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Moorehouse, A. & Carr, A. (1999). The correlates of phone-in frequency, duration and the number of suggestions made in live supervision. *Journal of Family Therapy* , 21, 407-418.

**The Correlates of Phone-in Frequency, Duration and the Number of Suggestions Made
in Live Supervision**

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ABSTRACT

The relationship between the parameters of live supervisory phone-ins and particular supervisory and therapy processes were examined in this study. The frequency of phone-ins and the number of suggestions made by supervisors were associated with specific therapist, supervisor and client behaviours. Less frequent phone-ins (5 or less per session) were associated with greater client co-operation, greater supervisor collaboration and, surprisingly, less therapist collaboration with clients. There was also a trend for client co-operation to occur more frequently following phone-ins in which 4 or more suggestions were made. The duration of phone-in events was not significantly associated with the supervisory and therapy processes examined in this study.

INTRODUCTION

This paper deals with the relationships between characteristics of live supervisory phone-in conversations on the one hand and the processes of therapy on the other. Historically, a unique feature of family therapy supervision was the development of practices that permitted supervisors to monitor trainee therapists' behaviour with clients as it occurred and to offer support and advice on how to proceed at critical junctures during family interviews (Kempster & Savitsky, 1967; Montalvo, 1973; Liddle, Breunlin & Schwartz, 1988; Liddle, 1991; Hardy, 1993). One such practice involved viewing trainee therapists through one-way screens while they conducted therapy, and phoning therapists when they appeared to require support or advice (Coopersmith, 1980). An underlying assumption of this practice is that the provision of such support and advice, within the context of live supervision, would lead to more effective therapy and increased co-operation between therapists and clients.

While there is a body of received wisdom among supervisors within the family therapy field about how best to conduct live supervision (Wright, 1986; Schwartz, Liddle, & Breunlin, 1988; West, Bubenzer, & Zarski, 1989; Jones, 1994), few available guidelines have been tested empirically (Liddle, Breunlin & Schwartz, 1988; Myers-Avis & Sprenkle, 1990; Liddle, 1991; Frankel & Piercy, 1990; Hardy, 1993; Wark, 1995a, 1995b; Smith, Smith & Salts, 1991). Three guidelines about which there is some consensus within the field concerns the frequency, duration, and complexity of phone-ins. The first of these is that phone-ins should be made infrequently, for example no more than once every 5 minutes. The second is that phone-ins should be brief. These two guidelines are premised on the hypothesis that frequent calls of long duration interfere with the quality of the relationship between the therapist and family members. The third is that phone-ins should be simple and not contain a long complex list of suggestions. This guideline which derives from cognitive psychology, is based on the idea that complex supervisory statements which include a large number of suggestions, may contain too much information for trainee therapists to process, particularly in stressful anxiety-provoking therapeutic situations.

If infrequent, brief, and simple phone-in supervisory messages are believed to have positive effects on client co-operation, they probably do so by creating a context within which supervisors and therapists can behave in optimal ways. From a systemic perspective, it may therefore be expected that phone-ins that have these characteristics would be associated with collaborative behaviour on the part of the supervisor with respect to the therapist and on the part of the therapist with respect to the client. In a previous study we

found that the presence and quality of therapists' collaborative behaviour was associated with client co-operation (Moorhouse & Carr, In Press).

Against the backdrop of these hypotheses, the present study was designed to answer three main questions:

1. For supervisors, therapists and clients, what are the behavioural correlates of frequent and infrequent supervisory phone-in conversations?
2. For supervisors, therapists and clients, what are the behavioural correlates of brief and long supervisory phone-in conversations?
3. For supervisors, therapists and clients, what are the behavioural correlates of supervisory phone-in conversations in which few or many suggestions are made?

METHOD

Participants

Participants included a group of 19 trainee therapists, 4 registered supervisors and 20 clients. All participants were drawn from the Professional Training Program (PTP) in systemic family therapy at the Clanwilliam Institute. The six male and thirteen female therapists were in their second or third year of training and had a mean age of 41.6 with a range of 27 to 57 years. There were two male and two female supervisors with a mean age of 48.5 and a range from 46 to 53 years. Two supervisors identified their predominant theoretical orientation as situated within the Milan systemic tradition (Campbell, Draper & Crutchley, 1991) and two identified their orientation as systemic-constructivist drawing on elements of the Milan systemic tradition and constructivism (Kenny, 1998). Of the 20 client groups, 3 (15%) were families containing members of at least two generations; 6 (20%) were couples, 7 (35%) were individual females and 4 (20%) were individual males. Their problems included relationship difficulties, parenting problems, mood problems, conduct problems, alcohol problems and adjustment to life transitions and stresses.

Instruments

A wall-mounted videocamera and high quality audio taperecorder were used in this study to videorecord therapy sessions and audiotape supervisory phone-in conversations. The Modified Therapy Process Coding System (Moorhouse & Carr, In Press) which is based on coding systems developed by Forgatch and Chamberlain (1982) and Kavanagh, Gabrielson and Chamberlain (1982) was used to rate supervisors',

therapists' and clients' behaviour. The system, which is presented in Table 1 included codes for supportive, teaching and collaborative behaviours. These three categories of behaviour were coded for supervisors with respect to therapists during phone-in events. They were also coded for therapists with respect to clients following phone-in events. Clients' behaviour was coded as either co-operative or resistant.

Insert Table 1 about here

Co-operation events were those where client co-operation was present before and after the phone-in, or where clients moved from resistance before the phone-in to co-operation following the phone-in. In resistance events, resistance was present before and after the phone-in or clients moved from co-operation before the phone-in to resistance following the phone-in. There were 43 co-operation events, 26 resistance events and 19 events were unclassifiable.

Reliability analyses conducted on 10% of phone-in events in the current study yielded inter-observer agreement rates of 70% or greater.

Procedure

The study was conducted at the Clanwilliam Institute in a suite of rooms which permitted therapists to receive live-supervision from behind a one way screen. The unit of investigation in this study was a phone-in supervisor-therapist conversation along with the three minutes of client-therapist interaction which preceded and followed the phone-in event. Eighty-eight such codeable phone-in events constituted the data base for the study.

Here are some examples to illustrate how excerpts from the tapes were coded using the coding system given in Table 1.

Supervisor Support . Well done its coming along very nicely indeed.

Therapist Support. Where do you think the courage and strength came from ?

Supervisor Teach. Before you get into discussion per se you need to get from each of them what they want to talk about today. Secondly, there have to be some rules around discussion so they really need to let each other speak without interrupting---OK get a clear agenda from him as to what he wants.

Therapist Teach There seems to be a lot of issues coming up for you, would you be able to prioritise or rate those which are most urgent for you/ uppermost in your mind.

Supervisor Collaboration. Maybe you could say to her sometimes actions speak louder than words ...is there some signals he may be picking up from her that contradict what she is actually saying. Do you see where I am coming from ?

Therapist Collaboration. I am wondering can we have a conversation around moving....what do you think will help you become unstuck. F you said in a sense that you would love to.....I am wondering how best you can help yourself to promote yourself to become unstuck...or how you can both help each other become unstuck

Client Co-operation. I'm also a lot stronger and want to better myself...I've accepted myself a lot more relaxed and confident in myself...I seem to be opening up more and more and becoming more confident in my expression in what I am saying

Client Resistance. There is still no solution to our problems....we're going around in a sea of problems. I still wake up every am thinking Oh God what a whole mess we're in and neither of us can see a way out of it really.

RESULTS

On average there were 5 phone calls per session (SD=1.93). The average duration of these was 37.26 seconds (SD=17.40) and on average 2.5 suggestions were made in each phone-in conversation (SD=1.45). In order to determine if particular categories of therapists', supervisors' or clients' behaviour were associated with the frequency or duration of phone-ins or the number of suggestions made, three separate sets of analyses were conducted. (1) Frequent and infrequent phone-ins were compared on variables assessing the presence of supervisors' and therapists' supportive, teaching and collaborative behaviours and the presence of client co-operation or resistance. Frequent phone-ins were defined as those that occurred in sessions in

which 6 or more calls were made and there were 56 such events. Thirty two phone-ins were classified as infrequent and occurred in sessions in which 5 or fewer calls were made. (2) Similar comparisons were made for phone-ins of long and short duration. Phone-ins over 30 seconds were classified as being of long duration and there were 51 such events. The remainder were classified as being of short-duration. (3) Phone-ins in which few and many suggestions were compared. The 53 phone-in conversations in which four or more suggestions were made were classified as involving frequent suggestions and the remaining 35 events in which three or fewer suggestions were made were compared with the high-frequency group. The statistical significance of differences from these three sets of analyses was determined using chi square tests.

Insert Table 2 about here

Phone in frequency results

From Table 2 it may be seen that supervisors' collaboration was significantly more common during infrequent phone-in conversations. Therapist collaboration was, surprisingly, significantly less common, following such supervisory phone-in conversations but clients' co-operation was significantly more common. Qualitative examples of each type of statement are given below to put flesh on the bones of these quantitative findings.

Supervisor collaboration. This was more common during infrequent phone-in supervisory conversations.

Hi T (trainee's name), if you could go back a bit and explore a bit more with her - she did say X was most important but now she is actually talking about her husband- maybe just wonder a bit about that

Maybe say something a little bit like we'd like to focus a little bit more on what piece of work you would like to do here

An idea has just struck me that in order for R to check out as to whether or not you are understanding her...could she ask you every so often do you understand... I think that might be a useful guideline

Therapist collaboration. This was less common following infrequent phone-in supervisory conversations.

Could we just settle a few things we believe to be important - how best for the two of you to use this time - so what are the issues both of you want to explore...can I ask you F(name) how exactly do you want to use this time.....so part of your agenda is you want to look at the possibility of getting back...

The other thing that was brought up was guilt feelings. .I am sensing from you G that you are having a lot of guilt about A.....can you say a little bit about that.so what your saying G is that for you it is more about your expectations of yourself as a parent than guilt..would that be right.

One of the guidelines from the team is for me to.....does that sound OK to you ? Do you think that might be helpful ?

Client co-operation. This was more common following infrequent phone-in supervisory conversations.

.....the best way I would like to use this hour is to try in a less acrimonious way for the children's sake to come to an agreement about rearing the children, taking responsibility and helping them to cope with the separation

The feedback I was given from the team was great....I was getting six peoples opinion and I was able to put it all together.....it helped me tremendously

I know there is no point in me sitting back waiting for him to come back to me.....I'm going to have to change myself

Phone-in duration

The duration of phone-ins was unrelated to therapist or supervisor behaviour and client co-operation and intergroup differences were not statistically significant.

Phone in complexity

There was a trend for client-co-operation to be more common in instances where many suggestions were made by the supervisor (many suggestions=71%, few suggestions=48%, Chi Square =3.42, $p=.07$) This was a surprising, albeit tentative result. Examples of co-operative client statements have been given in the previous section.

DISCUSSION

The overall pattern of results does not support received wisdom in the family therapy field, i.e. that infrequent, brief phone-ins in which few suggestions are made are best. Rather, our results show that infrequent phone-ins are good insofar as they are associated with client co-operation. Furthermore, there is a tentative suggestion in our data that supervisory phone-ins that are relatively complex and include more than 4 suggestions may be associated with client co-operation. Phone-in duration (within the limits of the durations examined in this study) was unrelated to client co-operation. However, it should be noted here that the average phone-in was 37.26 seconds ($SD=17.4$) and no phone-ins ran for more than a minute.

Our results also showed that only the frequency of phone-ins (not their duration or the number of suggestions made) was significantly related to particular types of supervisor and therapist behaviour. Where supervisors made less frequent calls, they tended to engage in more collaborative conversations with therapists and surprisingly following these infrequent calls, therapists less commonly collaborated with clients. Supervisors' increased collaboration in less frequent calls may have reflected their confidence in the value of joint problem solving after watching trainee therapists for relatively extended periods of time. Supervisors who made frequent phone-ins did not have the opportunity to watch their trainee therapists conducting therapy without direction for extended time periods, and so were probably less confident in their abilities and so less apt to engage in a collaborative process. This increased collaboration between supervisors and therapists did not inspire therapists to engage in similar collaborative conversations with clients. In fact, it appears to have had the net effect of reducing their overall output. That is to say, they said less than their counterparts who received frequent phone-ins. This may be deduced from the similarity in the level of supportive and teaching statements made by the two groups and the significant difference in their

collaborative statement. Possibly, they felt more confident about leaving space for clients to speak. Clients in turn may have felt more empowered to co-operate under these circumstances and so more commonly co-operated. The fact that therapist collaboration occurred more commonly in frequent phone-ins may also reflect an attempt on the part of therapists to compensate for frequent interruptions by resorting more frequently to collaboration. This may have left fewer opportunities for clients to co-operate.

With respect to future research, this preliminary study clearly requires replication and extension. In an ideal study the frequency, duration and complexity of phone-in events would be systematically varied, and the impact of this on supervisor, therapist and client behaviour assessed. This would permit evaluation of the degree to which these three variables have a causal role in determining behaviour of members of the supervisory and therapy systems.

With respect to practice, our results suggest that infrequent supervisory phone in calls of less than 6 per session are probably desirable and that giving 4 or more suggestions to therapists rather than 3 or fewer may be productive in terms of eliciting client co-operation.

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Table 1. Coding system

System member	Category	Code definition
Trainee therapist or supervisor	Support	<ol style="list-style-type: none"> 1. Paraphrase: Recapping what has been said either as clarification or to demonstrate understanding 2. Reinforce: Talk about other's progress, success, positive attributes or actions 3. Agree: Comments indicating one is in accord with the other 4. Humour: Light-hearted comments intended to be amusing or bring out the funny side of a situation 5. Empathy: Comments indicating support or understanding of another person's feelings, emotion, situation or perspective 6. Self-disclosure: Talking about self in terms of therapeutic situation 7. Supportive: Remarks that indicate there is hope for the client (or therapist) and that change can take place 8. Joining: Talking about topics of interest to other not directly related to therapy 9. Filling in: Filling in words other is attempting to say indicating one is tracking the others train of thought 10. Apologies linked with an intervention 11. Compliments: Compliments one makes about other and statements of politeness 12. Statements made that disagree with the client or therapist in a supportive way
	Teach	<ol style="list-style-type: none"> 1. Instruction: Giving information about parenting, family life or other therapy related issues 2. Commands: Directives that tell a person what to do in or out of session, can be direct or indirect 3. Suggestions: Talking about things one could do / listing possibilities 4. Provide rationale: Making explanations for how a technique or procedure works or supporting directives with data or supplementary information 5. Problem solving: Suggestions worded as questions about what to do about a problem. 6. Reviewing assignment: Neutral review of assignment 7. Question: Questions or directives that require client to give more information, clarify or expand on a topic
	Collaborate	<ol style="list-style-type: none"> 1. Flexibility: Was flexible with other 2. Personalization: Connected with other in personalized way 3. Pacing: Proceeded at the pace of the other leading him/her in a direction that was a good fit for him/he. 4. Partnership: Acted as a partner <i>in step</i> with other, co-exploring and carefully tracking what s/he was saying, and working together regarding other's focus of concern and proceeded from the other's position suggesting what s/he might do as opposed to what s/he must or should do 5. Empowering: Helped other do what s/he wanted to do better, strengthened what s/he was doing rather than changing directions
Client	Resistance	<ol style="list-style-type: none"> 1. Confront, challenge, complain, disagree : Comments indicating client's dissatisfaction with therapy and/ or therapist and /or disagreements with the therapist 2. Hopeless, blame, complain : Statements indicating an inability of client to change, or statements which blame others for present, past and anticipated difficulties and statements which attribute the source of ones own problems on someone else. 3. Defend other or defend self : Defending, justifying, making excuses, pardoning another, or oneself 4. Interfamily conflict: Unsolicited negative or critical comments or complaints made by one family member to another. 5. Own agenda-side-track : responses indicating client wants to discuss an issue different from the current direction of therapist , or client persists in discussing tangentially related issues. 6. Answer for: Answering a question when not directed at 7. Not responding -not answering : Withholding information by not responding to a question for 3 seconds or more or avoiding answering a direct question 8. Disqualify : Contradicting an earlier statement made
	Co-operation	All responses of a non-resistant or co-operative nature made by the client

Table 2. Supervisors', therapists', and clients' behaviour during frequent and infrequent supervisory phone-in conversations

Domain	Variable	Frequent (6 or more) N=56	Infrequent (5 or less) N=32	χ^2
Supervisor behaviour	Support	14% (8)	25% (8)	1.57
	Teach	100% (56)	100% (32)	0.00
	Collaborate	61% (34)	81% (26)	3.96 *
Therapist behaviour	Support	57% (32)	47% (15)	0.86
	Teach	96% (54)	94% (30)	0.34
	Collaborate	82% (46)	59% (19)	5.50 *
Client co-operation		28% (12/43)	54% (14/26)	4.64 *

Note: *p<.05.

