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Practicum Student Experiences of Solution-Focused Supervision: A Pilot Study

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Abstract

The purpose of this study was to explore how one group of school counseling students experienced, as well as was influenced by, solution-focused supervision (SFS) in the context of a supervised practicum course. Following three group supervision meetings, participants were interviewed about their experiences with SFS and their current and anticipated use of solution-focused brief therapy (SFBT). The authors concluded that the participants experienced increased clinical self-confidence, were interested in learning more about SFBT, and intended to use SFBT in the future, but they had more difficulty identifying instances when they had used specific SFBT techniques over the three week span of the study. These findings support previous research by Koob (2002) and Cunanan and McCollum (2006).

Supervised practicum classes are typically the first opportunity for counseling graduate students to put theory into practice with real clients. Accreditation bodies such as the Council for Accreditation of Counseling and Related Educational Programs and the Commission on Accreditation for Marriage and Family Therapy Education, as well as state licensing boards for counselors and marriage and family therapists, all require supervised experience with real clients prior to graduation with the master's degree. Prior to enrolling in practicum, students will have written papers, engaged in role plays, and taken exams to show their knowledge of counseling approaches and methods, but the true test comes when they have an actual client with whom they are working. What knowledge of approaches and techniques of counseling do they actually retain from their coursework, and what role does clinical supervision play in solidifying their learning? Will supervision provided using techniques of a specific approach influence the stated

preferences for counseling approaches of practicum students? The purpose of this study was to explore how one group of school counseling students experienced, as well as was influenced by, solution focused supervision in the context of a supervised practicum course.

The Solution Focused Approach

Solution-focused brief therapy (de Shazer et al., 1986; SFBT) is a strengths-based approach that concentrates on helping clients find ways in which they can impact their current situation by identifying strategies they are already using to be successful. Taking a respectful and *not knowing* (Anderson & Goolishian, 1992) stance, seeing the client as an expert on his or her own life, solution-focused (SF) counselors help clients talk about what they have tried, what they are currently doing, and what they might do in the future to improve their situations. A staple of the SF approach is to ask a *miracle question* (de Shazer & Isebaert, 2003) or *fast-forwarding question* (O'Hanlon & Weiner-Davis, 1989), designed to help clients imagine a future without their problem and to create their own reality based on the alternative future they desire. Other techniques include *formula first session* and *exception-finding* questions, which SF counselors use to help clients become aware of current and prior moments of success, and *scaling* questions to assess the client's motivation for change and his or her perceptions of how change is already happening (De Jong & Berg, 2013). Assumptions of this approach are that clients want to change, have the capacity to envision a more positive future, and are doing their best work (Thomas & Nelson, 2007), and SF counselors carefully use language that conveys the expectation that change will occur.

SFBT Applications in the Schools

Solution-focused brief therapy has been utilized in schools as a quick, positive, and solution-oriented intervention on a range of student issues (Metcalf, 2008). Many school counselors are drawn to the approach due to large case-loads and restricted time available for responsive services. Additionally, SFBT is taught to students in counselor education programs as an option for responding to student needs. A meta-analysis of seven experimental, quasi-experimental, and single case designs was conducted by Kim and Franklin (2009). The authors found mixed results from the studies included in the analysis. However, the authors believed the strategy of externalizing behaviors may have a positive impact with at-risk children, finding a medium to large effect size. Additionally, the authors found that four to eight sessions were often enough to support behavior changes with students. Calling for further research, Kim and Franklin concluded that SFBT "may be effectively applied with a range of academic and behavioral problems" (p. 469).

Solution-Focused Supervision

A SF approach may also be taken in the context of supervision. Adapting de Shazer et al.'s (1986) SFBT approach to the clinical supervision of counselor trainees, solution-focused supervision (SFS) assumes that progress is already present, contrary to medical or problem-based supervision models (Juhnke, 1996). An assumption of the model is that competency comes from every aspect of the trainee's life (Thomas, 2012),

not just from his or her professional experiences. Therefore, even counselor trainees in their first semester of practicum have competencies they may build upon. The use of complimenting, finding exceptions, and goal setting help counselor trainees stay focused on positive professional growth and development rather than on potential failure (Stark, Frels, & Garza, 2011). Supervisors assist trainees in identifying areas of success and exploring the mechanics of how each intervention was successful. Together, they investigate those components of counselor action which support the growth and development of not only the client's strengths and ability to solve problems, but also of the counselor's therapeutic skills.

Bischoff and Barton (2002) suggested that supervision is a primary contributor to clinical self-confidence and proposed that emphasis on supervisee strengths is a key experience in the first stage of supervision. These authors concluded that by using strengths-based approaches and techniques, counselor educators may be more effective in helping counseling students to reduce their anxiety and develop clinical self-confidence. The framework of SFS allows supervisors to create and sustain supervisory relationships that are both positive and encouraging. Indeed, SFS has been found to increase the self-efficacy of counselor trainees, leading to a self-fulfilling prophecy of continued growth and feelings of success (Koob, 2002).

Additionally, because the SF supervisor works with counselor trainees where they are, accentuating the positive rather than focusing on deficits, he or she provides the trainee an example for doing the same with clients. Pearson (2006) described how SF supervisors strive to consistently use SFBT techniques and attitudes during supervision. This may be related to a belief that systems tend "to replicate patterns" (Berenson, 1979, p. 233) including the process of mirroring methods used by supervisors. Modeling of an approach via supervision may provide trainees with more confidence in using it. Cunanan and McCollum (2006) conducted a qualitative study of 15 individuals' experiences with training in SFBT, finding that "being immersed in a solution-focused environment facilitated their learning process" (p. 63). Their respondents, trainees of Solution-Focused Brief Therapy Association (SFBTA) members, were more likely to cite use of SF attitudes than specific SF techniques that were used in the respondents' current practices. Despite an emphasis on the use of the miracle question (de Shazer & Isebaert, 2003), Cunanan and McCollum's participants were least likely to implement this technique, whereas goal setting, complimenting, and exception finding questions were more commonly used. We were curious to learn if a limited experience of SFS with practicum students who had less training in the SF approach would similarly result in increased confidence and use of SFBT.

Method

Participants

Four participants were drawn from a convenience sampling of master's level students enrolled in one section of a practicum course at a CACREP-accredited, public university in the southwest. The course served as a prerequisite to a school-based field experience and required the students to counsel diverse clients in a university-based community counseling clinic and participate in 60-90 minutes of group supervision each week. All the participants in our study were female; they ranged in age from 36 to 50s

(exact age not specified). All were pursuing a specialization in school counseling and had experience as teachers in K-12 settings. Aliases were assigned to participants to protect their confidentiality. Only one of the four participants had previous mental health experience; Kelly had worked for 2 months as a long-term substitute school counselor. Both Pam and Nell identified their theoretical orientation as reality therapy; Cara preferred a person-centered approach, and Kelly had selected cognitive-behavioral therapy as her theory of choice.

Research Design

For this collective case study, we adopted a social constructionist paradigm (Berger & Luckmann, 2007). We wanted to understand how a “unique, bonded system” of school counseling track students experience solution-focused supervision within the context of a supervised practicum course (Stake, 2005, p.445). In our belief that each participant constructed her own reality, we do not attempt to explain causality. Specifically, the research questions for this study are as follows: (1) Does the experience of SFS influence these counseling students’ use of SFBT, and (2) how do these counseling students experience SFS?

Procedure

Intervention. After receiving approval by the university’s institutional review board and permission from practicum instructors, the lead researcher provided this group supervision for a period of 3 weeks mid-semester, meeting on Monday evenings following the participants’ counseling sessions. A SF approach to supervision was taken, and each week focused on a different SF technique. During the first week, the supervisor began with an exception-finding question: *What is different, both with your clients and with yourselves?* As the participants described how their anxiety was shifting from being anxious about their own performance to a concern with their clients, the supervisor used compliments to amplify their growth (success) and asked one participant how she “got to be so smart as a beginning counselor.”

The focus of the second week was on fast-forwarding, relationship, and goal-setting questions. The supervisor asked participants to imagine a session that would take place 3 weeks in the future (i.e., fast-forwarding). As they described these future sessions, they were asked what their clients, classmates, and professor would notice was different in their counseling. The supervisor then used the answers to these two over-arching questions to help the participants formulate goals for their counseling. In the third and final week of supervision, the supervisor asked participants to self-evaluate their growth as counselors using a scale of 1 to 10. Participants answered follow-up questions regarding what would be different (in their own growth as well as in their therapeutic relationships) when the next higher level was obtained.

Data collection. Using a pre-established interview protocol, a doctoral student who had successfully completed a course in qualitative research methods conducted individual interviews with each participant. She asked four demographic questions to gather information on participants’ age, gender, level of training, and previous experience in counseling. She also asked questions pertaining to the participants’ theoretical orientations and familiarity with a SF approach to counseling, ratings of how often they used specific SF techniques, and perceptions of their experience with SFS. In an effort to

reduce the threat to descriptive validity (i.e., accuracy in what the interviewer heard and observed; Maxwell, 1992), each interview was audio-recorded, transcribed, and member-checked (Manning, 1997) to confirm the participants' intended communication.

Analysis. We first examined descriptive statistics of the demographic data as well as the Likert ratings of how often participants used specific SF techniques. We used both color coding and the qualitative software ATLAS.ti (Muhr, 2009) to code data from the interview transcriptions using a method of constant comparison (Glaser & Strauss, 1967). The two researchers conducted their qualitative analyses separately and then engaged in collaborative discussion to reach consensus on the themes. To reduce the threat of internal credibility resulting from research bias, we shared reflections of how our own experiences and biases may have impacted our impressions throughout our data analysis and interpretation.

Results

Influence of SFS on Students' Use of SFBT

Pam was the only participant to share that she had changed her theoretical orientation (from reality therapy to a solution-focused approach) during the course of the study, but all four participants suggested that it would be necessary for them to use a SF approach in the school setting. All four participants reported that they frequently (as indicated by Likert ratings of Usually, Almost Always, or Always) used the techniques of goal-setting and relationship questions with their clients, but Kelly was the only participant who frequently used all four of the other techniques. Pam and Cara recounted typical use of scaling questions, whereas Nell was the only other participant who used complimenting and miracle/fast-forwarding questions on a regular basis. Three of the participants believed their usage ratings to be higher than at the beginning of the study, but Nell believed her practices were unchanged.

Additionally, the use of SF techniques did not correspond with a change in theoretical orientation. Although Pam indicated a change in her theory of choice, she only reported frequent use of three of the six techniques. Conversely, Kelly suggested frequent use of all six techniques, but cognitive-behavioral therapy remained her theory of choice. Nell believed her practices to be unchanged. Yet, she indicated that she frequently used four solution-focused techniques, including the miracle/fast-forwarding question which is a signature intervention of the approach.

Students' Experiences of SFS

Our qualitative analysis yielded three major themes of Plan to Use in the Future, Modeling, and Confidence Building. All of the participants alluded to using a SF approach to counseling in the future. These participants seemed to recognize the need for a brief, solution-oriented approach when working in a school setting. Kelly shared her belief that the approach is "beneficial for everybody, but particularly for school counselors who will use it, you know, every day with their students." Even Nell, who had reported no change in her use of the techniques, proposed "since my contact with students is moving fairly brief and everything, as a school counselor, I do expect to be using it some during my career as a counselor." After experiencing SFS, Cara indicated a willingness to integrate the approach with her original theory of choice, stating

“Depending what their issues are, depending on who they are, I’m not afraid to step out of the box anymore, and to bring in other theoretical orientations that incorporate that with my foundation.”

Also, modeling of the approach was apparent to all four participants, as indicated in response to questions regarding changes in their theoretical orientation as well as questions about what was most helpful or when something clicked. The individual codes making up this theme included modeling, deeper understanding, practice versus being taught, and teachable moments. Cara indicated that she “got a better idea of what [she] needed to do with clients” after experiencing the approach in supervision, and Pam was driven to explore the technique further on her own. She shared “After we met with her I did some studying, got some books, then went online and tried some of the techniques out on a couple of my clients that I was seeing in class.” Kelly was the only participant to mention a specific technique—the scaling question—as she described how she came to appreciate the approach. She shared:

[The supervisor] used a scaling question and had them look at their skills in that perspective and that they were doing positive things, that it may have been baby steps that they were taking, but they were taking steps in a positive direction, and what they could do to take even further baby steps to achieve their goal. That was what really stood out in my mind as powerful; it was such a simple technique, but it was so powerful watching it benefit other people.

Whereas three of the participants described the modeling as helpful to their learning of the approach, Nell confessed “I knew she was kind of using techniques on..., but I didn’t know exactly what she was doing.”

A third theme found in the data was that three of the four participants from this group noted a shift from feeling insecure about clinical skills to feeling more confident. Pam referenced this shift stating the supervision “turned the whole view point of that session around from being totally upset and thinking I did something wrong, to maybe I did something that was okay, and Cara shared that it “got me to see that I was able to solve my own issues. I already had the tools and knew what to do.”

Discussion

All of the participants appeared to recognize the value of using a SF approach in their future as school counselors, regardless of their experience with SFS. They appreciated that brevity would be key in a school environment. They differed in the frequency with which they used various SF techniques and the degree to which they perceived the experience of SFS impacted their counseling practices. Goal setting and relationship questions were used frequently by all the participants, but these strategies are not necessarily unique to the SF approach. Goal setting is commonly used in reality therapy and cognitive-behavioral approaches, which were identified as theories of choice for three of our participants. Similarly, many counseling theories (e.g, family systems, reality therapy, Adlerian) include dialogue about significant relationships among their methods. Techniques that may be more unique to the SF approach, such as scaling questions, resonated with the participants in varying degrees. From these results, we infer that although participants may develop increased self-efficacy for certain SF techniques through modeling alone, other techniques may require further explanation.

Our procedure did not include an overview of the SF approach; the techniques were modeled in the context of supervision but never explained. Although each student had successfully completed a counseling theories course which included an overview of SFBT, we do not know if participants had a clear understanding of each technique within the context of the SF approach as they responded to interview questions. We propose that although modeling may have enhanced the learning of certain techniques, it was not sufficient for teaching the SF approach. This was exemplified in Nell's comment "I didn't know exactly what she was doing." Some type of training, whether it be required readings or a brief seminar over the approach, is required.

Like Cunanan and McCollum's (2006) study, participants were able to identify, following prompts, certain shifts in the way they think about counseling, including focusing on strengths and exceptions and expecting change to occur, yet they were less likely to demonstrate frequent use of techniques such as the miracle-question. It is noteworthy that our findings replicated those of Cunanan and McCollum's study, given that their participants were trained by SFBTA members and considered to have successfully adopted SFBT, whereas our participants learned about the approach as part of a general theories course taught by a counselor educator with a different theoretical orientation. Perhaps the issue here is related to something discussed by Michael Yapko (2012) in his description of Milton Erickson's approach to patients. Erickson, whose approach de Shazer studied (Ratner, George, & Iveson, 2012), emphasized that each person treated is unique, and the counselor should therefore use a specific technique only when it seems to be a good fit for the situation. With a minimal level of experience, practicum students have had fewer opportunities to test out specific techniques to see where they might be a good fit. In light of Erickson's admonition, the finding that a participant thought she would use SFBT in the future but wasn't able to describe how she used it with current clients is most fitting.

Nonetheless, our participants experienced benefits from their experience with SFS. In addition to gaining a better understanding of the approach after seeing it modeled, the participants developed more confidence in their professional skills. This outcome supports the assertions of previous researchers (Bischoff & Barton, 2002; Koob, 2002) who suggested that SFS fosters clinical self-confidence and reduces supervisees' anxieties, allowing them to take more risks and grow as counselors. None of the participants in our study initially identified SFBT as her theory of choice, but they still experienced an increase in self-confidence. Thus, these practicum students who had different theoretical orientations and minimal training in the SF approach still benefitted from SFS.

Although the results of any case study are not generalizable to other groups, a larger sample size and longer exposure to the intervention may have provided additional insights into the effect of SFS on practicum students. Additional data collection, such as a second interview at the end of the semester or a collection and analysis of written participant reflections, could have provided a deeper understanding of the participants' experiences. Finally, as previously mentioned, any future investigation into teaching the SF approach should include a training portion rather than relying on previous counseling theory courses. Yet, this pilot study adds to the literature in providing support for the use of SFS with practicum students, regardless of their theoretical orientation.

Implications and Conclusion

The SF approach to counseling was introduced over two decades ago and is included in the constructivist section of many counseling theory textbooks (Gladding, 2013; Murdock, 2013). Nevertheless, aside from recognition that it is a brief therapy, the participants in our study appeared to be unfamiliar with specifics of the approach. Counseling theory textbooks that are organized chronologically will have constructivist theories, including SFBT, toward the end, or SFBT may be suborned in a systemic family therapy chapter. Given the propensity for use of this approach in the schools, school counselor education programs would do well to place more emphasis on this counseling approach. Explicit training, modeling through supervision, and ample opportunity to practice the approach are all needed.

Practicum instructors who prefer to emphasize an eclectic or integrative use of theory may also find SFS to be appropriate. When counseling students enter their first semester of practicum, they typically experience a great deal of anxiety, which can be debilitating for some. In addition to being fearful that they won't be of help to their clients, they are also keenly aware that they are being evaluated by their professor. Although the roles of evaluator and gatekeeper for the profession cannot be ignored, the strengths-based approach of SFS allows practicum instructors to calm the fears of their students and help them build clinical self-confidence, which is a good thing for counseling students and their clients alike.

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