



iSupe: Supe Du Jour

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Providing clinical supervision to externs, interns, or peers can be a highly rewarding way to contribute to the profession, maintain one's own competence, and form connections with new colleagues. The APA and other professional organizations recognize competence in providing supervision as a key competence area for psychologists, and fortunately there are some excellent books (Bernard and Goodyear, 2008; Falender and Shafranske, 2004) as well as annual conferences (Association for Counselor Education and Supervision, International Interdisciplinary Conference on Clinical Supervision) devoted to the topic. The goal of this article is to introduce readers to live supervision using a new supervisory tool: the iPad.

iSupe, using the iPad in supervision, is a new innovation in conducting live supervision. With its ease and immediacy, the iPad quickly becomes a medium that is useful for supervisors and comfortable for trainees. Compared with other forms of live supervision, such as bug-in-the-ear or phone-in, iSupe has its own unique characteristics, benefits, and demands.

With iSupe, the supervisor observes a session as it is occurring and gives periodic feedback to the trainee as the session unfolds. Feedback is delivered solely in writing and is uni-directional, with no interaction or response from the trainee during the session.

Let us glimpse a best case scenario:

Traci Trainee swings by Dr. I.M. Watching's office, iPad in hand, and indicates she is heading into her therapy session. She walks confidently on to meet her client, Mr. B. Willing. Dr. Watching sets up to view her session live and opens up "Traci's session with B.W." on google docs or



iSupeLive (an application currently under development), the same document that Traci has logged into. She conducts her session, while you judiciously offer bits of praise, concise suggestions, and brief encouragements. She glances down at just the right moments, takes in your comments as they are intended, and adjusts her clinical work accordingly. Mr. Willing, having forgotten all about Traci being supervised live, notices not her mildly divided attention, instead feeling her full presence and feeling astutely helped. The session ends with all 3 parties experiencing contentment and success. Traci returns to Dr. Watching's office to debrief, taking the opportunity to more fully grasp the commentary offered to her during her session.

Sure, this could happen to you during your first go 'round, but let us consider some guidelines before firing up that iPad and heading to iSupe.

Secure technological support. Spend sufficient time becoming acquainted

with the hardware and software you will be using. There are nuances to be worked out (e.g., brightness, ascertaining that the iPad does not shut off after inactivity, etc.). Also your means of observation (e.g., video-streaming, observation booth, etc.) needs to be secured. Do a trial run to increase your fluency with the technology and, thereby, increase the likelihood of successfully implementing iSupe.

Assess your trainee's learning style. Consider how your trainee might best take advantage of this type of supervision. Is she concrete with a tendency toward tunnel-vision? If so, feeding her dialogue may not help her to grow and become an autonomous clinician. Does she operate linearly, following a strict agenda? If so, she may become rigid about your suggestions and feel the need to address each one as it appears on her screen, sacrificing fluidity of the session and jeopardizing rapport. Also, consider the trainee's ability to take

in information from multiple sources simultaneously (i.e., attending to the verbal and non-verbal messages of her client, to her own clinical judgments, and to your written feedback) and to discern feedback and translate it into action. Some will respond well to a comment such as, "Address the diversity issue emerging" while others will require, "Ask, 'Can you tell me more about your cultural identity as an immigrant from Peru?'" Get to know your supervisees before attempting to influence their clinical work through iSupe.

Assess your supervisory style. What types of interventions and communication styles do you favor? What are your strengths and weaknesses as a supervisor? Remember that your comments should offer praise and constructive feedback, in order for trainees to learn what they are doing well and what they need to develop. As with many types of live supervision, delving into the process during iSupe is not easily accomplished nor encouraged, since time and modality do not permit the trainee to reflect and explore.

Once you know what you and your trainee bring to live supervision that might best be maximized and that might best be avoided, proceed to establish the rules of engagement for iSupe.

Develop guidelines governing feedback. Define expectations of how feedback will be offered and ideally utilized. Determine shortcuts for communicating with your trainee using

various font settings and formatting keys, or become proficient with the features offered on iSupeLive. Your trainee should know in advance approximately how often and how much you will be commenting and how he should proceed. For instance, if he misses a comment, how is he expected to handle that? If he disagrees with a suggestion, how much freedom is there not to comply? Keep in mind your and your trainee's goals for live supervision in setting these guidelines, and be willing to adjust them as needed.

Facilitate continued learning. What transpires during live supervision can serve to decrease trainees' anxiety and increase their feelings of confidence. Trainees try out new skills and receive real-time feedback on their interventions. However, what is gleaned in supervision ideally must carry over well past the live supervision hour. The feedback document (created in google docs or iSupeLive) should be saved (with confidentiality carefully protected using encryption and devoid of identifying data) for later review. Supervisors can use it to evaluate the types of comments they tend to offer and trainees can use it while reviewing the session recording to dissect what transpired and what their supervisor suggested. After its review, the document and recording should be deleted.

Debriefing during a face-to-face supervision session, immediately after the live session or later in the week, is necessary and allows for comments and

intentions to be clarified and the rationale for particular suggestions to be discussed. This would, then, be the time for the processing (which was not desirable or possible during iSupe).

Cautions and parameters. Naturally, informed consent of trainees and their clients is necessary. Once this is obtained, the trainee can begin bringing the iPad to sessions, before iSupe sessions are held. Then, when iSupe is later conducted, it may not be so apparent to clients, as they will already be accustomed to seeing their clinician with an iPad in session.

Recognize that this type of supervision is time- and labor-intensive and is not designed to be used long-term. Rather, its utility comes when teaching a new skill or to build up a trainee's confidence and competence. As such, it should not be implemented until a secure relationship has been established between supervisor and trainee. Lastly, iSupe is only possible when the clinical setting allows for real-time observation of the session (i.e., via an observation booth or video-streaming), and requires the supervisor, trainee, and client all to be available at the same time, which can be quite challenging.

Hence, iSupe takes intentionality and preparation to use it effectively. When properly anticipated, conducted, and reviewed, it is an exciting and rewarding way for trainees to learn from their supervisor and for supervisors to influence their trainee's clinical work. Supervision requires a blend of teaching, mentoring, consultation, and therapeutic skills, which make the work more exciting and varied than being in any one of those roles alone. ♪

Angelita Yu, Ph.D. engages in clinical supervision (including iSupe) with Psy. D. students at the Loyola Clinical Centers and has a private practice in Harford County, where she conducts therapy, supervision, and consultation. She is currently developing an application for mobile devices that facilitates live supervision. Inquiries regarding availability or consultations on effectively utilizing iSupe can be directed to her at angelita50@comcast.net or 410-879-7060.

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MARCH 8, 2013

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