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Making the Unseen Seen through the use of Multimedia Approaches in Counselling and Social Work Education

In social work education, clinical supervision is a forum shrouded in mystery due to the constraints of privacy and confidentiality of the supervisee. However, the clinical supervisory relationship is where much learning occurs for counselling professionals. The process by which students take challenging cases to explore in clinical supervision is conducted in private locations where supervisee confidentiality prevents a modelling of the process of clinical supervision. The student experience is shaped by an appreciation of how they would not normally 'see' the process of critical reflection in supervision. Similarly the real-world process between client and worker remains 'invisible.' The direct observation of experienced counsellors practicing with clients constitutes an oral tradition that is rarely available to educators due to the constraints of client confidentiality. Facilitating learning experiences for counsellors and social workers involves a disjunction of these different ways of knowing. Therapeutic techniques are often elevated above the process of helping, whilst the evidence-based literature discusses the therapeutic relationship as the pivotal consideration or variable to good therapeutic outcomes. How to build trust, rapport and empathy with individuals who have experiences of abuse and deep betrayal in their pasts makes therapeutic engagement a tentative and somewhat experimental process, prone to pitfalls and perils. Modelling a positive relationship between client and counsellor for students is a challenging task. Yet this modelling is what students often expect when they enter their training. The gap between theory and practice, when the realities of the work do not match the daily experience, is not often explored directly in counselling programmes, but relegated to the clinical supervisory forum. However, these experiences of dissonance between theory and practice are critical to the retention of helping professionals.[1] With students new to the discipline of counselling, their clinical reasoning can only grow and develop in relationship with clients. This practice wisdom can only develop with opportunities to extend clinical decision-making and sensitivity. Therefore, developing an awareness of the need for both practice-based experience and ongoing education and clinical supervision is required. By inculcating a life-long learning culture, students are constantly encouraged to renew cultural and interpersonal sensitivity which informs and enriches the development of sound practice.

In 2007 I responded to this challenge by creating a series of audiovisual resources for an allied health programme taught in mixed mode (in both face-to-face and distance methods of delivery). The design of these resources involved imagining what scenarios students would be interested in

watching that replicated commonly encountered dilemmas. Through scripting and recruiting 'actors' amongst the teaching staff, a series of audiovisual resources were filmed and produced. These were attached as podcasts to an existing online learning hub. The student feedback has been that these resources model what they are experiencing in their practicum placements in a more immediate way than textbooks.

In a variety of disciplines, universities are endeavouring to bridge the gap between the practice realities and theory by teaching with online case studies that are authentic, and that make visible real-world experiences. Deakin University has developed case studies which include multimedia approaches from disciplines as diverse as public relations and literary studies, and demonstrate the way digital media can help students link practice and research in postgraduate education.[2] International perspectives and student contributions to the unit content are a feature of this resource. The following statement from an education lecturer highlights the advantages of design and delivery of online case studies and their alignment with the development of independent thinking. The author describes an online case-based learning approach for teaching in a masters programme.

> Firstly, the digital forum or medium allows us to present the case studies in a very rich manner drawing upon a multimedia array of audio, still photos, moving images, examples of students' work and the like. The second way in which it has worked well for us, is that it has created a needed flexibility for us, in that it is quite a straightforward process to expand our range of case studies of practice in this unit, drawing from completed projects, often that we have been involved in ourselves, and [present them] through the digital medium as opposed to producing a lot of textual information. It needs to be said too, [that] engagement of the case studies requires choices by the students. We now present something like ten or eleven case studies of which students are required to engage only two. It did not seem common sense to present print material relating to eleven case studies when the students were only going to choose any two of those. It is a more efficient medium to present them digitally, as well as being the most appropriate medium.[3]

CRITICAL REFLECTION

In social work the process by which supervisees make connections between theory and practice is described as 'critical reflection.'[4] Critical-reflective principles have been applied to education in professional courses of study to focus upon 'tacit practices' of which the student might initially have a limited awareness.[5] Other terms describing clinical reasoning learnt on the job are 'craft' or 'practice wisdom.' Focus on these knowledge sources is widely used in professional courses to assist practitioners to create an integrated framework for their practice.[6] Connecting different and often divergent knowledge sources is part of the experience and challenge of postgraduate study in mental health. In their evaluations of the postgraduate practicum programme for allied mental health professionals in New Zealand – the Post-Graduate Certificate in Health (Allied Mental Health) offered through Victoria University of Wellington – students discuss the importance of clinical supervision in their wider learning and the complex experience of adjustment to a new field of practice in mental health.[7] In New Zealand, students are provided with twenty paid sessions of clinical supervision to complete their practicum learning. However, there are only brief guidelines provided as to how these sessions may be used, and these are addressed solely to the clinical supervisors. As the co-ordinator of the postgraduate course, I wondered if students required more 'scaffolding' to build and utilise the supervisory relationship for their learning, particularly as they identified clinical supervision as the major 'method' of learning in the practicum paper for the course.[8] One of Victoria University's graduate attributes is the development of independent thinking using self-directed learning. The university

aims to work in partnership with the Treaty of Waitangi to acknowledge Māori as tangata whenua and to acknowledge the multicultural nature of New Zealand society. When these two elements are taken into consideration, and placed alongside the ethical, social and cultural difficulties of making the clinical situation 'visible,' it becomes necessary to develop further resources that support the student experience of clinical supervision in the practicum.

APPLICATIONS OF CRITICAL–REFLECTIVE FRAMEWORKS

Critical reflection is a framework for learning in many health professions. Donald Schön defines critical reflection as a process of honing one's practice, based in evaluating the effectiveness of one's own 'theory in action.'[9] Schön developed this from his earlier work with Chris Argyris which argued that effective adult learning is a complex and individual process involving an awareness of one's own personal learning style.[10] Learning as a personal experience involving a reflection on one's own biography and life course is another strand to this process.[11] The 'critical' component of critical reflection comes from a self-reflective and self-reflexive focus. Within critical-reflective approaches, the self in the role of the professional in applied courses of study is explored often through such strategies as clinical supervision, mentoring and journaling. As a way of thinking about the world, and also as a methodology, critical reflection bridges the gap between theory and practice by locating the self in the contexts in which practice takes place in order to make meaning of experience in the present and to plan future action. This critical-reflective framework offers a critique of the context in which the helping professional practices. Of necessity this relationship differs from line management, so that reflection is established as an independent forum, clearly separated from performance appraisal.[12]

There are many models of critical reflection including those developed within nursing, social work, and counselling and psychotherapy.[13] For example, in the processes of psychotherapy research, Ione Lewis advocates "laying bare the researcher's identificatory processes with participants' narratives."[14] This approach contrasts with traditional processes in research which place an emphasis on objectivity and rigour. In nursing contexts, Patricia Benner observes that novice-based practitioners rely heavily on theory to understand what they do, whereas more advanced practitioners, or 'experts,' draw on intuition to inform their clinical decision-making.[15] The production of authentic online resources for distance and flexible learning, for students to reflect upon from within a critical-reflective paradigm, is therefore a challenge for counselling educators, as it involves discovering the student's 'tacit knowledge' and providing opportunities for them to draw on intuition.[16] My aim in designing new multimedia learning materials that modelled the clinical supervisory process was to encourage novices to begin to draw on tacit practices, and develop their intuition to inform clinical decision-making by observing experts.

SCRIPTING AND DESIGNING

In developing the resource I worked through a number of steps. I had to decide which situations would best enable a process of seeing the unseen for the students. Early in the project and as part of a case review assignment, a group of students presented their problem cases; this immediately gave me knowledge of the kinds of situations students needed to see demonstrated in practice. From this raw material I drew upon my own twenty years of experience as a team leader and clinical supervisor to enable me to model four situations on a theme. I designed these scenarios to link with existing problem-based learning-case scenarios so that they were seamless in terms of the subject

matter of the programme as it was already structured. I also wanted there to be a direct connection between the experiences the students were having themselves as they negotiated the experiences of clinical supervision. I decided to depict the new counsellor in each of the cases, taking the case depicted in the learning module to her clinical supervision session.

In the first scenario, the intern counsellor (the supervisee) is depicted as she negotiates the supervision process and relationship with her clinical supervisor. The supervisee discusses what she would ideally like her supervisory relationship to be. The supervisor responds with what she can offer in terms of frequency of meeting, content and structure for each session. Out of this dialogue the participants come away with an understanding of what clinical supervision looks like from each person's perspective. This process depicts finding the middle ground through effective communication and negotiation.

The second scenario is based on the clinical supervisor's frustration over a case where there is a lack of progress, due in part to limited cross-cultural communication between client and supervisee. In this scenario, the clinical supervisor offers some ideas about what the lack of progress the supervisee describes might be about. The clinical supervisor links these ideas to the theories of indigenous practice that form the online learning for that week. The session ends with the suggestion that the supervisee seek specialist cultural supervision, as the client is a young Samoan man and the intern counsellor and clinical supervisor are both Pakeha with a limited understanding of Samoan culture.

The third scenario is the cultural supervision session itself. In this session, the cultural supervisor, who is Māori, discusses her interpretation of what may be transpiring in another problem case involving assessment of suicidality and self-harm for a middle-aged Māori woman who has been admitted to the psychiatric hospital where the supervisee works. The supervisee is depicted as being anxious about her client and wants to ensure her safety. The cultural supervisor asks about the supervisee's knowledge and understanding of several core concepts in Māori frameworks of health and wellness and sends her supervisee away to research these indigenous models. The cultural supervisor makes another time to see the supervisee to review how she might apply these concepts in relation to the case. This instruction fits with the directions for online learning for that week, which are to research four concepts central to Māori models of health.

In scenario four, the supervisee seeks specialist clinical supervision for working with an eight-year-old child and his family. The child has been referred by his mother with a concern that he is being bullied at school and has been anxious and withdrawn in the classroom. The clinical supervisor, who is a family therapist, wonders if further assessment of the family's adjustment to living in New Zealand may be required as the family have migrated from South Africa to live permanently in New Zealand. The child's grandfather has recently died in South Africa and the family were unable to return home for the funeral. The consultant family therapist offering clinical supervision ponders on several hypotheses of what could be occurring for the child in his family. She wonders aloud how the family are dealing with this significant loss and if the mother's feelings of grief and loss are impacting on the young child. One intervention suggested by the clinical supervisor is to assemble a genogram with the family, to determine the importance of this loss to each family member and gain a sense of the underlying family dynamics and relationships. To practice this intervention, the supervisor suggests that the supervisee draws a genogram of her family of origin. As she does this, the supervisee discusses the process of drawing the genogram of her family. She also describes patterns in her family of origin, as she understands them, as she is drawing the genogram. This self-reflection mirrors the instructions for this week's problem-based learning, which is for students

to draw genograms of their own families of origin. Following reflection on the process of drawing the genogram, the students are asked to discuss the experience, and any new discoveries and learning, in their online discussion groups.

CREATING THE RESOURCE

I was unfamiliar with the technical side of the production, but had an image in my mind of how I wanted the resource to look in its final format. Working with an audiovisual technician, I designed the set (an office) with different props for each of the scenarios, to suit the context of the clinical supervisor. I asked four colleagues to assist me as actors in the scenarios.[17] Memorising the script was difficult for untrained actors, so in places I encouraged them to improvise based on their own knowledge of similar scenarios. In many cases this improvisation produced the desired end product. The process of acting and filming under my direction was experimental and involved many cuts and restarts. I worked on the footage with the technician extensively in the editing suite. Out of the raw footage we distilled each scenario down to around five to ten minutes in length (the suggested size to attach to the BlackBoard online learning platform). As this had never been attempted before at our university, where face-to-face delivery by attendance at lectures remains the norm, it was difficult to know how successful the finished product would be once we translated the video scenarios into the smaller formats necessary for online broadcast.[18] The technician compressed the film into a podcast, so it could be downloaded more easily, and, as a back-up for those students still on 'dial up' or without internet access, we produced a CD-ROM with the video clips on it.

CONTEXTUALISING AND USING THE RESOURCE

By using colleagues rather than trained actors to perform the scenarios, there was a risk that students who attended on-campus workshops would meet the 'actors' and see the resources as less authentic. However, students either didn't comment or notice or, if they did, they were amused and touched by the administrator being the supervisee and several associate professors being the clinical supervisors. The cultural safety supervisor worked off-campus as a community worker, so identification by students was less likely.

As the hospital context was never directly filmed, the office set design representing a clinical supervisor's office was the easier context to reproduce. Some students remarked on the offer of tea by the cultural supervisor as being realistic, as such hospitality is an important form of welcome for Māori.

The students were enthusiastic about the multimedia approach used in the online resource. The material resonated with their practice experience and the use of differing forms of clinical consultation and clinical supervision. Interestingly, it was observed that students, watching and listening to the audiovisual clips, were able to discuss their own supervisory relationships more easily when they were given an example which they were able to compare to their own supervisory relationship. Many critiqued the clinical supervisor as being 'too formal,' as their own supervision did not occur across a desk. Others critiqued the set design: for example, one remarked that the supervisee carried a bag (a flax kete) that was stereotypical of social workers. I found these comments fascinating, as I hadn't envisaged that the props were likely to have so much of an impact on the learning experience. One student's comments revealed and reflected upon her own experiential learning in the genogram exercise, as she noticed that she did not know her mother's side of the family as she did her father's through the process of drawing her genogram. The separation of her

parents when she was young was the reason she thought she had lost contact with one side of her family of origin. The videos gave the students opportunities to see their own experiences reflected through different scenarios, and thus they could reflect on how they would respond to the same situations as and when they encountered them.

IMPLICATIONS FOR TEACHING AND LEARNING

In social work and counselling education, clinical supervision is one of the main methods of becoming more aware of one's own value base. Developing an awareness of one's own value base is a resource to encourage effective practice in increasingly complex and uncertain environments.[19] The extended reflection on practice enabled through clinical supervision, however, requires a relationship of mutual trust and respect to be developed.[20]

The series of podcasts I created and produced, in conjunction with technicians and academic colleagues, modelled how students might drive and shape their own relationships with consultants such as clinical supervisors. It enabled them to reflect on what was good about their current supervisory relationship, what worked and what did not, and so needed revision. It also reflected the contexts for social work and counselling education in New Zealand. When I presented the resources at a conference, some members of the audience thought that the scenarios need to reflect the cultural differences between clinical supervision in New Zealand and other countries. From the student and colleagues' feedback, the production and use of locally sourced podcasts was a useful experiment in making a hitherto invisible activity (clinical supervision) visible. It was a window into a scenario that, although acted by amateurs, was developed from informed critical content and balanced by intuitive knowledge. This experiment is a work in progress, offered so that others may be encouraged to make discoveries in their own teaching practices.

1   H. Levac, *Research Report on Allied Health Workforce Retention* (Wellington: Ministry of Health, 2002).

2   Deakin University, "Contemporary Online Teaching Cases," *Deakin Studies Online* (2005), http://www.deakin.edu.au/itl/teach-learn/cases/ [accessed 12 Oct 2010].

3   Ian Rowbottom, "Contemporary Online Teaching Cases," *Deakin Studies Online* (2005), http://www.deakin.edu.au/itl/teach-learn/cases/files/participants/robottom.htm# [accessed 22 Sept 2010].

4   Jan Fook and Fiona Gardner, eds., *Practising Critical Reflection: A Resource Handbook* (Maidenhead, UK: Open University Press, 2007); Sue White, Jan Fook and Fiona Gardner, eds., *Critical Reflection in Health and Social Care* (New South Wales: Allen and Unwin, 2006).

5   Michael Eraut, "The Many Meanings of Theory and Practice," *Learning in Health and Social Care* 2, no. 2 (2003): 61-5.

6   Michael Eraut, *Developing Professional Knowledge and Competence* (London: Falmer Press, 1994); Eraut, "The Many Meanings of Theory and Practice."

7   Margaret Pack, "Allies in Learning: Critical-*Reflective* Practice On-line with Allied Mental Health Practitioners," *Social Work Education* 29, no. 1 (2009): 67-79; Margaret Pack, "Clinical Supervision: An Interdisciplinary Review with Implications for Social Work," *Reflective Practice: International and Multidisciplinary Perspectives* 10, no. 5 (2009): 657-68.

8   Paul Ramsden, *Learning to Teach in Higher Education*, 2nd ed. (London: Routledge Falmer, 2003).

9   Donald A. Schön, *The Reflective Practitioner: How Professionals Think in Action* (New York: Basic Books, 1983).

10   Chris Argyris and Donald A. Schön, *Theory in Practice: Increasing Professional Effectiveness* (San Francisco: Jossey Bass, 1976).

11   Diana Laurillard, *Rethinking University Teaching: A Conversational Framework for the Effective use of Learning Technologies*, 2nd ed. (London: Routledge Falmer, 2002).

12   Pack, "Clinical Supervision."

13 Sylvina Tate and Margaret Sills, eds., *The Devel-opment of Critical Reflection in the Health Professions,* Occasional Paper no. 4 (March 2004), http://www.health.heacademy.ac.uk/publications occasionalpaper/occasionalpaper04.pdf [accessed 3 March 2010]; Fook and Gardner, *Practising Critical Reflection;* White, Fook and Gardner, *Critical Reflection in Health and Social Care;* Ione Lewis, "With Feeling: Writing Emotion into Counselling and Psychotherapy Research," *Counselling and Psychotherapy Research* 8, no. 1 (2008): 69.

14 Lewis, "With Feeling," 69.

15 Patricia Benner, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice* (Menlo Park, Calif.: Addison-Wesley, 1994), 13-38.

16 Eraut, *Developing Professional Knowledge,* 20.

17 Due to budgetary constraints, it was not possible to use actors recruited through a production company, which would have increased costs of production of the current resource four times.

18 University colleagues were surprised that the technology worked on the internet platform we were using and were encouraged to produce similar resources for their own courses. I applied for further funding to produce another series of resources and was shortlisted for an innovation-in-teaching award from Te Pou, the national mental health workforce development agency, in 2007/8.

19 Fiona Gardner, "Affirming Values: Using Critical Reflection to Explore Meaning and Professional Practice," *Reflective Practice* 10, no. 2 (2009): 179-90.

20 Gardner, "Affirming Values;" Pack, "Clinical Supervision;" Margaret Pack, "Supervision as a Liminal Space: Towards a Dialogic Relationship," *Gestalt Journal of Australia and New Zealand* 5, no. 2 (2009): 60-78.