

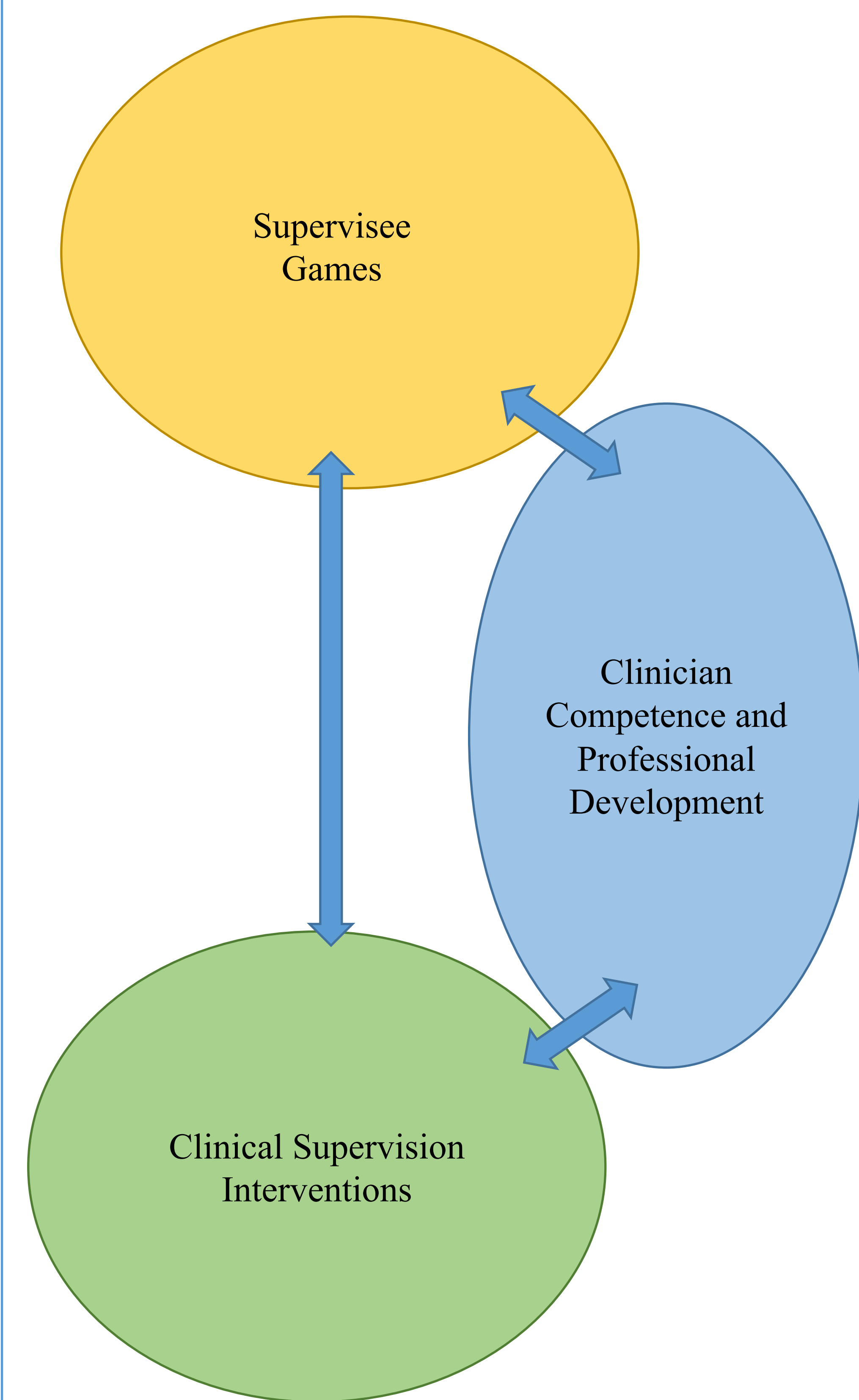
# Assessing Clinical Supervisee Games via Clinician Competence and Professional Development: Implications and Recommendations

Stacey Scholl, LPC and Ken Coll, Ph.D.  
University of Nevada, Reno, and Cathedral Home for Children

## BACKGROUND INFORMATION

Watkin's (2014) in his article, *Clinical Supervision in the 21<sup>st</sup> Century: Revisiting Pressing Needs and Impressing Possibilities*, contends that because the **supervisor-supervisee alliance** may well be our most robust and significant supervision variable, an alarming lack of field-based data in this area begs for immediate empirical attention. In the current study, we specifically addressed this alliance with **66 clinical counselors** (supervisees) in an agency setting, by exploring the supervisor-supervisee alliance, using a multi-rater process, and by examining the perspectives of three highly experienced supervisors rating **'interpersonal games'** (Kadushin, 1999). We also used records of actual supervision sessions to elicit more in-depth reflective data, including **supervisee competence and professional development ratings**, utilized as recommended by Grant, Schofield, & Crawford (2012) and Wheeler & Richards (2007).

Given the importance of the supervisor-supervisee alliance, its integrity throughout supervision is tantamount to the success of the supervision process. If either the supervisor or the supervisee acts in inauthentic ways or with a lack of transparency, the efficacy of the supervision process will be compromised. Kadushin (1999) identified **four** interpersonal games that supervisees will enter into with their supervisor in order to reduce, alleviate, or avoid negative consequences.



## FOUR TYPES OF SUPERVISEE GAMES

### • Manipulating Demand Levels

This game stems from the supervisee enacting a conflict between the organizational orientation centered on what is needed to ensure efficient operation of the agency versus the professional orientation focused on best meeting the needs of the client. Kadushin calls this method of manipulating demands on them by the supervisee as **'two against the agency'**, **'seducing for subversion'**. Another form of manipulating the demands on them can be called **'be nice to me because I am nice to you'**.

### • Redefining the Relationship

One kind of redefinition suggests a shift from supervisor-supervisee to more clinician helper-helpee. The game might be called **'Protect the infirm'** whereas the supervisee would rather expose themselves than their work. Another way supervisees can redefine the relationship is called **'evaluation is not for friends'**, that is the supervisee trying to shift to a peer-to-peer friendship and/or as equals in the supervision endeavor.

### • Reducing Power Disparity

One major source of the supervisor's power is in their expertise, greater knowledge and skill. If the supervisee can establish that the supervisor is not so expert, then some power differential is mitigated and with it a reduction of the supervisor's power. One such game here might be called **'if you knew Freud like I know Freud'** and **'you remember this concept don't you'**, shifting the power so the supervisee is instructing the supervisor. Another way to play this particular game is called **'What do you know about it?'**, where the supervisee uses their work or personal experiences to gain a power advantage (e.g., because I'm younger I'm more in tune with..., because I have young kids, I and more experienced with...).

### • Controlling the Situation

Supervisee behavior here can encompass taking charge of the supervisory meeting via **'I have a little list'**; trying to **'head them off at the pass'**, and/or **'it's all so confusing'**. These strategies can control the evaluative threat to the supervisee by controlling the agenda. Of course, often the work that needs to be addressed in supervision does not get addressed.

## RESULTS

### Themes

*Predominant Themes of those scoring medium or high [from supervisor notes]*

#### Game 1:

- Pattern of complaining about the client caseload, and overall workload
- Pattern of blaming of others to avoid responsibility

#### Game 2:

- Ongoing gestures for friendship
- Pattern of wanting counseling for self during supervision

#### Game 3:

- Pattern of being argumentative/challenging in supervision
- Pattern of dominating verbiage in supervision

#### Game 4:

- Pattern of avoiding with lots of questions
- Pattern of wanting to be told what to do in order to do things "right,"

Game	% Occurrence	% Occurrence of Intensity			Mean Level Prof. Dev.
		Low	Medium	High	
Game 1: Manipulating demand levels of supervision	25.5	57.1	14.3	28.6	1.27
Game 2: Redefining the (supervisory) relationship	21.8	0.0	58.3	41.7	1.69
Game 3: Reducing power disparity	18.2	0.0	40.0	60.0	1.79
Game 4: Controlling the situation	34.5	36.8	52.6	10.5	1.58

**Ratings on Counselor Competence [All]:** (See table 2)  
Table 2. Ratings on counselor competence \*(p<.10); \*\* (p<.05).

**Counselor Competence:** Game players 1 and 2 included less **emotional expression** in counseling than players 3 and 4. Game 1 players struggled with the **action stage** of counseling significantly more than Game 3 players.

**Counselor Development:** Overall, 42.4% of counselors were rated Level I [Low] on **professional development**, and 57.6% were rated Level II [Moderate]. None were rated Level III [High]. The game played was predictive of overall professional development. Game 1 players had significantly lower levels of professional development than Game 3 players.

Game 3 players are rated the highest on professional development and aspects of counselor competence, Game 1 players are rated generally the lowest.

Competency	% Rated Low	Game				Sign. Diff. by Game
		1	2	3	4	
Emotional Expression	24.2	1.46	1.50	1.89	1.71	3&4 greater than 1&2*
Stage I: Rapport Building	15.2	1.67	1.58	1.89	1.78	
Stage II: In-depth Exploration	19.7	1.60	1.58	1.89	1.71	
Stage III: Action	42.2	1.37	1.46	1.86	1.50	3 greater than 1**

## CONSIDERATIONS

1. **Assess** resistance/evaluate anxiety by identifying intensity of 'game' behaviors- If low intensity, then this can be considered a normal part of supervision. If medium to high, this could be detrimental to growth of the clinician.
2. **Rule out** a number of other possible issues that could produce high levels of game playing, including transference/counter-transference, power concerns, cultural issues.
3. **Identify, monitor and build upon level of professional development**
  1. **What counseling stage is the counselor most comfortable in?** (i.e. rapport building vs. defining the goal/encouraging change)
  2. **What is the therapist's clinical foci?** (i.e. conceptualization, personalization vs. processing skills, professional behavior).
4. **Meet the therapist where they are.** Given that supervisee games are often associated with managing anxiety related to the supervision process, it can be helpful to utilize non-threatening approaches to lessen the potential and/or degree for game playing.

### Clinical Supervision Interventions

- Self Instruction Strategies
- Cognitive Restructuring
- Reviewing Audio/Video recording(s) of Counseling Session(s)
- Role Play
- Group Supervision
  - Plea for Help (Wilbur & Wilbur)
  - "Format B" (Borders)
- Interpersonal Process Recall
- Assigning Readings and/or Films to Review
- Micro-training
- Modeling
- Positive Reinforcement
- Validation
- Targeting Supervisee's Psychosocial Development, Learning Styles, and Creating a Climate Consistent with Styles and Development
- Self-Assessments
- Self-Disclosure About own Counseling Experiences
  - Pointing out Incongruences/Discrepancies
- Confronting Resistance and/or Blind Spot
- Role Reversal
- Utilize Matrix