Australian & New Zealand Journal of Family Therapy

*Australian and New Zealand Journal of Family Therapy* 2016, **37**, 299–300
doi: 10.1002/anzf.1163

# Commentary: Client V. Therapist-Directed Supervision: A Question of Emphasis

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The purpose of supervision is to promote the developmental needs of the supervisee and to ensure that clients receive ethical and competent treatment (Bernard & Goodyear, 2014). As the thoughtful article by Flåm (2016) illustrates, more emphasis is typically placed on the interpersonal processes and development of the supervisee in supervision. Flåm, via a qualitative investigation of supervision and the lens of social constructionism, makes a compelling case for a 'mutual knowledge-developing' supervisory process embedded in the supervisee's first-person perspective. This supervision leans heavily toward the supervisee's experience rather than the client's and gives little attention to whether clients benefit from the services provided. Both of these issues seem isomorphic to therapy, that is, the therapist's perspective remains the privileged one in the room and the client's perception of outcome is missing in action.

Systematic client feedback provides a different emphasis: consumer perspectives and outcomes (Duncan, 2014; Duncan & Reese, 2015). It begins with client perceptions of both outcome and alliance via reliable measures like the Partners for Change Outcome Management System (PCOMS) instruments, the Outcome Rating Scale (ORS), and Session Rating Scale (available for free download at https://heartandsoulofchange.com). PCOMS involves real-time comparison of client views of outcome with an expected treatment response to gauge progress and signal when change is not occurring as predicted (see www.betteroutcomesnow.com). With this alert, therapists and clients have an opportunity to shift focus, re-visit goals, or alter interventions.

PCOMS shifts the conversation in supervision away from our love affair with models and preoccupation with psychopathology. Based on outcome data instead of theoretical explanations or pontifications about why clients are not changing, supervision is aimed at identifying clients who are not benefiting so that services can be modified in the *next* session. This is a departure from tradition because rather than the supervisee choosing who is discussed, clients choose themselves by virtue of their ORS scores and lack of change—bringing their voices into supervision.

Although most of supervision focuses on improving services to clients, the final component shifts to the supervisee and his/her development. ORS data provide an objective way to know whether development is actually happening as well as the impetus for the therapist to take charge of it. Here is where the mutual knowledge-developing process and the supervisee's first-person perspective articulated by Flåm is

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paramount. From the frank discussion of effectiveness and the supervisee's ideas about improvement, a plan is formed. Also, here the supervisor harvests what has been learned from successful and unsuccessful clients, about anything that happened that was new or different, and about the supervisee's reflections about what it means to be a therapist. Clients identified by PCOMS as not benefiting provide fertile ground for learning because they compel us to step outside of our therapeutic business as usual to promote change.

So the difference between Flåm's cogent vision of supervision and my own is one of emphasis. PCOMS supervision is about improving outcomes via the identification of at- risk clients first and foremost, and then focuses on the supervisee and professional development using ORS data as an objective standard of effectiveness over time. PCOMS not only privileges the client in therapy, it carries a consumer first priority into the supervisory process, and ultimately to the way that effectiveness at all levels of service are evaluated.

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