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REVIEW PAPER

'Self-supervision' in the therapeutic profession

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Abstract

Self-supervision is a distinctive process therapists or counsellors could use to enhance their self-awareness and to self-monitor their clinical practice and professional development; and thereby enhance their insight into the supervision type/form (live, individual, group, peer, or self-supervision), that may be required in their career. For example, using self-supervision when supervision is required but there are no evaluable supervisors or using self-supervision in combination with one of the other supervision types as another resource when help is required. Historically, different views over the benefits of the use of self-supervision emerged since the 1970's, and include when it is used: as an independent form of supervision, only preliminary to traditional supervision, as a supplement to supervision during training, beginning after training ends when supervision cannot be provided, and integrated into the supervision process. The article addresses, the benefits, disadvantages and the need in supervisor's paradigm shift in thinking from the conventional role of supervision practice to supervising the process of self-supervision as noticed by different schools of thoughts.

Keywords: Self-supervision, Self-management, Self-monitoring, Self-supervision models, Self-assessment, Self-evaluation

Abstrait

L'auto-surveillance est un processus distinct que les thérapeutes ou les conseillers pourraient utiliser pour améliorer leur conscience de soi et pour surveiller eux-mêmes leur pratique clinique et leur développement professionnel; et ainsi améliorer leur compréhension du type / de la forme de supervision (en direct, individuelle, de groupe, entre pairs ou en auto-supervision) pouvant être requise au cours de leur carrière. Par exemple, utiliser l'auto-supervision lorsque la supervision est requise mais il n'y a pas de superviseurs évaluables ou utiliser l'auto-supervision en combinaison avec l'un des autres types de supervision en tant que ressource supplémentaire lorsqu'une aide est requise. Depuis les années 1970, les avantages de l'autocontrôle sont apparus de manière différente. Ils ont notamment été évoqués: en tant que contrôle indépendant, préalable à la supervision traditionnelle, complément à la supervision pendant la formation, commençant après la formation. se termine lorsque la supervision ne peut être assurée et intégrée au processus de supervision. L'article traite des avantages, des inconvénients et de la nécessité, dans le paradigme du superviseur, de passer du rôle conventionnel de la pratique de la supervision à la supervision du processus d'auto-surveillance tel que noté par différentes écoles de pensée.

Mots clés: *Autocontrôle, Autogestion, Autocontrôle, Modèles d'autocontrôle, Autocontrôle, Autocontrôle*

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INTRODUCTION

Self-supervision can be defined as *'a process whereby therapists self-monitor their therapeutic behaviour, comparing this behaviour with some model of more effective behaviour, with the intent of changing their behaviour to resemble this model closely'* (Todd, 1997a, p. 18).

Professional views to the benefits of using self-supervision vary.

Some researchers believe that self-supervision can be an independent form of supervision

beneficial in: the advancement of the counsellor development, increased quality assurance in client welfare, and enhanced services and economics (Martin & Gazda, 1970; Donnelly & Glaser, 1992; Yager, 1987); settings where regular supervision is not provided due to lack of trained supervisors (Martin & Gazda, 1970; Yager, 1987); remote areas where traditional supervision isn't available (Morrisette, 2001); residency training of psychiatrist where trainees are expected to learn self-monitoring (Lewis, 1991).

Other researchers believe that self-supervision can only be beneficial when used in preparation to traditional supervision; as a supplement to supervision during training (Lewis, 1991); or at the beginning after training ends when supervision is not provided (Lowe, 2000; Martin & Gazda, 1970; Yager, 1987; Morrisette, 2001), due to therapists' inability to transcend their work and recognise idiosyncratic behaviours and attitudes (Littrell, Lee-Borden & Lorenz, 1979; Morrisette, 2001; Lowe & Guy, 2002), or to reflect on issues which are not visible (Kottler and Jones, 2003), as self-reflection may be challenged by the pressure of client work, which may not allow time for adequate reflection (Reid, 2003); inherent to self-supervision is that it allows one perspective only, the practitioner's, which may result in a lack of challenge (Reid & Westergaard, 2013); self-awareness due to an unawareness/denial of elements of own process of self-reflection, or the process in the therapist-client relationship (Reid & Westergaard, 2013). The benefits to traditional supervision, include: supervisees are better prepared for supervision and when they need to practice independently, they are more self-sufficient when supervisors are not available, and develop into more self-sufficient and independent therapists.

Other researchers suggest that self-supervision could be a possible component integrated into the supervision process as a central organising principle (Littrell, Lee-Borden & Lorenz, 1979; Lowe & Guy, 2002), focusing on developing supervisees' skills, knowledge and attitudes, and skills in self-supervision (Lowe, 2002), which should be a universal goal in supervision, with a paradigm shift in thinking from the conventional role of supervision practice to supervising the process of self-supervision, to create a self-sustaining therapist who is able to work independently and know when other resources or consultations are appropriate (Lowe, 2000; Todd & Storm, 2014).

Literature in self-supervision lacks attention and guidelines, perhaps because supervisees may not be expected to be self-sufficient after graduating and therefore still having to require close monitoring (Todd, 1997a; 1992), or because even though most supervisor's ultimate goal in supervision is 'self-sufficiency' of their supervisees (Todd & Storm, 2014), self-supervision is conceptualised in different ways (Littrell, Lee-Borden, & Lorenz, 1979; Lowe, & Guy, 2002; Lowe, 2000; Dennin and Allis, 2003; Lowe, 2000; Monk and Sinclair, 2002; Morrisette, 2001).

One of the few publications available for experienced and novice counsellors, is the book 'Self-Supervision' by Patrick J. Morrissette, published in 2001, and the eBook published in 2013. The book gives a comprehensive account of the theory and practice of self-supervision by synthesizing the past and current literature and also provides professionals in the helping profession with a plan to pursue their independent and professional growth.

HISTORY

Self-supervision is an old concept which emerged in two different parts of the world, Europe and North America (Morrisette, 2001), in different helping professions, and totally independent of each other, in the late 1970s, via publications and conference presentations, such as: Bandura (1978); Kahn (1976); Lecompte and Bernstein (1978); Meyer (1978); Littrell, Lee-Borden and Lorenz (1979).

Historically, self-supervision is also referred to as self-reference, self-management, self-control, self-analysis, self-monitoring, self-assessment, or self-evaluation (Meyer, 1978). Its evolution was influenced by different schools of thoughts.

Within the psychoanalytic framework, Langs (1979) developed a model of the self-supervision process, while Freud considered himself to be his own analyst and supervisor. His dream and self-analysis are perceived as the precursor and a tool in the eventual process of counsellor self-exploration (Blum, 1995).

A different therapeutic approach 'constructivism' directly challenged the traditional idea of counsellor objectivity and perceived self-supervision as an underlying philosophy of better understanding personal issues of self-reference that affect counsellor-client interactions and therapy process (Sexton & Griffin, 1997; Neufeldt, 1997; Mead, 1962). 'Sharevision', a supervision intervention where a group of 3-4 clinicians who work with trauma share their views within a collaborative approach and self-care strategies, provide each other the same support, quality control and new ideas as traditional supervision but without the power difference /imbalance and the hierarchy in the process, replaced the more traditional supervision (Fontes, 1995), and several models of counsellor self-introspection, such as Self-analysis (Altekruse & Brown 1969) or Self-critique

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(Bernstein & Lecompte, 1979), which became influential over time, have come to be called self-supervision (Morrisette, 2001).

While Solution Focused Orientation challenged the historical view of problem-focused orientation supervision (Neufeldt, 1997), the Competency Based Orientation influenced a gradual shift from a supervisor directed supervision experience to a supervisee-initiated supervision experience, and eventually to an independent learning experience (Thomas, 1994).

The description of the self-supervision process and the development of evaluative instruments, were contributed by the Communication Specialists, allied help professionals such as speech pathologists or audiologists (Crago, 1987; Donnelly & Glaser, 1992; Dowling, 1979), where self-exploration consisted of two processes: looking inward and behaviour change and moving forward (Crago, 1987; Dowling, 1979).

The Developmental Frameworks, define progressive stages of discrete characteristics and skills of supervisee development from novice to expert by different development theorists who use their own nomenclature to describe each stage, introduced self-supervision at different stages of professional development. Littrell, Lee-Borden and Lorenz (1979) introduced self-supervision as a 4th-developmental stage for counsellor supervision in a continuum of 4-stages: relationship or goal setting contract stage, counselling or therapeutic or teaching stage, consulting stage, and self-supervision stage.

Ten years later in 1989, the American Speech-Language-Hearing Association (SAHA) and Casey, Smith and Ulrich (1989), published an entire monograph, titled Self-Supervision: A Career Tool for Audiologists and Speech language Pathologists, in which they suggested self-supervision to be at the 3rd-developmental stage for counsellor supervision, in a continuum of 3-stages: an evaluation feedback stage, a transitional stage, and self-supervision stage.

The introduction of Self-Assessment Instruments by Casey et al. (1989), helped identify counsellor clinical tasks and competency levels, and their ability to be vulnerable.

Cognitive Behaviourists such as Leith, McNiece and Fusilier (1989) indicate that skills in self-supervision are the most important skills supervisees can learn from their supervisors, as without these skills, there would be no professional growth, and is introduced at counsellors' beginning, intermediate, advanced levels, with the application of various teaching styles and forms (Clinical Session Self-Supervision Form; the Diagnostic Session Self-Supervision Form; and Mid-Term/ End-Of-Term Self-Supervision Forms, at each level of development as discussed above).

As counsellor self-assessment/evaluation became a critical skill in self-supervision, due to lack of literature (Bernand & Goodyear 1992, 1998; Lang, 1979; Yager, 1987), a 3-phased model in self-supervision was introduced by Yager and Park (1986).

Within the Systemic and Family Therapy framework, self-supervision is described as a deliberate activity in terms of discourse analysis (Steiden, 1993), which can be an effective approach, but can also have dead characteristics, which refers to a lost opportunity for the counsellor to be different in the interview if the counsellor's reflection occurs only after the interview has been conducted (Chenail, 1997). O'Hanlon and Wilk (1987) focused on counsellors' behavioural patterns. For example, when an audio/ videotape and recollections from the session are being reviewed, the clinician could look for unchallenged presuppositions, characterizations, or imperatives form their own and their client's behaviours. Then, focusing on their own behaviour patterns, find out if varying it have any beneficial effects.

Models introduced within the Systemic and Family frameworks were in self-management (Keller & Protinsky, 1984); supervision of self-sustaining, based on constructive inquiries and embedded narratives (Lowe, 2000); and self-supervision in family therapy (Todd, 1997a, 1992).

Within psychiatry, the self-monitoring process of self-supervision is outlined as having dual positions: objective and empathic (Lewis, 1979) but counsellors (psychiatric residents/ counsellors working in the psychiatric arena) must monitor periodically and systematically their case formulation; their affective arousal, and the power distribution within the counselling relationship (Lewis, 1991).

The gradual transition to self-supervision may be perceived as a hallmark of supervisees' professional development in taking an increased responsibility in the identification and expression of their supervision needs (Mead, 1990; Lowe, 2000); and in reviewing practitioner's clinical skills, as per Kagan's (1980) model of Interpersonal Process Recall (IPR) (Todd, 1997b; Haber, 1996).

MODELS OF SELF-SUPERVISION

Various models of self-supervision emerged as a result of experts' studies from different schools of thoughts, with the important aspects of self-monitoring, self-observation/ awareness, self-assessment/evaluation, self-action, at different times, depending on the differences of opinions over when to start developing

supervisees' abilities to self-supervise (Dennin & Allis, 2003; Lowe, 2000; Monk & Sinclair, 2002; Morrisette, 2001).

Self-Introspection Models include: Interpersonal Process Recall (IPR) (Kagan, 1980); Self-critique (Bernstein & Lecompte, 1979); Self-management (Kahn, 1976); Self-analysis (Altekruse & Brown 1969); Self-generated performance feedback (Robinson, Kurpius, & Froehler, 1979); Self-monitoring (Hafercamp, 1989; Lewis, 1979, 1991; Matthews & Marshall, 1988; Williams, 1995); Self-instructions /self-instructional training/self-guided learning (Robinson & Kinnier, 1988); and Self-evaluation (Martin & Gazda, 1970; Fuhrmann, 1978).

Langs (1979), is acknowledged as the person who developed the first counsellor Reflection and Monitoring Model, where counsellors monitor their own inner experiences and client communications for any unconscious perceptions and opinions on their therapeutic efforts, are open to different perspective to generate different hypothesis, and re-formulate the problematic behaviour.

The Keller and Protinsky (1984) Self-Management Model, based on family therapy and Adlerian frameworks, involves five steps: presentation of the family of origin over 3-generations and review of patterns; collection and presentation of materials from the family consultation; a review within a group context of primary management-of-self patterns in interactional context; presentation and scrutiny of therapy case (taped on a video) for management-of-self strategies; and direct application of different options to increase the effectiveness of management-of-self strategies.

The Yager and Littrell (1978) Self-Supervision Model includes reviewing audio/videotapes, literature, extensive case notes, evaluating the progress of the client toward planned goals, or arranging for professional development opportunities. Issues and concerns addressed are limited to areas within the counsellor awareness, due to the self-determined process.

The Yager and Park (1986) Self-Management Model, involves counsellor self-assessment/ evaluation over 3-phases of a continuous self-initiated and self-maintained feedback loop of Assessment-Action-Evaluation Process. Self-assessment facilitates fresh self-awareness; self-action involves direct change; self-evaluation involves self-evaluating own practices and using the information gained as a feedback to subsequent process of self-assessment.

The Williams (1995) Group Self-Supervision Model encourages the role of self-consultant within the group and enables each group member to become a self-monitoring professional, even after the supervision period ends.

The Winer and Klamen (1997) Self-Supervision Model for psychiatric residents, used within a traditional model, involves: audiotaping client sessions; listening to entire tapes independently; based on what they heard they made process notes (different from progress notes); paraphrase and summarise the client's words and write 'verbatim' of what the therapist says; and bring the notes to their regular supervision session.

Lowe's (2000) Self-Sustaining Model focuses on six stages: setting goals and prioritising; appreciation of competence and change; identification of challenges and resources; supervisor's contribution; preparation for future casework; and reflection on case consultation.

Todd's (1997a) Self-Supervision Model in family therapy with the fundamental concept of searching for the Ideal Model, encourages supervisees to compare their therapeutic behaviours, over 3-stages: self-monitoring stage (therapists learn how to select relevant data and how to develop methods to collect it); comparing with an idolised norm stage (supervisee's internalise norms based on video tapes, master therapist, supervisors or themselves); (intentional) changing towards the ideal norm stage (supervisees learn how to continue the change process) (Todd & Storm, 2014).

His guidelines provide a foundation upon which a working relationship and vision can be established, and include: self-supervision being the overall goal; collaborative partnership; skills such as perceptual, conceptual, and executive; and methods used to achieve those skills, with the emphasises on the importance of seeking client feedback and supervisees' knowledge of their own learning styles.

With little guidance given to supervisors in developing supervisees' ability to self-supervise (Dennin & Allis, 2003; Lowe, 2000; Monk & Sinclair, 2002; Morrisette, 2001), further guidelines to supervisors given by Todd & Storm, (2014) include: teaching a supervisee how to: take an inventory of their assets and skills (Briggs & Miller, 2005); understand their own learning style (Morrisette, (2001); achieve a consistent therapy approach (Lowe, 2000); decide on goals and prepare for supervision; contextualize recommendations to understand differences (Aten, Madson, & Kruse, 2008); emphasize the importance of client feedback: develop methods for soliciting it, and evaluation and it's use to improve client services (O'Donovan et. al., 2011); develop other recourses beyond supervision (Morrisette, 2001); and develop a toolbox for self-supervision.

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CONCLUSION

Literature questions if conventional supervision with a deemed expert supervisor, is the most effective method of supervision for all supervisees and argues that due to the lack of research (or any empirical support) in contrasting the role, merit and outcome of traditional and non-traditional supervision forms, opportunities for self-evaluation and the development of self-understanding at a deeper level, should be available to all counsellors (Meyer, 1978; Altekruse & Brown, 1969), as self-supervision is better than no supervision at all (Lowe, 2002).

It is hoped this article will help the reader understand more clearly the vital part the development of self-supervision can play in becoming a self-sustaining clinician who is able to work independently and able to use other supervision resources or consultations when needed. ■

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Biography

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