

Microcounselling Interviewing Skills of Supervisors of Speech Clinicians

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Microcounselling, as used in this study, refers to a scaled-down sample of supervisory behavior in which the supervisors interact with clinician-trainees in an attempt to direct the acquisition of specific clinical behaviors (Ivey, 1971). Based upon research by Elsenrath, Coker, and Martinson (1972), the microteaching paradigm may be used effectively in teaching interviewing behavior. Understanding of supervisory interaction might begin by identifying some of the skills. Longer response delays, fewer interruptions, and less total talk time differentiated the treatment subjects from the control subjects in the study by Elsenrath and Coker.



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Of the many aspects of the supervisory interaction with the clinician, effective interviewing or counselling appears as probably the most basic. One criterion of "good interviewing," is facilitation of talk by the client. Matarazzo, Wiens, and Saslow (1966) found that effective counsellors increased interviewer silence time before responding to an interviewee (interviewer response delay). As a result, client verbalization increased. Silence by the interviewer or supervisor may be interpreted by the clinician to mean that more information is needed. Although the main purpose of counselling sessions with the speech clinician by the directive type of supervisor may be to impart suggestions as quickly as possible as the most effective way to help the clinician to acquire necessary skills. It may be that the more

nondirective method, resulting in facilitation of clinical skills, and clinical talk would lead to more lasting and creative acquisition. It could be hypothesized that the clinician who is encouraged to talk, without feeling inhibited, about what he has done, evaluating his own procedures, and possibly suggesting other ways of doing things, would become a better therapist than one who was directed entirely by the supervisor.

The principal purpose of this study was to study and describe the dyadic interaction between the supervisor and the speech clinician as to (1) total talk time, (2) reaction-time latency, and (3) interrupted speech.

Terms used in this study are defined as follows:

1. **Total talk time** refers to the measured length of all spoken utterances identified by clinician or supervisor in one hundredths of a minute.
2. **Reaction-time latency** represents the passage of time in one hundredths of a minute between the moment that one participant terminates speech and the other begins.
3. **Interrupted speech** refers to the number of times the supervisor is interrupted.

Typed scripts of fifty-six audio-taped samples of three-minute dyadic interactions between supervisor and clinician were available for study. These three-minute samples represented the first three minutes of a five-minute microsupervisory session. Each of the seven supervisors held eight microcounselling sessions; four sessions were held with each of two different clinicians. The fifty-six samples, thereby, included the microcounselling interactions of seven supervisors and fourteen clinicians. No attempt was made to change the behaviors of the supervisors; the principal goal was to improve the skills of the clinician.

The audiotapes were recorded from the live microcounselling sessions in the Behavioral Science Laboratory of the Ohio State University on a Uher Tape Recorder. The B & K Power Level Recorder was used for recording, on B & K Level Recorder Paper Type QP 2351, the audio tapes for purposes of studying the talk time,

Abstract

The principal purpose was to describe the dyadic interactions between the supervisor and the speech clinician as to total talk time, reaction-time latency, and interrupted speech. Fifty-six three-minute dyadic interactions were studied through use of power level recorders. The analysis of the data indicated: (1) no significant differences in talk time between supervisors and clinicians; and (2) significant correlations between first and second microcounselling sessions for clinicians for both talk time and number of interruptors.

It would appear that interviewing skills as used in this study did not facilitate talk by the clinician. Purposes of counselling and supervision may differ.

reaction-time latencies, and the number of interruptions. The audiotapes were timed, and the first three minutes of counselling session were marked for recording on the power level recorder in order to identify on the recording paper the parts belonging to the supervisor or clinician. Response latency, pauses within speeches, number of interruptions, talk time, and outside interruptions for both the supervisor and clinician with proper identifications were recorded on the power level paper. After the recording of the audiotapes on the paper, counting the time in seconds for each of the items to be studied was done.

The following hypotheses were formulated for study: (1) there is no difference between supervisors and clinicians in talk time, response latency, or number of interruptions; (2) there are no correlations between first and second sessions for any of the factors studied; (3) there is no relationship between supervisor response latency and clinician talk time; (4) there is no relationship between supervisors' response latency and number of interruptions of clinician.

The *t* test and Pearson Product Moment Correlation were used to analyse the data.

According to the results, the supervisor talked more ($M = 243.18$) than the clinician ($M = 221.91$) although not significantly. The number of interruptions did not significantly differentiate the supervisors and clinicians. The response latencies of the clinician were significantly longer (.01 level) than those of the supervisor. This result was true also for each of the two sessions, although the latencies for second session were shorter than the first. These results are found in Table 1.

Significant correlations (Table 2) occurred between first and second sessions for clinicians in total talk time and number of interruptions. No significant relationship occurred for the supervisors.

Supervisory response latency was negatively related with a low correlation with clinician talk time.

Although the microcounselling paradigm was used, no attempt was made to change specific behaviors of the supervisors. The supervisor's main objective in this study was to change the clinical behaviors of the speech therapist. The 56 samples of replicated interactions pro-

Résumé

L'objet principal de cette recherche est de décrire l'interaction du surveillant et du clinicien d'orthophonie quant à la durée totale du discours, le délai de la réaction, et la parole interrompue. Cinquante-six interactions, de trois minutes chacune, ont été étudiées par le moyen d'enregistreurs du niveau de puissance. L'analyse des données a révélé:

(1) qu'il n'existe aucune différence entre la durée du discours des surveillants et celle des cliniciens; et (2) qu'il y a une corrélation significative entre la première et la deuxième micro-consultations des cliniciens quant à la durée du discours et au nombre d'interrupteurs.

Il paraît que les techniques d'interview telles qu'employées dans cette étude ne facilitent pas le discours du clinicien. Il se peut que les objectifs de la consultation diffèrent de ceux de la surveillance.

vided stimuli for the identification of certain skills associated with the facilitation of interviewing proficiency. It was assumed that interviewing skills might be characteristic of "good supervisors." For this study, talk time, reaction-time latency, and interrupted speech were evaluated.

As in a previous study (Irwin, 1972), in which the category system was used to identify talk time, the supervisors talked more, although not significantly, than the clinicians. Whether this result would hold true if an attempt were made to train supervisors in counselling skills is not known until further research is done. This approximately 50-50 proportion of talk time for supervisor and clinician may be what should be expected when the main goal is the joint exchange of information for the purpose of improving therapy. Short samples taken from longer counselling sessions might reveal different results.

The supervisor's response latency and clinician's talk time were significantly but negatively correlated (-0.28 at .05 level) which is contrary to findings by researchers in counselling (Matarazzo, Wiens, and Saslow, 1966).

The number of interruptions did not differentiate the supervisors from the clinicians; the response latencies of the clinician, however, were significantly longer than those of the supervisor. It might be conjectured that the clinician hesitates because of a feeling of inadequacy or lack of knowledge.

With the limited sample of supervisors, the three most experienced (5 or more years supervising clinicians) supervisors did not differ on any of the measures from the inexperienced supervisors.

In general, it would appear that skills associated with interviewing as used in this study do not facilitate talk by the clinician. This may be due to the differences in purposes between counselling and supervision. The procedures appear viable for the objective study of interactions between the supervisor and clinician. Comparable results, however, may be achieved by the less time-consuming category system.

References

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TABLE 1

Mean Values, Correlations, and t Values of Some Variables in
26 Dyadic Interactions between Clinician and Supervisor

	CLINICIAN	SUPERVISOR	t
Total Talk time	221.91	243.18	0.876
Number of Interruptions	4.25	4.93	
Response Latency			
First Session	10.31	6.74	2.653*
Second Session	9.99	5.40	2.533*
Total	20.30	12.14	3.132*

** $t_{.01} \geq 2.797$ (df,24); * $t_{.05} \geq 2.064$ (df,24)

TABLE 2

Mean Values and Correlations (Pearson r_s) of Some Variables in 26 Microcounseling Sessions
(Replication Interviews of Seven Supervisors with 13 Speech Clinicians).

	CLINICIANS SESSIONS			SUPERVISOR SESSIONS		
	1	2	r	1	2	r
Total Talk Time	117.24	104.63	0.67*	115.87	127.31	0.39
Response Latency	10.31	10.00	0.35	6.74	5.40	0.37
Number of Interruptions	1.96	2.26	0.53*	2.09	2.84	0.42

* $r_{.05} \geq .515$ (df 13)