (Bernard, 1989).

### Role-Plays

*Role-plays* are a very versatile supervision intervention, as they can be used for several different purposes and goals, including practicing skills and exploring client dynamics. Perhaps the more typical role-play scenario involves the supervisee in the counselor role and the supervisor in the client role, with the supervisee working on a particular skill deficit or learning and practicing a new technique. An advantage here is that supervisees can receive immediate feedback, and they can practice skills and techniques until they feel ready to use them with clients. Similarly, role-plays can be designed for practice responding to different types of clients (e.g., resistant, angry, dependent, suicidal, or seductive clients) that supervisees may encounter in a particular setting. Role-plays focused on skill development also may involve supervisor modeling of the skill or technique.

Beyond skills, role-plays also can be quite instructive about client dynamics and relationship issues. Variations of role-playing may be especially helpful for the counselor who reports client resistance or is having difficulty relating to the client effectively (Strosahl & Jacobson, 1986). For example, a supervisor may ask the supervisee to role-play the client—essentially, to “walk in the client’s shoes”—as a way of better understanding the client’s motivations, fears, intentions, or frame of reference. It may be that the supervisor perceives that the supervisee lacks empathy with a client and chooses this approach so that the supervisee can experience the client’s frame of reference. It may be that the supervisor is unclear what dynamics are at work in the counseling session, and chooses a role-play as a way to try to achieve needed insights. In fact, the supervisor may take on the client role to better understand the client’s perspective.

Although role-plays can be very helpful in clarifying client and relationship issues, the supervisor does need to be alert to the possibility that supervisees may inject some of their own dynamics into the role-play of the client, and attend to this as needed. Clearly, role-plays have multiple possibilities so that a key is to be aware of your purpose and goals in designing the role-play and assigning roles.

## Modeling

*Modeling*, a component of microtraining, is perhaps most frequently associated with skill development, and it is certainly an effective approach, especially when it is combined with guided rehearsal and focused feedback (Akamatsu, 1980; Hosford & Barmann, 1983). Supervisors may model a variety of specific skills, opening or closing a session, or follow-up processing of an experiential exercise. One caution is that supervisees may be overwhelmed by a supervisor's skill level in role-playing the counselor so that one should model at a level that the supervisee can understand and achieve.

Modeling also has broader implications for supervisors who, in essence, are serving as an overt and subtle model during every moment of interaction with the supervisee. Perhaps most obviously, you are modeling counseling skills when you help the supervisee establish goals, reward risk taking, challenge and confront, and point out progress, as these are actions the supervisee also employs in counseling sessions. You also are constantly modeling professional and ethical behavior (i.e., how you handle confidentiality, your openness to feedback). Even more important, however, is the way you interact with the supervisee—your respect for and appreciation of the supervisee as a person. Similarly, your attitude about a client can speak volumes—and may be enacted by the supervisee in the next counseling session. Bottom line, be aware that your supervisees are watching and experiencing you, as a model, at all times (Borders, 2001).

## Live Observation and Live Supervision

Many university settings, and some practice settings, have facilities that allow live observation and live supervision, including one-way mirrors and phone systems. Both involve direct observation of counseling sessions, with the key differentiation being whether there is interaction with the counselor during the counseling session being observed.

*Live observation* is just that—observing a session as it is happening. Live observation is the preferred method if the supervisor's goals are limited to gaining a more immediate and full view of the counselor, client, their interactions, session dynamics, and feel of the session than is possible with audiotapes and videotapes. Live observation also may provide support and reassurance for the counselor, particularly early in training (“I knew you were back there”). Worthington (1984) found that beginning supervisees gave higher ratings to supervisors who more frequently used live observation. Live observation also can be a teaching tool, as the supervisor behind the mirror can process an ongoing session with other supervisees (or supervisors-in-training).

In contrast, in *live supervision* there is the assumption that the counseling session will be interrupted at some point so that the supervisor and supervisee can interact, with the purpose of intervening in the course of the therapeutic process. As a result, there is some blurring of supervision and therapy in live supervision approaches. In fact, descriptions of some approaches emphasize the therapeutic goals over the supervisory ones. Live supervision may be the preferred approach when the supervisee could benefit from ongoing coaching during a session, or when a

supervisee is working with a particularly challenging client (or group or family) or a client who is outside their developmental comfort zone.

The supervisor's particular purpose and goal also will influence the type of interruption used. *Bug-in-the-ear* (BITE) lends itself best to coaching, as the supervisor can communicate immediate suggestions ("Ask her what she has tried thus far") and reinforcements ("Good question") throughout the session. An adaptation of the BITE method is the *bug-in-the-eye* (Klitzke & Lombardo, 1991): The supervisor types comments on a keyboard that are displayed on a monitor behind the client. *Phone-in* interventions are similar to BITE interventions but occur less frequently. Typically, the supervisor is giving a directive regarding how the supervisee should proceed. These directives are brief, specific, and behavioral. They are more or less concrete, based on the developmental level of the supervisee and the complexity of the client and counseling issue (i.e., "Ask him, 'What made you decide you to come to counseling now?' " vs. "Point out the contradiction").

*Consultation breaks* are more geared to supervisor input or discussions regarding process issues and client conceptualization. Here, there is a well-defined break or interruption in the action, as the supervisee leaves the counseling room to consult with the supervisor. The break may come at a predetermined time during the session (e.g., at the 30-minute mark), or may be initiated by the supervisor (via a phone-in alert or a knock on the door) or by the supervisee at any point during the session (but typically during the last half). In these instances, the breaks often come when the supervisee feels stuck or the supervisor believes the session lacks direction or needs to be refocused. Consultation breaks at a predetermined time typically are more focused on identifying a final, culminating counseling intervention or homework assignment for the client. Either way, the consultation break allows time for discussion, clarification, and, hopefully, agreement on how to proceed. Lacking agreement, the supervisor must decide whether to make a directive or allow the supervisee to choose how to proceed.

There are many variations on the consultation break. These vary in their purposes, also, with many leaning more toward a therapeutic than supervisory goal. A somewhat common theme of these variations is involvement of the client or family, either as observers of the consultation or the direct receivers of the intervention. In a walk-in, the supervisor enters the counseling room and interacts with the counselor and client. Even more elaborate methods involve use of a team behind the mirror. Some methods involve the counselor going into the observation room with the team for the consultation break and discussion. Other methods involve team members agreeing to one message or intervention to be communicated to the counselor and client. The supervisor determines the tasks of team members and the procedure for determining the intervention. Anderson (1987) described a different approach that allows a client family to hear the team members' various perspectives and discussions of them. Lights and sound are turned on in the observation room or the team switches rooms with the client family and counselor. The team's discussion is as much (or more) a therapeutic intervention than feedback for the counselor.

Clearly, the purposes of team approaches are complex, and they introduce new roles and tasks for the supervisor (e.g., group organizer, group facilitator). Thus we suggest new supervisors—or those new to live supervision—begin with live observation to get accustomed to being in the observation room. Behind the one-way mirror, you can practice (in your head) determining when

you might intervene, whether a phone-in or consultation break would be more appropriate, and what you would say. You might consider doing this practice with a group, so you can compare notes at the end of the session. You (and your group) also could watch a videotape of a counseling session so that you can actually stop or interrupt the session, get feedback on the appropriateness of the timing of the break, and practice the phone-in or consultation discussion (with a role-played counselor or as a team). As Bernard and Goodyear (1998) pointed out, “during-session interventions are far more complex than they may appear” (p. 137), so that measured practice sessions with a supervisor experienced with live supervision methods are greatly encouraged.

Some of the complexities of live supervision sessions lie in their timing and phrasing. Guidelines suggested by various authors (Bernard & Goodyear, 1998; Goodyear & Nelson, 1997; Liddle & Schwartz, 1983) for determining whether an intervention is needed include the following: (a) Is the interruption really needed? What likely would happen if you did not interrupt?; (b) Is the supervisee likely to come up with the desired intervention during the session?; (c) Can the counselor actually carry out the desired intervention?; (d) How will the intervention affect the momentum of the session at this particular moment?; (e) Can the consultation break be conducted in an appropriate amount of time, or does the discussion need to be held for a regular supervision review session?; (f) Will your directive encourage counselor dependency on the supervisor?; and (g) Is your directive based on client needs, supervisee needs, or your wish to be the counselor? Obviously, the latter motivation is an inappropriate goal or purpose of live supervision!

There also are guidelines for delivering phone-in messages (Bernard & Goodyear, 1998; Goodyear & Nelson, 1997; Wright, 1986), including the following: (a) Make the statements brief, specific, and action-oriented; (b) avoid process statements; (c) be conservative, aiming for three to five directives per counseling session; (d) give no more than two instructions per phone-in; (e) avoid making phone-ins during the first 10 minutes of a session; (f) begin with a positive statement about what has happened thus far; (g) make the wording appropriate to the counselor’s developmental level (e.g., “Ask her . . .” vs. “Explore . . .”); (h) model the wording and the attitude you want the counselor to convey to the client; and (i) make sure the counselor understands your message and call for a consultation break if needed.

Several procedural points need to be addressed before implementing a live supervision method. In fact, Bubenzer, Mahrle, and West (1987) suggested supervisees benefit from practice via role-plays first. Preliminary discussions also should include explicit attention to the roles and rules for the participation of all involved (Bernard & Goodyear, 1998; Elizur, 1990; Montalvo, 1973), such as who can call for a consultation break and for what reasons, whether the supervisee is required to carry out any supervisor directive or what flexibility the supervisee has to use the directive, and basic agreement about using a particular live supervision method. The client also needs to be fully informed and give consent to the purposes and procedures of the method to be used, including expectations of the client (e.g., types of interactions with the supervisor or team members).

It should be noted that a live supervision session takes place within the context of a presession planning discussion and a postsession debriefing (Bernard & Goodyear, 1998). In the



preliminary meeting, the purpose and goals of the observation are clarified. Ideally, these are framed within some of the supervisee's own learning goals. Any other preparation for the session also is conducted. Depending on the supervisee's developmental level, this may include role-playing a technique to be used or creating a general outline for the upcoming session. If a team approach is to be used, the team also may be involved in the pre-session so that members' roles and participation responsibilities are made clear. In the postsession debriefing, feedback and discussion again is framed around the purposes and goals of the live supervision. Now is the time for discussion of process issues and client conceptualization. Some follow-up discussion a few days later also may be needed, as the supervisee likely will achieve further insights and questions that become clear only with some distance from the live supervision event.

The advantages and disadvantages of live supervision methods have been debated widely (see Bernard & Goodyear, 1998, for an informative summary), and the lack of research evidence for either also has been noted (Bernard & Goodyear, 1998; Goodyear & Nelson, 1997). Perhaps importantly, few of the disadvantages have been supported. Of course, it should be remembered that there is very limited research on the efficacy of any supervision method.

## **COGNITIVE COUNSELING SKILLS**

Most of the supervision interventions presented thus far have been focused on developing counseling performance skills and counselor self-awareness. Much less attention has been given to the development of cognitive counseling skills in the literature, perhaps because these skills are difficult to isolate and describe due to their covert nature. "How do we get inside counselors' heads" is a challenging question for supervisors and researchers. Nevertheless, "it is striking how much of the supervision literature points to supervisees' cognitions as the underlying, if not primary, focus of supervisory work" (Borders, 2001, p. 425). This is true in the theoretical, empirical, and practice-oriented supervision literature.

Developmental models of supervision are based in theories of cognitive development, including those of Piaget (Piaget & Inhelder, 1969), Loevinger (1976), and Harvey, Hunt, and Schroeder (1961). As stated in chapter 1 (this volume), the cognitive basis for these models is perhaps best described by Blocher (1983), who emphasized that the supervisor's task is to encourage supervisee movement toward a very high level of functioning. Others have drawn from the expert–novice literature (Martin, Slemon, Hiebert, Hallberg, & Cummings, 1989; Skovholt & Jennings, 2004; Skovholt & Rønnestad, 1992a, 1992b; Skovholt, Rønnestad, & Jennings, 1997), which emphasizes differences in conceptual processes of beginners and experts in various professions. In fact, the development and description of counselor expertise was the focus of several comprehensive qualitative studies by Skovholt and colleagues (Skovholt & Jennings, 2004; Skovholt & Rønnestad, 1992a, 1992b). Although their analyses yielded topics other than conceptual theme categories (e.g., influences of personal life, clients, and mentors; emotional wellness and ethical values), cognitions were a central underlying component.

There are several common themes across the developmental models and the expert–novice writings. Experts (not to be confused with more experienced counselors) have more knowledge and can handle much larger amounts of information more effectively and efficiently, primarily because of their enhanced ability to "chunk" information into large, more meaningful patterns

and principles (vs. the novice's focus on isolated details and theoretical rules). Experts seem to spend a good deal of time up-front analyzing a problem, differentiating between what information is really important and which is actually needed to solve the problem. Importantly, high-functioning professionals seek out, value, and can handle multiple perspectives, including various theoretical perspectives as well as diverse cultural frameworks. They embrace inconsistencies, ambiguities, paradoxes, and ill-structured problems that do not have one right solution. Their solutions, based in accumulated wisdom (Skovholt & Rønnestad, 1992a, 1992b) developed over many years, are creative, if not idiosyncratic, and tailored to a particular situation or client.

So, the desired outcomes in cognitive counseling skills training are richly described—at least in broad terms—and have a fairly strong empirical basis. How do we help novice counselors move toward high levels of cognitive functioning and expertise? Blocher (1983) and Skovholt and Rønnestad (1992a) both emphasized learning environments that provide a balance of challenge and support, opportunities for innovation and integration, but offered few specifics.

Skovholt and Rønnestad (1992a) found that continuous professional reflection was a central process for moving from novice to expert. This process is similar to descriptions of the reflective process (e.g., Neufeldt, Karno, & Nelson, 1996), based on Schön's (1983) ideas regarding educating reflective practitioners. Similar to the principles described above, reflective learning requires a meaningful problem at an appropriate level of challenge and ambiguity, and a safe environment to explore the problem, as well as how one's personal and professional experiences inform and influence their process.

In the practice-oriented literature on cognitive skills, formats or models of case conceptualization, sometimes also referred to as clinical hypothesis formation, are most frequently mentioned (Borders, 2001). (See Borders & Leddick, 1987, and Nelson & Neufeldt, 1998, for an overview of several formats.) Case conceptualization formats certainly are useful in helping counselors be systematic and thorough and learn the variety of information relevant to clinical decision making, particularly when they are applied to supervisees' actual clients. Some variation of a case conceptualization framework often is used as the basis for case presentations in group supervision. Given the static quality of these formats, however, deliberate supervisory methods are needed if case conceptualization applications are to incorporate the principles of reflective practice, expertise, and high levels of cognitive functioning. Neufeldt et al. (1995) provided examples of supervision strategies that encourage case conceptualization and reflection of trainees in their first practicum experience (see chap. 4, this volume, for some relevant suggestions for group supervision).

Similarly, process notes encourage introspection and reflective thinking (see description, earlier in this chapter). Even standard case notes can be used toward this end, with appropriate discussion and application. Presser and Pfof (1985), for example, found that beginning supervisees tended to have an almost exclusive focus on the client in their case notes. With experience and training, however, they began to include observations and inferences about their own in-session behavior, and then reciprocal influence and interactional patterns in the counseling relationship.

Although these methods are useful within the larger picture, they do not get to the in-session level of cognitive processing—the place where moment-by-moment observations are analyzed, evaluated, and translated into a counselor response or intervention. One way to assess and teach such skills is the *thinking-aloud* approach. For example, a typical sequence might go like this: The supervisor notes that the supervisee seems to be unaware of or ignoring the client's tearfulness. The supervisor asks, "What do you remember noticing about your client's reaction here?" The counselor reports that she was surprised by her client's verbal response, and didn't know what to say. The supervisor then says:

As I'm watching your client here on the videotape, I'm confused, too. For several sessions she has been talking about how there is really nothing left in her marriage, and the positive qualities of the other man she is seeing. Yet, when you ask her what's missing in her marriage, she replies, "Hope; hope that it will get better." And I see her reach for a tissue and it looks like she tears up. So, at this moment in the session I'm wondering how to make sense of all this. It almost seems like she hasn't given up on her marriage. I get some sense that she's searching for something, something deep and really meaningful. I sense such grief in her body, the way she is slumped over, her tears, her reference to hope. And I'm wondering how I could check that out, how I could help her get to that level.

In essence, the supervisor has modeled a thinking process meant to work on multiple levels. The supervisor's thinking-aloud statements include (a) observations of a client's words and nonverbal behavior (reminding the supervisee to watch both!); (b) the value of comparing today's client behavior with behaviors in previous sessions; (c) an acceptance of contradictions in a client's behavior, which are viewed as meaningful rather than wrong; (d) an awareness of internal responses to a client and what helpful insights they may offer; (e) one way to put together all this information; and (f) an openness to checking out a hypothesis about the client's pain versus having to figure it out before saying or doing anything. Through this thinking-aloud sequence, the supervisor has given the counselor some new perspectives on (and hopefully greater empathy for) her client, and taken the supervisory conversation about the client to a new level. Importantly, the tone is nonjudgmental—not "why didn't you see this and think this." In fact, the supervisor states up front that these are her observations and thoughts as she watches the client on the videotape versus the demanding position of being in-session with a client. Nevertheless, the supervisee has been introduced to some other ways of thinking about her client during a session which, over time and with more supervision and practice, hopefully she also may achieve.

When thinking aloud, the supervisor wants to achieve the developmentally appropriate half-step challenge and avoid overwhelming the supervisee. Of course, a supervisor's thinking aloud can be at quite sophisticated levels, about transference and countertransference, reciprocal interpersonal dynamics, and other latent issues. As implied thus far, the supervisor's spoken-aloud thoughts may be carefully crafted to help the supervisee move forward. At other times, they may be actual spontaneous thoughts (i.e., the supervisor truly is confused), offered to the more advanced supervisee for mutual discussion and exploration. It should be noted that the expert, cognitively complex counselor/supervisor may model an idiosyncratic pattern of analysis and problem solving (Blocher, 1983; Skovholt & Rønnestad, 1992a, 1992b), which may need to

be clarified for advanced supervisees, who are then encouraged to develop their own individualized processes, grounded in their own professional experiences.

When the goal is to assess or identify the supervisee's in-session cognitions, the thinking-aloud approach begins to have an IPR flavor. IPR supervisor leads that encourage recall of in-session thoughts include questions such as "What thoughts were you having about the other person at that time?," "Did you have any plan of where you wanted the session to go next?," and "Did you think the other person knew what you wanted?" (see Bernard & Goodyear, 1998, p. 102).

Another way to tap into unexpressed, even unconscious, thoughts and feelings about a client is through the use of metaphors. Metaphors also may enhance case conceptualization skills (Young & Borders, 1998, 1999). As needed, supervisors can suggest a general metaphor to be applied and explored for a particular client (or group or couple or family) or counseling relationship (e.g., the "dance" during a session), or ask supervisees to identify or create their own metaphors. Similarly, Ishiyama (1988) and Amundson (1988) have described the use of visual metaphors (drawings) in supervision. Increasingly, we also are seeing the use of the symbolic methods of play therapy used in supervision, although there are as yet few descriptions in the literature (see Dean, 2001, for one example). A key to the usefulness of any metaphor is how it is processed—what insights it provides about the client and clinical issue, the counselor's experience of or reaction to the client, and so forth, as well as what happens next ("playing out the metaphor"). Thus, a supervisor's skill with processing is critical to the effectiveness of these interventions.

## **SUMMARY**

We have described a representative sample of interventions a supervisor may use in individual supervision sessions. Our emphasis has been on raising awareness of the issues that can affect a supervisor's choices, as well as factors that should be considered in making deliberate, proactive choices that encourage supervisee development. Skill in preparing for a session is as important as implementing a plan during a session. The art of conducting supervision is becoming clearer.

## **DISCUSSION QUESTIONS**

1. At the end of Chapter 1, you were asked to indicate what supervisor roles and focus areas you most likely would use. Now, complete the Supervisor Emphasis Rating Form—Revised (SERF-R; Lanning, 1986; Lanning & Freeman, 1994) and the Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984), included in this chapter, using the scoring rubrics for each below. In what ways were your results on these assessments similar to and different from your earlier responses? Were there any surprises? Do you have any additional goals based on your results?
2. What contextual factors need to be considered in your current or upcoming supervision work? To what extent does your context affect your choice of supervision interventions?
3. Which supervision interventions have you experienced as a supervisee? How was each helpful and not helpful? Which seem most appropriate for your current supervisee, in your current supervisory context?

4. Which supervision interventions have you used? How would you rate the success of those interventions? What might have influenced your degree of success with them? Describe your rationale for choosing a particular intervention for a particular supervision session.
5. IPR is based in phenomenological theories. Could a cognitive-behavioral-oriented supervisor find this approach useful?
6. Practice IPR and live supervision as suggested in this chapter (i.e., using a videotaped session, observing while constructing your live supervision intervention in your head, etc.). Do the same with the thinking-aloud approach.
7. You are supervising Lin, an Asian-American female in her late twenties. She is completing her school counseling practicum, has 3 years of middle-school teaching experience, and appears to be intelligent and very outspoken. As a student, Lin is struggling financially, which places her under much internal stress. She presented herself as quite sure of her individual counseling skills, until you provided feedback on her first counseling tape. In this first counseling session, Lin functioned as a problem solver, trying to “fix it” in one session, without even really engaging the client in the process. She bombarded the client with question after question, then ended the session by saying, “Here’s what I think you should do . . .” and sending the client out with the assignment. When confronted with this in the supervision session, Lin argued politely with you, still seemingly convinced that she had done the right thing, yet appearing quite anxious about the feedback.
  - a. What is your greatest concern with Lin’s current behavior in supervision?
  - b. What intervention would you use with Lin next?
  - c. Explain your rationale for the selected intervention.

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**Table 3.1. Supervisor Emphasis Rating Form—Revised**

*Directions:* A number of competencies that many supervisors consider important for counselors to demonstrate in practicum are listed below. Competencies are listed in sets of four. You are requested to rank order the competencies in each set from 1 to 4 in terms of how likely you are to emphasize each in supervision with a beginning master's student. Within each set, please rank the one you would *most likely emphasize* as "1" and the one you would *least likely emphasize* as "4." Please rank *all* the competencies within all sets.

1. ☐ A. The counselor maintains appropriate conduct in personal relationships with clients.  
☐ B. The counselor uses appropriate reflection of feeling with client.  
☐ C. The counselor maintains a non-judgmental attitude despite value differences with a client.  
☐ D. The counselor is able to prioritize client problems.
2. ☐ A. The counselor is knowledgeable about ethical codes of behavior.  
☐ B. The counselor is able to identify client themes.  
☐ C. The counselor recognizes his/her personal limitations and strengths.  
☐ D. The counselor demonstrates the use of open-ended questions.
3. ☐ A. The counselor is aware of socioeconomic and/or cultural factors that may influence the counseling session.  
☐ B. The counselor uses open-ended questions and allows the client maximum freedom of expression.  
☐ C. The counselor is aware of his/her own needs and conflicts.  
☐ D. The counselor keeps appointments with clients.
4. ☐ A. The counselor makes appropriate use of additional information obtained from other professional sources.  
☐ B. The counselor is able to risk self in counseling with a client.  
☐ C. The counselor communicates his/her sincerity and genuineness to the client.  
☐ D. The counselor maintains confidentiality of client information.
5. ☐ A. The counselor is aware of the effects of his/her own anxiety in the counseling process.  
☐ B. The counselor engages in appropriate confrontation with the client.  
☐ C. The counselor recognizes when he/she needs consultative help from another professional.  
☐ D. The counselor is able to set attainable goals in line with client readiness.
6. ☐ A. The counselor shows a commitment to personal growth.  
☐ B. The counselor prepares clients for termination.  
☐ C. The counselor responds to client non-verbal behavior.  
☐ D. The counselor understands how people are the same even though they may be worked with differently.
7. ☐ A. The counselor is able to develop short and long term goals with a client.  
☐ B. The counselor allows him/herself the freedom to be wrong in the counseling session.  
☐ C. The counselor communicates his/her respect and positive regard to the client.  
☐ D. The counselor actively participates in professional organizations.
8. ☐ A. The counselor formulates specific plans and strategies for client behavior change.  
☐ B. The counselor makes appropriate referrals of clients.  
☐ C. The counselor is able to keep personal problems out of the counseling session.  
☐ D. The counselor accurately reflects the content of a client's speech.
9. ☐ A. The counselor is able to manage a strong expression of client's feelings.  
☐ B. The counselor is on time for client appointments.  
☐ C. The counselor receives feedback in a non-defensive fashion.  
☐ D. The counselor is aware of the client's potential for successful counseling progress.
10. ☐ A. The counselor recognizes when a client needs help in continuing to cope.  
☐ B. The counselor takes advantage of opportunities for additional training.  
☐ C. The counselor is able to identify and manage personal feelings that are generated in counseling.  
☐ D. The counselor maintains a receptive and appropriate posture during the session.

11. ☐ A. The counselor recognizes and admits when he/she enters into a “power struggle” with the clients.  
☐ B. The counselor appropriately summarizes client statements.  
☐ C. The counselor dresses appropriately.  
☐ D. The counselor conceptualizes a client accurately within a theoretical frame of reference.
12. ☐ A. The counselor identifies the need for and uses immediacy appropriately.  
☐ B. The counselor engages in adequate note-keeping on clients.  
☐ C. The counselor is able to choose and apply techniques appropriately.  
☐ D. The counselor is able to tolerate ambiguity in the counseling sessions.
13. ☐ A. The counselor maintains appropriate relationships with professional colleagues.  
☐ B. The counselor is able to interpret client behaviors within a coherent theoretical framework.  
☐ C. The counselor can effectively manage his/her frustration with lack of progress with clients.  
☐ D. The counselor engages in appropriate nonverbal expressions.
14. ☐ A. The counselor exhibits appropriate eye contact.  
☐ B. The counselor understands which techniques are compatible and consistent with his/her stated theoretical model.  
☐ C. The counselor is aware of his/her personal needs for approval from the client.  
☐ D. The counselor engages in adequate preparation for counseling sessions.
15. ☐ A. The counselor is aware of how his/her attraction to the client is affecting the counseling process.  
☐ B. The counselor maintains her/his office neatly and orderly.  
☐ C. The counselor reinforces appropriate client behavior.  
☐ D. The counselor is able to predict the effects on a client of the techniques applied in counseling.

Developed by W. Lanning & Associates (Lanning, 1986; Lanning & Freeman, 1994).

**Table 3.2. Supervisory Styles Inventory**

Please indicate your perception of your style as a supervisor of counselors on each of the following descriptors. Circle the number on the scale, from 1 to 7, which best reflects your view of yourself.							
	<i>not very</i>						<i>very</i>
1. goal-oriented	1	2	3	4	5	6	7
2. perceptive	1	2	3	4	5	6	7
3. concrete	1	2	3	4	5	6	7
4. explicit	1	2	3	4	5	6	7
5. committed	1	2	3	4	5	6	7
6. affirming	1	2	3	4	5	6	7
7. practical	1	2	3	4	5	6	7
8. sensitive	1	2	3	4	5	6	7
9. collaborative	1	2	3	4	5	6	7
10. intuitive	1	2	3	4	5	6	7
11. reflective	1	2	3	4	5	6	7
12. responsive	1	2	3	4	5	6	7
13. structured	1	2	3	4	5	6	7
14. evaluative	1	2	3	4	5	6	7
15. friendly	1	2	3	4	5	6	7
16. flexible	1	2	3	4	5	6	7
17. prescriptive	1	2	3	4	5	6	7
18. didactic	1	2	3	4	5	6	7
19. thorough	1	2	3	4	5	6	7
20. focused	1	2	3	4	5	6	7
21. creative	1	2	3	4	5	6	7
22. supportive	1	2	3	4	5	6	7
23. open	1	2	3	4	5	6	7
24. realistic	1	2	3	4	5	6	7
25. resourceful	1	2	3	4	5	6	7
26. invested	1	2	3	4	5	6	7
27. facilitative	1	2	3	4	5	6	7
28. therapeutic	1	2	3	4	5	6	7
29. positive	1	2	3	4	5	6	7
30. trusting	1	2	3	4	5	6	7
31. informative	1	2	3	4	5	6	7
32. humorous	1	2	3	4	5	6	7
33. warm	1	2	3	4	5	6	7

Developed by M. L. Friedlander & L. G. Ward (1984). Unpublished instrument.