

# Supervision in Psychotherapy: Clinical Considerations and Recommendations for Improving the Supervisory Process and Enhancing Professional Development

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**Abstract:** Clinical supervision may take place in a variety of settings including educational institutions, clinic, agency, or private practice and use variety of modalities (individual, group, online, etc.). This commentary details the advantages and disadvantages of various supervision approaches and provides recommendations for enhancing the supervision process and for using the information gleaned in supervision to inform professional development.

## 1. INTRODUCTION

Supervision may take place in a variety of settings including educational institutions, clinic, agency, or private practice. As noted by Lee and Nelson (2014), “it may take place in a room, over a phone, or using the internet (p. 65)” and include individual and/or group supervision, live observation, audio and video, and technology-assisted observation, among others. This commentary details the advantages and disadvantages of individual and group supervision approaches and provides recommendations for enhancing the supervision process and for using the information gleaned in supervision to inform professional development.

## 2. INDIVIDUAL SUPERVISION

Individual supervision maximizes attention on the particular trainee. Supervisees may feel more comfortable in this format because they do not have to worry about judgment from their peers, nor are they comparing their development to others since supervisees will progress at different rates. The intimate relationship between a single supervisee and supervisor allows the focus to be on the individual and has the potential to create a climate for reflection on evaluative issues and interpersonal dynamics, both with their clients and in the supervisory setting. According to Chow (2018), supervisors play three critical roles in the supervisory process: 1) practitioner – helping clients to deal with issues and manage stress, 2) manager – supervisors must be able to monitor supervisee’s

caseload and identify those at risk of dropout, and 3) visionary – being aware of supervisee’s current level of competence and help to identify areas for future growth and development. The goal of each supervisor is to synthesize these roles. However, some trainees may feel intimidated in individual supervisory settings or become overly dependent on the supervisor.

## 3. GROUP SUPERVISION

Group supervision, on the other hand, is less private and less intense, given that the energy is spread among the various group members. Group supervision is economical – rather than one therapist to one supervisee ratio, it may be one therapist to five trainees. Supervisees can also learn both directly and indirectly from one another since group members are likely discovering things that may also apply to them, even if they are not the directly involved in the discussion. Supervisees may also benefit from equifinality (i.e., access to many ideas that may be helpful – lots of ways to achieve the same outcome). Group settings also tend to be very diverse both personally and clinically and supervisees differ from one another in the ways they conceptualize and treat clients.

## 4. EVALUATION AND DATA COLLECTION

In general, most supervisors tend to use a retrospective approach to data review which includes audio and videotape analysis and case reviews based on therapist reports. High-quality audiovisual recordings are optimal for case reviews. Although supervisees may be

concerned about client willingness to allow taping, a recent study suggests that almost 75% of clients are comfortable for their sessions to be audio or video recorded (Briggie, Hilsenroth, Conway, Muran, Jackson, 2016) when therapists are clear about the purpose of recording and the manner in which it will be used. In fact, this approach often helps create client confidence in the therapeutic process. As noted by Lee and Nelson, “data are not useful if they cannot be seen or heard” (p.75).

Moreover, therapists often fill in the blanks when retrospectively recalling their sessions. The use of recording includes a number of advantages including that the therapist and supervisor do not need to be at the site at the same time, sections of tape can be selected in advance for review during supervision, and the trainee has the opportunity to view him or herself during the therapy process and notice behavioral cues, among others. Furthermore, recording sessions allows therapists and supervisors to determine if the client is making progress, and in cases in which the client is not progressing, the therapist and supervisor can discuss the possibility of using a different approach. It’s important to note that there must be clear and explicit written rules regarding how tapes will be reviewed, by whom, where and how long they will be stored, and how they will be destroyed.

The most frequent approaches to supervision involve the use of verbal and written case review. Case reviews typically take the form of structured progress notes, overall case summaries, or unstructured verbal reports. This method of data review is very economical and can occur in person or electronically. In addition, case presentations can also be used to explore self-of- the therapist variables and may facilitate discussions related to race, gender, class membership, sexuality, and power. Case presentations also provide trainees the opportunity to practice and sharpen their clinical writing skills.

Although retrospective case presentation is a commonly used supervision practice, it is not without flaw. More specifically, the use of this approach typically relies exclusively on the supervisee’s perceptions of the content and process of the session, which creates a tremendous vulnerability, especially as it relates to civil liability.

## **RECOMMENDATIONS**

Although these two supervision approaches nicely complement one another, there are opportunities to enhance the overall value to both clients and supervisees. In addition to coaching for performance (which is the typical supervisory method), supervisors and supervisees may also wish to examine professional/clinical development over time. By examining supervisee development across clients and over time, the supervisee shifts the focus from the micro (individual), to the macro (trends or themes across clients over a period of time). Supervisees are encouraged to participate in routine outcome measurement to monitor progress and identify areas for professional growth and develop a baseline of effectiveness as a reference point in monitoring growth and improvement. Simply stated, measurement precedes professional development (Chow, 2018). More specifically, supervisees may be encouraged to actively solicit feedback from clients regarding their perceptions of the therapy process and progress towards identified goals and include this information in the supervisory process. It is critical that therapists and supervisors recognize when therapy isn’t working and begin negotiating alternatives (reassess goals, use of a different approach, etc.). Relatedly, by collecting outcome and process data from clients, therapists can begin to examine trends among cases with unsuccessful outcomes or premature dropout.

One method for gathering this information is Feedback Informed Treatment (FIT) which is a meta approach which can be applied with any therapy model for collecting information on client’s perception of progress toward goals and strength of the therapeutic alliance (Schuckard, Miller, & Hubble, 2017). FIT involves the use of outcome (Outcome Rating Scale; SRS) and alliance measures (Session Rating Scale; SRS) which are administered at each session. The ORS and SRS are brief, have solid psychometric properties, and are easy to administer and interpret; these qualities make it popular among clinicians and clients (Miller, 2011). As noted by Brown, Dreis, and Nace (1999), measures requiring more than five minutes to complete, score, and interpret are not feasible in a clinical setting. It’s worth noting that when blending individual and group approaches, it’s important to consider how information gleaned in one modality will, if at all, be used in the other Context.

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