

# Supervision Pragmatics - Part 2

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The following pages include a variety of forms and suggestions to help you get started in your supervisor role. The items are listed below, along with their source.

1. **Some Pragmatic Supervision *Suggestions* - (Morgan)**  
(Some basic suggestions for improving supervision)
2. **Some Live Supervision Suggestions - (Morgan)**  
(Some basic suggestions for facilitating effective block time)
3. **Ideas about Mid-session Breaks - (Morgan)**  
(Some basic ideas for successful supervision at the mid-session break)

# Some Pragmatic Supervision *Suggestions*

Morgan

Early on, your focus is likely to be on helping supervisees become consistent in their use of basic counseling skills, and learning to just *be* with clients. Help them build strong therapeutic alliances (agreement with client on bonds, goals, and tasks). Complex conceptualization, deep theory discussions, and explorations of various techniques should wait until later.

Supervision can be viewed as a process for helping therapists learn to supervise themselves—help them know what questions to ask themselves, how to self-evaluate. Help them learn to self-reflect and draw conclusions. This takes patience, and skillful use of questions.

Provide feedback about, and ask supervisees to identify, effective things they are doing they want to continue, and things that they need to work on. Help them link what happens in session with both. In your feedback, use and encourage *formative* evaluation—help them see learning as a process.

Invite supervisees to frequently reflect on what's going on inside of themselves (head, heart, gut) as they sit with clients, and what this tells them about both themselves and about their clients.

Begin to help counselors think about their clinical work with specific clients in theoretical terms. This involves inviting them to reflect on their own beliefs about human development, the source of client concerns, client change, and so forth. How do they make sense of the client's experiences? What does the client *need*? What's their rationale for doing what they do? Help them think about where the client is (assessment), where the client wants to go (goals), what path they might help the client take to get there (guiding theory, beliefs, techniques), and what they will do with clients to get them there (interventions).

It's usually better to *undersupervise* than to *oversupervise*; too many ideas overwhelm.

Effective Supervision is *not* Counseling-by-Proxy—work to draw out and cultivate counselor's intuitive knowledge and skill.

In sharing your opinion or giving suggestions, remind counselors that ultimately it's up to them

what to do with your feedback—they are the clinician (except in safety or standard of care questions).

Evaluation is not the primary focus of supervision. If it is, counselors become performance focused—they feel unsafe to risk, experiment, be themselves, share their struggles and mistakes. Help supervisees know that you aren't judging them—any evaluation is to help them grow. Convey that you consider them competent clinicians, even though they have much to learn and develop.

Try to give systemic feedback that helps them see process and interrelatedness. Not: "you did X right, but Y wrong." Better: "I saw you do X, which impacted Y, which seemed to lead to Z, A, and then B," or, "What happened after you did X? How do you think that may have impacted Y?"

Ask the counselor how the session went for them. Did they feel good about it? Not? Why? This helps them be reflective. Then temper your feedback accordingly - you don't want to be overly critical or cheerful, when they feel successful, or troubled (this is just good pacing).

It can be helpful to get a sense of counselor goals in four areas: - Long and short term goals for their case(s)- Long and short term goals for themselves.

Look for themes and patterns both within and across sessions—tie sessions together—how this one will build from the last one, where to go in the next one, how each session fits into the overall plan (client goals), as well as themes and patterns in the counselor's work—what do they do consistently, or across situations that's helpful or not helpful?

Remember, just like a counselor, you don't have to always have an answer or idea. Don't put pressure on yourself to be too wise, all-knowing, to make them like you, or to perform, etc. . . . In other words, embrace your humanness.

Remember what makes counseling unique among helping professions: lifespan development, wellness / prevention, and holistic, contextual understanding.

# Some Live Supervision Suggestions

Morgan

There's no perfect way to run a block, but lots of really good ways. It all depends on your style, the needs of the counselors, and the needs of the clients. Work to find a style and structure that meets everyone's needs, and which is flexible enough to account for counselor development and changes in yourself and the group's needs.

Before students begin seeing clients, spend time together to do a number of important things:

- Get acquainted with each other, your interests, fears, goals, etc. . .
- Discuss safety as a group, including confidentiality (what happens in block, stays in block), and others.
- Discuss giving and receiving feedback - set an expectation that all will give both supportive and challenging feedback, (no cotton-candy cheerleading, nor blunt instrument bludgeoning).
- Discuss block procedures, identifying who has clients when and where, who will observe whom (all should leave an hour open to observe, and all are engaged in clinical work for the entire 4 hours, as lead or on a clinical team).
- Discuss professional conduct in the observation room (keep voices low, respectful, room neat and professional), professional dress, even if a person will not be lead clinician on a case (clients may come back to meet the team).
- Review / practice first session procedures, and use of the Landro's to record sessions.
- Review / practice (describe, demonstrate, role-play) basic counseling skills.

Once students are seeing clients:

- Be sure to spend time observing each student, but note that some students / clients might need more supervision than others.
- Although your primary responsibilities are to the clients and lead clinicians, use your time while observing to facilitate conceptual / skill growth in others who are observing.
  - Ask what others think about what the client is saying, what the client might be feeling, what the client might want / need. What do they think the counselor is thinking, feeling? Help them identify different basic skills being used, or what other skills might be used (and why) at a given moment, and what theoretical ideas seem to be in play in session. Ask them what they would do if they were the counselor, what additional things they would want to know about the client, and so forth.
- Use any down time, when there are no clients being seen, judiciously. You can process cases, review recordings to discuss important ideas / skills, role play important situations, and so forth.

# Ideas about Mid-Session Breaks

Morgan

- It is important to have a conversation with trainees before they begin seeing clients about the expectation that they will take a break every session, about appropriate times to break (after about 15-25 minutes in session is ideal, but take one even if there's only 5 minutes left, at a natural pause in session flow), when not to take a break (not in the middle of strong emotion, or productive work), what they want/need from breaks, and how to structure the breaks (who will/should talk, etc...). While observing live, as the time for a break approaches, discuss with others observing the kind of feedback that might help the clinician improve the session, and/or comments the clinical team could send to the client (usually should be just one thought—a supportive comment and/or a *wondering* question to open further possibilities).
- Three general functions:
  1. Counselor reflections / debriefing:
    - Space to briefly process their own thoughts, feelings, questions, and to re-center him/herself.
  2. Plan for remainder of session:
    - Time / space to formulate a plan for maximizing the quality of the session remainder.
  3. Consultation with Clinical Team:
    - Obtaining feedback for self and client from supervisors and others on the clinical team.
- The supervisor can provide feedback on several levels:
  - Client level: Ideas, suggestions for and/or about the client (beware Therapy-by-Proxy).
  - Counselor level: Ideas, suggestions for/about the clinician's functioning, goals.
  - Therapeutic System level: Ideas and suggestions related to the therapeutic alliance (agreement on bonds, tasks, goals)
  - Training System level: Ideas related to the training context--clinic, environment (usually not appropriate for mid-session).
- Breaks should be brief - no more than 5 minutes except in extreme and rare cases.
  - Because of time limits, supervisors should consider several things in providing feedback:
    1. Developmental level of trainee—their abilities and needs (are they focused on keeping dry pants, or are they able to abstractly conceptualize about cases?)
    2. Quality of supervisor, trainee relationship
    3. How concrete and direct, or abstract and general should comments be?
    4. What level of intensity should comments hold?
    5. What level should comments address?

## Do's (in general)

- Check what the clinician wants / needs
- Have only one person speak to the counselor
- Make *at most* 1 or 2 suggestions (simple & brief)
- It's usually better to be concrete and specific
- Give positive feedback
- Give the counselor space to just collect self
- Have some structure (comments only through one person. This should probably be just the supervisor at first, and then after time together, another team member might take that role. Be sure to discuss guidelines for clinical team feedback)
- Give co-therapists space to process with each other
- Remind about session goals
- Focus on process more than content
- Have a comment for the client (support, *wondering*)

## Dont's (in general)

- Overload the clinician with quantity, sources, or intensity of comments
- Address self-of-therapist issues (later is usually more appropriate)
- Be negative or critical
- Dwell on client content
- Discuss philosophy, conceptualization or other abstract ideas
- Interrupt a session multiple times, or when it may negatively impact the process.