

Collaborative Clinical Supervision: A Precursor to Implementing a Feedback Milieu in Counseling

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Continuous client feedback can improve client outcomes regardless of treatment modalities implemented by counselors (Anker, Duncan, & Sparks, 2009). In a Norwegian qualitative study, basic philosophical foundations to implementing continuous client feedback were illustrated as possible indicators to how and why utilizing continuous client feedback works in improving client outcomes in counseling. The results revealed that client collaboration, a necessary element in this milieu, was linked with a prestige-free, collaborative stance of the supervisor of the counselor (Martinson, 2012). Ulvestad and Kärki (2012) describe three separate supervision feedback instruments that can be used to enhance collaboration between a supervisee and a supervisor in clinical supervision. This feedback process provides a supervisory parallel for the collaborative approach needed to effectively utilize continuous client feedback in counseling.

Keywords: Collaborative clinical supervision, feedback assessed supervision

Studies have shown that using continuous client feedback can improve client outcomes in psychotherapy (Anker, Duncan, & Sparks, 2009; Brown & Jones, 2005; Miller, Duncan, Brown, Sorrell, & Chalk, 2006; Reese, Norsworthy, & Rowlands, 2009; Reese, Toland, Slone, & Norsworthy, 2010; Whipple et al., 2003). Anker and colleagues (2009) revealed in their sizeable, landmark study of couples in the Scandinavian country of Norway that continuous client feedback used in the counseling session produced better outcomes, regardless of therapy techniques or methods used by the therapist. Reese, et al. (2009) determined in their study that continuous client feedback used by counselors in supervision can increase counselor effectiveness, as well as have a positive effect on counselor self-assessment of skills. Self-monitoring by using outcome management tools, such as continuous client feedback, may provide counselors in training with additional resources to improve their skills and effectiveness as counselors (Duncan, 2010; Lambert, Hansen, & Finch, 2001). Continuous client feedback can be described as a manner in which counselors collect information directly from clients in order to make adjustments to therapy to improve the overall effectiveness of therapy (Anker et al., 2009).

In a qualitative dissertation study conducted in a treatment center in Norway, basic philosophical

foundations to implementing continuous client feedback were illustrated as possible indicators to how and why utilizing continuous client feedback works in improving client outcomes in counseling (Martinson, 2012). These elements included two primary themes: client collaboration and positional stance of the therapist. This study also revealed that the requirement to use continuous client feedback tools in therapy did not, in and of itself, produce a true successful collaborative feedback environment. Supervisors also needed to apply this unique parallel process to supervision by adopting a prestige free, collaborative attitude toward their trainees. Supervisors had to acknowledge trainees, show trust in their work and learning, negotiate with them in supervision, and demonstrate flexibility. This philosophy of collaboration has consequently led to the development of a model of supervision that employs assessment of transcultural feedback using a set of supervision feedback instruments originally created by Ulvestad which has been described in the Norwegian published work, *Flerstemt Veiledning* (Ulvestad & Kärki, 2012).

As a way to illustrate this parallel process, a qualitative, exploratory pilot study, which has yet to be completed and published, is being conducted at a university clinical mental health counseling program located in southeastern Pennsylvania. This project seeks

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to further understand how these supervision feedback instruments, implemented in clinical supervision during an internship placement, could model for counseling students the collaborative approach needed to effectively utilize continuous client feedback in counseling. The researchers, after seeking permission from the Norwegian instrument developer, carefully translated the Norwegian supervision feedback tools (Ulvestad & Kärki, 2012) into English, taking care to consider the nuances of meaning and applicability to the English speaker. These three clinical supervision feedback instruments: Goals for Supervision, Supervision Exchange Outcome, and Evaluation of Supervision Session have subsequently been implemented for the first time in the United States in selected practicum and internship sites within a clinical mental health counseling program in Pennsylvania. Counseling students and site supervisors are being surveyed in their use of these instruments in an attempt to learn how feedback in supervision can potentially mirror the benefits of feedback in counseling with the hope of developing useful supervision tools promoting collaborative supervision practices.

Feedback in Counseling

Feedback is a communication phenomenon that occurs in the therapeutic setting regardless of the therapy methods that are utilized by counseling professionals. The word feedback, however, might have ambiguous meanings to many clinicians in the field. Some clinicians may refer to the information provided by therapists to clients in counseling sessions. Conversely, this term could also refer to the reports that clients share with their counselors in these same sessions. Recently, however, client generated feedback has served a more formal role in monitoring outcome of psychotherapy and there has been a call for therapeutic interventions to be evaluated within each therapeutic context to determine if a given therapeutic approach is truly effective from the client's perspective (Ackerman et al., 2001; Duncan, 2010; Lambert et al., 2003).

Utilizing Continuous Client Feedback

Discussion continues to emerge regarding the specific utilization of continuous client feedback to monitor effectiveness of therapy (Duncan, 2010; Lambert, 2010). Various continuous client feedback tools have been developed in the last decade (Bowens & Cooper, 2012; Frisch, Cornell, Villanueva, & Retzlaff, 1992; Lambert, Gregorsen, & Burlingame, 2004; Miller & Duncan, 2004) and utilized by counselors in order to determine the effectiveness of counseling and evaluate outcomes. Some research has

focused on clients rating their own individual symptoms of distress, interpersonal relations, and social performance (Lambert et al., 1996; Lambert & Hill, 1994; Maruish, 2004). Some instruments have been designed as ultra-brief instruments for weekly use (Miller, Duncan, Brown, Sparks, & Claud, 2003).

Feedback-based outcome management practice has its origins in meta-analytic research that questions the effectiveness of one therapy model over another (Lambert et al., 2003; Wampold, 2001). The counseling profession has also moved in the direction of using research to validate counseling best practices (American Counseling Association [ACA], 2014) leading to implementation of evidence-based practices (Norcross, Levant, & Beutler, 2005). Additionally, the *2014 ACA Code of Ethics* (ACA, 2014) states that counselors not only have the "responsibility to the public to engage in counseling practices that are based on rigorous research methodologies," but are to "continually monitor their effectiveness as professionals and take steps to improve" what they do in therapy (p. 8).

Beginning in 1996, the profession began advocating for systemic evaluation of client response to treatment during the course of therapy in order to evaluate the effectiveness of therapy (Howard, Moras, Brill, Martinovich, & Lutz, 1996). In response to this call to the profession, some have recommended the use of continuous client feedback during the course of treatment as a way for counselors to systematically evaluate and improve the effectiveness of therapy (Anker et al., 2009; Brown & Jones, 2005; Hawkins et al., 2004; Lambert et al., 2003; Miller et al., 2006; Whipple et al., 2003). Nonetheless, many counselors are slow to implement research into everyday practice, (Shallcross, 2012) regardless of the cited need for evaluation of prescribed therapeutic interventions to determine if a given approach is truly effective (Ackerman et al., 2001; Duncan, 2010; Lambert et al., 2003). Multiple reasons might exist as to why counselors do not implement continuous client feedback into practice, leading researchers to explore these possibilities more in-depth. One theory suggests that it may relate to the attitudes and positional stance of a clinical supervisor in the training of a novice clinician (Martinson, 2012).

Resistance to Using Feedback in Counseling and Supervision

In exploring resistance of counselors to using continuous client feedback in therapy to adjust therapeutic interventions, one might need to explore the parallel manner in which supervisors might be resistant to receiving feedback from supervisees in training counselors (Ulvestad & Kärki, 2012). Counseling and

supervision are therapeutic practices that may commit to theoretical models rather than rely on client or supervisee feedback. Resistance to using supervisee feedback in clinical supervision may also stem from the nature of the clinical supervision process.

Bernard and Goodyear (2008) define supervision as:

An intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he, or they interview, and serving as a gatekeeper of those who are to enter the particular profession. (p. 8)

In Latin, the term “supervisor” means to “look over,” and a supervisor is further described in the literature as a “foreman,” or someone leading and in charge of the direction of counseling (Powell & Brodsky, 2004). The Association for Counselor Education and Supervision (ACES, 1990) makes a point of describing supervision as an activity that includes “assisting the counselor in adjusting steps in the progression toward a goal based on ongoing assessment and evaluation” (p. 31) and is, according to the *2014 ACA Code of Ethics*, concentrated on the supervisor’s gate-keeping function and evaluation of supervisee as outlined in sections F.6.a. and F.6.b. This then could clash with the prestige-free attitude determined to be a necessary element of creating a feedback environment (Martinson, 2012).

Feedback and Commitment to Theory

Theoretical models have become helpful frameworks to assist clinicians in conceptualizing the etiology of client problems and potential effective treatment strategies. Many counselor education programs follow the standards set out by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). CACREP (2009), as well as other accreditation entities, advocate for the erudition of a variety of models and theories in counseling as part of the counselor training process.

Various supervision modalities cited in counseling supervision textbooks also focus on developing competence and acquiring a set of skills in counselors, which can be enhanced through a clinical supervision context (Bernard & Goodyear, 2008). Interventions and theoretical approaches are researched, become standardized and manualized, and are put into practice. As a result, many clinicians, with the encouragement of clinical supervisors, may gravitate toward therapeutic models as solutions to client problems and resort to

assuming that lack of good therapy results are due to factors such as a lack of counselor competence, client resistance to therapeutic interventions, or even due to improperly learned techniques. Still, many clinicians intuitively know that clients hold the keys to change and theoretical bases are not enough (Shallcross, 2012). In the same way, clinical supervisors know their clinical supervision models and interventions are only as good as they are able to be utilized and adopted by the supervisee within the counseling context (Ulvestad & Kärki, 2012). Feedback from supervisees then could become a necessary and vital element for understanding the progress and development of a novice clinician, expanding on ways to study supervision outcomes as part of a process based approach as described by Falender and Shafranske (2004).

Feedback and Fear of Consequences

Client feedback to counselors and supervisee feedback to supervisors may be viewed by some counselors and supervisors as producing additional scrutiny of their work. Counselors may be resistant to being evaluated by clients (Martinson, 2012). If a client is evaluating the therapy session, alliance with the counselor, and outcomes of therapy, then professional responsibility is heightened. If, in supervision, responsibility is given to the supervisees to evaluate progress and the supervision alliance, supervisors might need to learn to work through the vulnerability of being evaluated by the supervisee and the fear of what this feedback might reveal about their practice as supervisors. In the clinical supervision setting, having the supervisee give feedback to a supervisor about progress, alliance, and focus on goals may, to some expert clinicians and clinical supervisors, seem counterintuitive and even detrimental to the natural hierarchical structure of the counseling supervision process (Ulvestad & Kärki, 2012).

Benefits of Using Feedback in Clinical Supervision

Clinical supervision has been used in the field of counseling as a way to monitor counselors' work with clients (ACA, 2014; Bernard & Goodyear, 2008) and safeguard client welfare (Dennin & Ellis, 2003). The role of supervision for counselors and for those new to the field of counseling has also been clearly outlined, according to guiding ethical entities (ACA, 2014). As counselors develop skills to work with clients, supervisors are to act as guides to assure that counselors are meeting client needs, as well as furthering skill development (Bernard & Goodyear, 2008; Powell & Brodsky, 2004; Reese et al., 2009). Supervision is a

daunting task that carries with it many responsibilities, including monitoring the services provided by the supervisees and supervisee performance and professional development (ACA, 2014). Introducing feedback in clinical supervision during internship might assist with these tasks.

Allows Focus on Supervisee Theory of Change

Counselor development is a common focus of change in supervision (Falender & Shafransky, 2004; Rønnestad & Skovholt, 2003). Supervisees may participate in clinical supervision in order to experience a change in their awareness, perceptions, skills, knowledge, confidence, or numerous other factors. Although supervision models may aim at facilitating change in the supervisee, it is hard to measure or attribute change to specific supervision interventions. Supervision feedback tools could serve as a way to monitor supervisee progress.

Brief Tools Available for Monitoring Supervision Outcomes

Ulvestad and Kärki (2012) describe three separate supervision feedback instruments developed in Norway for use in clinical supervision in an effort to promote and enhance collaboration between a supervisee and a supervisor. These supervision feedback measures were translated from Norwegian to English for use in the United States. The instruments are being introduced to clinical mental health counseling graduate program internship settings to determine feasibility and applicability transculturally in varied supervision environments. Although, the instruments have not yet been fully studied, validated, or tested for reliability, exploratory implementation of these scales in a clinical mental health counseling program internship indicate the potential usefulness of these instruments to enhance the clinical supervision experience for supervisees. The clinical supervision feedback instruments introduced as potentially viable instruments are as follows:

Goals for Supervision (GFS). This instrument is to be used at the initiation of clinical supervision to designate goals for the weekly supervision sessions in the four specific areas: Knowledge, Reflection, Skills, and Coping. It can be completed by either the supervisee alone or by both supervisee and supervisor.

Supervision Exchange Outcome (SEO). This instrument is completed by the supervisee and brought to the field site supervisor in the supervision session (every three to four weeks) to enhance the collaboration

of the supervisee and supervisor in regard to meeting the goals for supervision.

Evaluation of Supervision Session (ESS). This instrument is completed by the supervisee to measure the alliance between the supervisee and the supervisor at the end of each supervision session.

Works to Empower the Supervisee Voice in Supervision

Pursuing and implementing supervisee feedback in a counseling supervision session can have a value for the novice counselor and clinical supervisor alike and could suggest that it might include an important possible side effect of empowering supervisees to implement a feedback environment with their clients (Martinson, 2012). This might give counselors in training additional motivation to be willing to collect client feedback and adjust therapy to meet their clients' needs.

Although this feedback practice could enhance supervision outcomes and therapeutic outcomes, one obstacle might present itself. According to Martinson (2012), counselors and supervisors who implemented a feedback milieu needed to possess a willingness to relinquish the power they automatically receive at the onset of therapy or supervision. Therapists and supervisors would also need to value elevating the voice of the other (client or supervisee) over the commitment to theory or therapeutic model in order to engage in feedback practices (Huggins, Huggins, & Valla, 2007).

Foundational Elements to Using Supervision Feedback

Some research indicates that it may be necessary to ascribe to some basic philosophical stances with reference to the counseling relationship in order to implement continuous client feedback (Huggins et al., 2007; Martinson, 2012; Ulvestad & Kärki, 2012). Themes discovered in the clinical supervision context suggest common elements parallel to the client counselor feedback study (Martinson, 2012).

Themes in Collaborative Feedback

Key elements discovered in a study of therapists utilizing continuous client feedback in practice include two primary themes, client collaboration and positional stance of the therapist. Five sub-themes were described in the study: true acknowledgment of the client; prestige-free attitude toward the client; trusting the client; flexibility in treatment; and willingness to

negotiate therapy with the client (Martinson, 2012). When a counselor chooses to listen, collect, and use client feedback in counseling, the client may benefit from the therapist's willingness to adopt these philosophical standpoints. They appear to give the client a stronger voice in therapy, which can be empowering.

In supervision, the benefits of supervision feedback could replicate those in the client feedback study. Allowing a supervisee to provide continuous feedback to a clinical supervisor about the progress, alliance, and future needs of the novice clinician seem to provide a stronger voice to the supervisee in the supervision session. The clinical counseling supervision feedback instruments could provide tools that might better define the supervision goals. The simple tools were designed for regular use within multiple settings (group, individual, in- or outside of the supervision room). Their use further enhances communication between the supervisee and supervisor by encouraging openness and flexibility. This sets the stage for collaborative clinical supervision at a basic level of communication.

Feedback and Power

Because a feedback milieu in supervision depends on the supervisor's capacity to relinquish some authority to engage in a collaborative process with the supervisee (Ulvestad & Kärki, 2012), it is important to examine the power dynamics in the supervisory relationship. Empowerment of the supervisee shifts the balance of power in the relationship. Muse-Burke, Ladany, & Deck (2001) noted that some supervisors may view a shift as a threat to their professional training or practice. Others see that the power held by the supervisor does not exist independently of the interactions within the relationship. Collecting feedback in the session might, to some supervisors, suggest the need to listen closely to the supervisee and adapt the supervision process to respond to supervisee feedback unnecessarily. Continuous supervisee feedback in supervision may appear to abdicate control to the supervisee and threaten the expert-driven mindset that can accompany a supervisory role. Yet supervisors are called to be "sensitive to the evaluative nature of supervision and effectively responds to the counselor's anxiety relative to performance evaluation" (ACES, 1990, p. 30).

There are many ways the power differential could manifest itself in the supervision relationship. Novice counselors, who present themselves to supervision for training, often presume that the supervisors have the answers they are lacking in order to improve their counseling skills. Licensed and certified professionals who are in the role of clinical supervisors are generally more skilled and adept in recognizing and

understanding client problems, having been trained in a variety of therapeutic techniques which many novice counselors are struggling to understand and put to practice. Supervisees can be seen as entering into the supervision relationship at a power disadvantage. This might be felt in the language used in supervision and the approaches taught and deemed appropriate by the supervisor.

To further broaden the power gap, novice counselors are, at times, given treatment manuals which have been validated and provide evidence-based solutions to specific problems. Supervisors hold a position of influence in the supervision relationship, serving as gatekeepers to the profession, and function as evaluators of counselor progress. In addition, supervisors are trained therapists that are highly skilled at using a professional language that may not be easily understood by the novice counselor.

Supervisees are entering supervision to receive guidance with client dilemmas and lack experience in handling difficult cases. This sets the foundation for an unequal relationship between the supervisor and the novice counselor. Embracing continuous supervision feedback in supervision settings might shift the aforementioned balance by incorporating true acknowledgment of the supervisee, integrating a prestige-free attitude toward the supervisee, trusting the supervisee to make decisions about treatment, improving flexibility in supervision, and increasing the willingness to negotiate supervision with the supervisee. For these elements to exist, and true collaboration to occur, a supervisor would need to be non-judgmental, confident, collaborative, and accepting of feedback from the supervisee in a manner in which the supervisor finds the feedback useful. If this supervisory feedback environment is in place, it may encourage counselors to seek replication in a client feedback milieu.

Conclusions

The study of continuous supervision feedback in clinical counseling supervision underscores that the practice depends on the existence of certain foundational elements in the supervisor-supervisee relationship. Soliciting regular feedback from supervisees in each supervision session to inform the supervision process might prove too radical for some supervisors. It may be viewed as a challenge to the supervisors' commitment to theory, produce fear of results, and require additional resources and time to implement (Ulvestad & Kärki, 2012). A supervisee feedback process empowers supervisees and balances the power differential in the supervision setting. For some supervisors, this oversteps traditional professional

boundaries. On the other hand, the identified benefits of allowing the focus of the supervision session to be informed by supervisee feedback on ultra-brief supervision scales, as suggested, could outweigh the discomfort that might be experienced by such a shift. Implementation of feedback processes propels the supervisor to further investigate the supervisee's role in the supervision session, encourages collaborative dialogue, inevitably pushing the supervisee's voice to the forefront of clinical supervision. It is proposed that utilizing this form of feedback assessed collaborative supervision will further encourage a supervisee to more fully embrace a feedback milieu that will seek to put the client's voice ultimately at the forefront of each counseling session.

The facilitation of the supervisee and client voices in supervision and counseling processes is perhaps best summarized by a simple wall plaque hanging at a collaborative feedback therapy center in Norway. The plaque includes an excerpt of a quote by the Danish philosopher, Søren Kierkegaard (1895/1998), and it reads (translated from Danish): "If one is truly to succeed in leading a person to a specific place, one must first and foremost take care to find him where he is and begin there" (p. 45). Kierkegaard (1895/1998) writes that all genuine desire to help another begins with humility toward the one you seek to help, not to reign, but to serve. Kierkegaard (1859/1998), further concludes that without doing so, one cannot help another.

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