The Supervision Process

The supervision process in Speech Pathology often involves supervisory tactics that are intuitive. Supervisors frequently leave conferencing sessions with some general impression of success or failure but little data-based information regarding the formulation of such an attitude. One method of improving supervisory techniques involves analysis of one's own conferencing behavior and examining its relationship to supervisee behavior during the conference interchange. Following is a comparison of four systems of analysis (Culatta and Seltzer, 1976; McCrea, 1980; Underwood, 1973; and Weller, 1969) for their relative merits as tools of behavior analysis and self-change.

Characteristics of each system of analysis are tabled for easy reading and comparison.

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A COMPARISON OF FOUR METHODS OF ANALYSIS OF SUPERVISOR/SUPERVISEE INTERACTION DURING CONFERENCING

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UNDERWOOD'S CATEGORY SYSTEM

Underwood, Judy. Interaction Analysis Between the Supervisor and the Speech and Hearing Clinician. University of Denver, 1973, Dissertation Abstracts International, 1973, 34, 2995B.

This system for analysis of supervisor-clinician behaviors bears some resemblance to a Content and Sequence Analysis of speech therapy (Boone/Prescott, ASHA, February, 1972). Their common origin was probably a 15-category system by Blumberg in 1970. At that time there were so many observational systems being produced in our own and other professions that it was difficult to keep up with all of them. Underwood was one of the first to use an existing analysis system and apply it to our own profession.

The Underwood category system recognized nine supervisor behaviors:

1. supportive
2. praise
3. identifies problem
4. uses clinician's ideas
5. requests factual information
6. provides factual information
7. requests opinions/suggestions
8. provides opinions/suggestions
9. criticism

and, eight categories of clinician behavior:

1. identifies problem
2. requests factual information
3. provides factual information
4. requests opinions/suggestions
5. provides opinions/suggestions
6. positive social behavior
7. negative social behavior
8. silence or confusion

Note that there are more supervisory categories than clinician categories and that the two participants are credited with the potential for only five common behavior categories. Such a system assumes that supervisors never exhibit silence or confusion. It also assumes that clinicians never criticize.

Information from the above coding categories can be transferred to a summary sheet for breakdown and analysis, much as a clinician does with the Boone/Prescott session analysis mentioned above.

Data from eight supervisors and 15 student clinicians yielded descriptive and validity information about supervision conferences in speech pathology. Randomly selected 5-minute samples were found to be valid representations of whole-conference events. Guidelines for "effective conferences" based on participants' ratings included:

(a) more clinician talk than supervisor,
(b) silence/confusion to be followed by clinician talk,
(c) a minimum of supervisor time spent asking for or giving information,
(d) a maximum of supervisor time spent asking for clinician's ideas, opinions, and suggestions,
(e) an absolute minimum of supervisor time spent in criticism, and
(f) more supportive supervisor behavior.

It should be understood that these guidelines contribute to the perception by both participants of an effective conference. Actual effectiveness may be something else entirely.

MCCREA'S ADAPTED SYSTEM

McCrea, Elizabeth. The Relationship Between Supervisor Offered Conditions of Empathic Understanding, Respect, Facilitative Genuineness, and Concreteness Upon Supervisee Self-exploration in Individual Conferences in Speech Pathology. Unpublished doctoral dissertation, Indiana University, 1980.

This analysis system for supervision conferences in speech pathology had its origins in the field of counselling. In 1957 Carl Rogers identified three sets of characteristics which, when exhibited by a therapist, facilitated patient change. These were part of his "client-centered approach" to psychotherapy. Truax developed scales to measure these therapist characteristics. Robert Carkhuff adapted the scales in 1974 by Gazda to measure "empathic understanding, respect, facilitative genuineness, and concreteness" and supervisees' ability to self-explore. These were tried in our own field by McCrea.

This represented the first attempt at a systematic examination of the interpersonal relationship between a supervisor and a supervisee and the effects of the relationship on the development of the supervisee. This system focuses more on the supervisor and has an obvious emphasis on interpersonal behavior. The supervisee's behavior of interest is

self-exploration. Most speech and hearing professionals today agree that a primary goal of the clinical supervision process is the supervisee's improved ability to self-supervise, but few would agree that self-exploration is the only pre-requisite for self-supervision.

McCrea's study used seven supervisors and 28 student clinicians in one-to-one conferencing. There were 14 experienced and 14 inexperienced clinicians. Conferences were 20 to 40 minutes in length and were held between the sixth week and the final four weeks of the semester. The system provided for calculation of the percentages of occurrence of supervisor behaviors:

Empathic Understanding
Respect
Facilitative genuineness
Concreteness

and, the supervisee behavior of self-exploration. A mean of 10.8% of supervisee behaviors was categorized as self-explorative. The mean occurrence of all of the supervisor behaviors was below the minimally facilitative level of functioning described by Carkhuff as being necessary to foster the development of self-explorative behavior.

McCrea's data analysis indicated that supervisors' offerings of respect, facilitative genuineness, and concreteness did not differ significantly between beginning and experienced clinicians. She suggested that perhaps supervisors adopt an interpersonal set across all conferences which does not deal with the differing needs of supervisees. One must wonder if those results may be the product of no interpersonal training in our discipline.

CULATTA AND SELTZER'S CONTENT AND SEQUENCE

Culatta, R. and Seltzer, H. "Content and Sequence Analysis of the Supervisory Session." ASHA, 18, 1, 1976.

This system for content and sequence analysis of the supervisory session was modelled after the treatment session analysis system by Boone and Prescott in 1972. They bear a striking resemblance to one another. This system had 12 categories rather than 10 as in the Boone/Prescott.

There were six categories of supervisor behavior:

1. Good evaluation
2. Bad evaluation
3. Question
4. Strategy
5. Observation/information
6. Irrelevant

and, six corresponding categories of clinician behavior:

7. Good self-evaluation
8. Bad self-evaluation
9. Question
10. Strategy
11. Observation/information
12. Irrelevant

It was recommended that a 5-minute sample of a conference session be taped. The tape was played twice, once for a tally (and possible chart) of speaker time and again for a chart of conference interchange. Interesting cycles and comparative ratios of participants' behaviors are undoubtedly possible from the charted sample. Unfortunately, the authors

did not guide users in how to combine sequences of events and various frequency counts to obtain ratios that can in turn be interpreted.

An examination of the twelve behavior categories reveals that they are limited as to what they can account for. Certainly some behaviors will occur that cannot be coded in any category. The system assumes that any evaluative comments will pertain only to clinician behavior and not to the supervisor. This system lends itself somewhat to the notion of equal contribution potential by both participants, by having four behavior categories common to student and supervisor alike.

In summary, the content and sequence analysis system proposed by Culatta and Seltzer is easy to learn, to use and provides some interesting information to the imaginative supervisor/student pair. However, it is very limited in terms of behavior categories. The user will frequently find it necessary to "force" behaviors into categories or omit them altogether. It represents only some of the content of a supervisory session. Interpretations regarding sequence are up to the user.

WELLER'S MOSAICS

Weller, Richard. An Observational System for Analyzing Clinical Supervision of Teachers. Doctoral dissertation, Harvard University, 1969, Dissertation Abstracts International, 1969, 27, 1904A.

This rather complex system of conference analysis was developed by Weller for use in education. It was first used in speech pathology by Katheryn Smith at Indiana University. She investigated the perceived effectiveness of the individual supervisory conference in speech pathology and evaluated the relationship of the content of the conference to effectiveness ratings by supervisors, supervisees, and a panel of trained raters.

The MOSAICS system, which can be used effectively with group conferencing, requires coding of interactive "moves" by conference participants. In the first of four columns on the record sheet, the user codes with S or C whether the supervisor or clinician spoke. In column two, the move is coded as:

structuring
soliciting
responding
reacting, or
summary reacting

In the third column, substantive areas or content analysis, are coded as:

A. Instructional
   1. Generality - specific or general
      a. specific
      b. general
   2. Focus
      a. objectives and content
      b. methods and materials
      c. execution and instructional interactions
   3. Domain
      a. cognitive
      b. affective
      c. social and disciplinary
B. Related Areas
   1. subject
   2. supervision
   3. General topics related to speech pathology and audiology
   4. General topics not related to speech and hearing

The last column is used for coding of substantive logical or logical analysis moves such as:

A. Processes relating to the proposed use of language
   1. Defining
   2. Interpreting
B. Diagnostic processes
   1. Fact stating
   2. Explaining
   3. Evaluation
   4. Justification
C. Prescriptive processes
   1. Suggestions
   2. Explanations of suggestions
   3. Opinions
   4. Justification of opinions

From the coded information, a supervisor and student can then learn about their individual and collective contributions to the content of the conference. In addition to calculating simple frequency of occurrence for such things as individual pedagogical moves, the system directs the user with simple formulas to determine combinations of moves and ratios of these combinations:

(a) initiatory/reflexive
(b) analytical/evaluative
(c) diagnostic/prescriptive
(d) complex/simple

Smith's application of the MOSAICS provided some normative information about supervisory conferences in speech pathology. For example, supervisors had an initiatory/reflexive ratio almost twice as high as student clinicians. When combined, participants' moves were analytical 78% of the time and evaluative 22% of the time. They were diagnostic 22% of the time and prescriptive 29% of the time. Such ratios have obvious value to both the supervisor and student clinician in evaluating their own contributions to the conference and deciding how conference time can best be spent to promote student growth.

This analysis system is probably the most involved and difficult to learn. Intra-judge reliability is relatively easy to achieve, while inter-judge reliability is quite difficult. It is extremely cumbersome, when whole conferences are coded, but is viable even for busy supervisors when 5-minute samples are used (Hagler, et al., 1983). Unlike the other interaction analysis systems described herein, MOSAICS represents the content of the conference rather than isolated, individual behaviors by participants.

References

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	What it Measures	How it Measures	When Measure is Taken	Time Involved	Origin
Underwood Category Systems	Nine categories of supervisor behavor and eight categories of clinician behavior. Five categories common to both.	Frequency counts of behavior categories from videotape.	A five-minute random sample is considered representative of an entire conference.	Approximately 45 minutes when a 5-minute sample is used. Comparable to a Boone/ Prescott Session Analysis.	Blumberg 15-category system from education.
McCrea's Adapted System	Characteristics of supervisor behavior believed to facilitate behavior change in clinicians.	Frequency counts of behavior categories from audio tape.	Entire conference (20-40 min.); samples were taken just after mid-term; any time probably okay.	Over one hour.	Theory began with Carl Rogers; Gazda (1974) developed the scales which McCrea adapted.
Culatta and Seltzer	Twelve categories of interaction variables - 6 measuring supervisor behavior and 6 measuring clinician behavior.	Frequency counts of behavior categories and speaking time for each participant.	5-minute segments were sampled - evidently for both time and frequency parameters. No validity data were provided.	Approximately 45 minutes if a 5-minute sample is used. Comparable to a Boone/ Prescott Session Analysis.	Boone/Prescott Content and Sequence Analysis
Weller's MOSAICS	Three basic categories (with many subsections) of participants' behaviors that combine to represent content of the supervisory conference.	Frequency count of the coded moves by conference participants, from audio or video tape.	A 5-minute sample is representative of an entire conference except for complex/simple ratio (Hagler CSHA, 1983).	Approximately 45 minutes w/ a 5-minute sample.	Weller in education; first used by Smith in speech pathology.