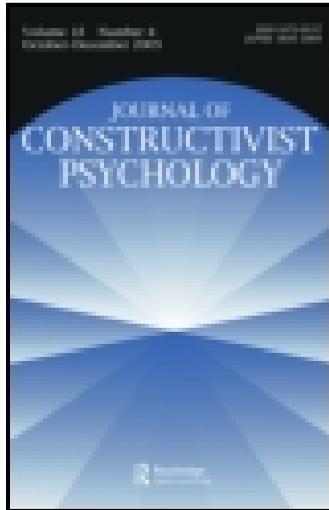


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Questioning Our Questions: A Constructivist Technique for Clinical Supervision

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Consistent themes in the constructivist supervision of counseling and psychotherapy include the fostering of supervisee reflexivity, perspective taking, and capacity to generate alternative conceptualizations and interventions. In keeping with these objectives, we describe a technique for deepening therapists' reflection on their interchanges with clients through "questioning their questions" and the clients' responses to them. We further illustrate the procedure in the supervision of a therapist in training who (a) analyzed in writing a series of six question-and-answer cycles pertaining to a client, (b) considered the larger implications of the interaction for the therapeutic relationship with this client, (c) received supervisory feedback on his journaling, and (d) offered a final reflexive comment on the procedure. We conclude with a few thoughts about variations on the technique to enhance its relevance in different supervisory settings.

Traditionally, clinical supervision in counseling and psychotherapy has been defined as

an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper for those who are to enter the particular profession. (Bernard & Goodyear, 1992, p. 4).

As such, supervision is regarded as essential by training programs in such fields as clinical and counseling psychology, counselor education, marriage and family therapy, and social work. Supplementing classroom instruction with supervisory mentoring in therapeutic skills recognizes the distinction between the "high, hard ground" of theory and research and the sort of knowledge required to negotiate the "swampy lowlands" of professional practice (Schon, 1983).

Despite the ubiquity of supervision in the training of psychotherapists, and the consistent contributions of both classical (Kelly, 1955) and contemporary constructivists (Ecker, Ticic, & Hulley, 2012; Neimeyer, 2009) to the practice of therapy, a focus on clinical supervision by authors within this tradition is relatively rare. George Kelly (1955), the pioneering clinical constructivist, devoted a scant 10 pages of the more than 1,200 pages of his magnum opus to the training of student therapists, advocating that supervision be conducted in small groups, that it assist the

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therapist in anticipating the behavior of the client, that specific interventions should be pursued at the initiative of the therapist and not at the dictates of the supervisor, and that role-playing and reverse role-playing sessions could help student therapists experience the therapy through the client's eyes. In his brief concluding paragraph of his second volume, he almost apologetically confessed, "Perhaps some of our observations have seemed more like outgrowths of clinical experience than inferences from a theoretical postulate. We think it is a matter of their being both" (Kelly, 1955, p. 1197). Thus, Kelly seemed to recognize that theory alone is an insufficient guide to the practice of therapy, requiring an admixture of practice wisdom to provide adequate guidance to psychotherapists and those who supervise them.

Feixas (1992) discussed major goals of constructivist supervision, addressing the generation of alternative case formulations and their consequences, as well as the importance of the supervisor's subsuming the therapist's construct system for managing the case. The main focus of supervision, he argued, was "the therapist's training even more than the therapeutic process he or she is carrying out with a particular client," and accordingly, "the starting points in the supervision process are the therapist's difficulties and feelings of inadequacy with respect to a particular case" (Feixas, 1992, p. 195). Underscoring the role of reflexivity in the work, he noted, "It is very difficult for a therapist to have a picture of both the client and him- or herself in the therapy. . . . Supervision offers a privileged context in which to reflect on that process" (p. 198).

Further creative contributions have been made to constructivist supervision by Williams, who emphasized the relevance of both theoretical and procedural knowledge in therapy, the importance of judgment and perspicacity in clinical interactions, and the value of "supervisory encounters which [help] trainees integrate new material within a coherent professional identity" (Williams, 1995, p. 32). Like Feixas, Williams argued, "beyond ethical obligations to the client, [supervisory] work on the case focuses on developing the trainee" (p. 49). Especially novel are Williams's use of evocative figurines to help trainees visualize and reorient themselves in the context of a client's problem system and role-play procedures to suggest different therapeutic alternatives.

The most comprehensive approach to constructivist supervision has been offered by Guiffrida (2015a, 2015b). Grounding his perspective in Mahoney's (2004) seminal theoretical work on psychotherapy, learning, and development—as well his own considerable experience as a supervisor—Guiffrida recognized that supervisees arrive in supervision predisposed to certain notions about human change that inevitably scaffold their work with clients. From this perspective, no top-down imposition of knowledge or technique by supervisors is feasible, nor would it be desired, as constructivists readily acknowledge that there are countless ways to approach a given case. Instead, Guiffrida (2015a) argued that the goal of the supervisor is to "help supervisees identify [their] ingrained thought patterns so they can begin to recognize their impact on their current learning processes" (p. 42). One ready avenue toward this goal is afforded by trainees' experiences of *anxiety*, understood in Kellian terms as an awareness of the insufficiency of one's current constructs for understanding, predicting, and controlling events—in this case, in therapy (Kelly, 1955). In this view, counselor anxiety signals an opportunity for the supervisor "to empathically join with supervisees in ways that allow them to become aware of and comfortable with the anxiety and discomfort they experience as they consider limitations to their prior ways of knowing" and to embrace it "as a necessary condition to their professional development. . . . It is only through this iterative process of surprise, occasional mistakes, and reflection that new knowledge is meaningfully discovered and integrated into current ways of knowing" (Guiffrida, 2015a, p. 42). Stimulating supervisee skills in critical self-reflection in an atmosphere of unconditional

positive regard, empathy, and genuineness therefore becomes the primary responsibility of the supervisor.

Guiffrida (2015a, 2015b) carefully developed the implications for supervisory behavior that follow from this framework, such as discouragement of evaluative language regarding trainee performance, an emphasis on experimentation rather than behavioral prescription, and the fostering of supervisees' reflections on the significance of their emotions and elements of their in-session practice with clients. Moreover, he offered several techniques by which such self-reflection can be fostered, ranging from metaphoric drawings through verbal reflections on their clients' faces to various mindfulness-based activities. Finally—and unconventionally, for constructivists—he outlined a comprehensive method for assessing not only supervisee actions but also the thoughts, feelings, and contextual factors that underpin them, while facilitating trainees' self-assessment on these same dimensions. The outcomes valued from such work focus less on mastery of approved “evidence-based treatments” than on development of therapists' capacities for creativity, risk taking, thinking openly and deeply about critical issues, patience with themselves, interrogation of their own assumptions, and integration of their own experience with the professional literature and collegial feedback to approach problem cases in fresh ways.

The present article proposes a modest extension of one of Guiffrida's (2015b) supervisory techniques, namely encouraging trainees to “question their questions” by reviewing and reflecting in writing on (a) what they asked their clients in a recorded session, (b) the intent that informed the questions, (c) how the clients responded, and (d) whether they might say something different in the future. Elaborating on this basic framework in the form of a journaling assignment in two parts, along with integrating supervisor feedback and a closing reflection by the supervisee, yields a method that is congruent with the goal of training reflective practitioners.

QUESTIONING OUR QUESTIONS

Our use of the “questioning our questions” procedure dovetails with our frequent use of video recordings of student sessions with clients, which optimally permit reasonable viewing of a client's bodily and facial responses in the course of the hour. As a supplement to selective review of videos by the team of one supervisor and four doctoral students with varying degrees of clinical experience, trainees are asked to return to further reflect in writing on a session of their choice following the instructions offered in Appendix A, as developed somewhat more fully below.

Step 1: Deconstructive Listening

Typically, supervisees are encouraged to select a segment of therapy they would like to analyze more intensively—perhaps one that left them feeling curious, hopeful, frustrated, or disappointed in some fashion. Although this segment could be of any length, a series of six question-and-answer (Q&A) cycles seem to yield sufficient material to discern patterns in the preoccupation or intention of the therapist and responses on the part of the client. The segment might begin with the opening query of the session (e.g., “How can we make this a useful session for you today?” or, “Have you had any further thoughts about our last session over this past week?”), or alternatively focus on when the therapist attempts to initiate a new or deeper line of inquiry into the client's experience of the problem or progress on its resolution. Rarely, however, would trainees focus on

the sort of factual, structured, or history-taking questions that characterize an initial assessment interview, unless the goal is to compare the process that unfolds with the free-form inquiry that more commonly characterizes psychotherapy.

For each of the Q&A sequences, supervisees are asked to reflect on each of the following questions, although they may synthesize these into more general observations:

- What question did you ask your client?
- What was going on for you when you asked that question?
- What were you hoping to learn from or accomplish with that question?
- How did the client respond to the question, verbally and nonverbally?
- How do you think the client reacted internally to that question?
- If you could say something different there, what might you say?

With these responses to six Q&A sequences as grist for the mill, the therapist is then positioned to discern the “big picture” of the interaction and its implications for future sessions.

Step 2: Taking Perspective

To develop an overall sense of this segment of therapy and its relational features, supervisees are then asked to respond to six further questions, as follow:

- How were you feeling about the client during this segment?
- How do you think the client perceived you here?
- What do you think the client was trying to communicate to you?
- How did you want the client to perceive you?
- Do you recall any other thoughts going through your mind as this occurred?
- If you could go back and do it again, what might you do differently and why?

Note that these questions bear on the entire six-question sequence, which may span a few minutes (e.g., if the therapist asks a series of relatively closed-ended questions, or if the client is laconic or avoidant) or a fair amount of the session (e.g., if the therapist more commonly relies on nonverbal or coverbal encouraging responses such as head nods or “mm-hmm,” or if client activity occupies much of the session through storytelling or deep experiential work). Therefore, unlike the highly focal questions of Step 1—which tend to deconstruct and examine both client and therapist feelings, intentions, and meanings in each specific speaking turn—the more general questions of Step 2 invite a broader synthesis of observations and impressions that bear on the therapeutic relationship, as well as the possibility of reconstruing the focus of therapy and the direction of future interventions in light of the journaling.

Optional Extension

Although the above procedure can be followed usefully enough guided only by the instructions in Appendix A, resulting in personal processing of a therapy segment by the supervisee, the exercise can take on greater depth when the supervisor offers some written feedback on each trainee’s journaling, with the invitation to contribute a closing coda by the supervisee in response. In this fashion the personal becomes interpersonal, contributing to further dialogue within the

supervisory dyad or team. In keeping with Guiffrida's (2015b) injunctions, it is important that supervisor comments not degenerate into an evaluation of the trainee's responses as "good" or "bad" (or more subtle variations on this theme) or consist of simple reassurance, in the case of therapist self-criticism. Instead, the goal is to remain descriptive, probing, propositional, and creative—especially when the supervisee has risked the vulnerability of sharing his or her uncertainties, anxieties, or impasses with the supervisor. The illustration that follows strives for this balance of candor and respect, leaving the ultimate responsibility of what to make of the exercise to the supervisee in his closing commentary. For the sake of confidentiality, all identifying information for both client and therapist has been disguised in the otherwise verbatim commentaries of the therapists that follow.

CASE EXAMPLE: SKATING ON THE ICE

Brian is in his fourth year of training in clinical psychology and his third as a psychotherapist. His client, Jeannie, is in her mid 20s and seeking therapy for the second time to sort out a history of troubled relationships, including several abusive relationships; she wants to "develop more self-confidence." Following the two-step process, Brian focused on the series of questions with which he opened their 12th session of therapy and chose to integrate his thoughts into a single flowing narrative. The comments that follow are Brian's in response to the various questioning prompts.

Step 1: Deconstructive Listening

What Question Did You Ask Your Client?

The question I decided to begin my session with was, "What were your reactions to the last session?" To provide a little context, this is a client I've had some frustrating sessions with recently, wherein I've felt the client wasn't actually talking about anything that was important to her in session. In our previous session, she had spent the majority of the time talking about superfluous topics that didn't seem all that relevant as to why she was in therapy. I admittedly felt frustrated with her and also frustrated at myself because the previous session felt like I was more of a "buddy" than her therapist, and in this session I was hoping to get to the bottom of what was going on. After asking her what her reactions were, she immediately acknowledged that she was "rambling," and so I agreed and then my next line of questions was meant to probe what was going on with her "rambling" (e.g., "What's going on with that?" "What do you mean 'just talky'?" "So you think it's an attention issue? Is there anything else that might also play a role?").

What Was Going On for You When You Asked That Question?

What was going on for me before I asked the first question was that I was nervous about even asking the questions. I like my client and felt that we had had some very productive sessions, and I didn't want to seem hostile or as if I was reprimanding her. I'm also a conflict-avoidant person and felt that in a way I was confronting my client, and that made me uncomfortable. Although I

attempted to make sure it didn't come through (and I think I was successful in it), I was also a little frustrated with my client. I felt a little invalidated last session and in a few previous sessions because I felt that in treating me as a "buddy" it was insulting to me as a therapist. I in no way think she meant to insult me, but I couldn't help be a little miffed with her playfulness. I was also frustrated with myself because I felt that I was also to blame, because I wasn't doing enough to disrupt the playfulness and at times may have even done things that encouraged it, such as making a joke or laughing at her jokes.

What Were You Hoping to Learn From or Accomplish With That Question?

What I was hoping to accomplish was to get to the bottom of why, when I removed some of the structure from therapy, she used the time to talk about superfluous activities and seemed to make light of anything serious in therapy.

How Did the Client Respond to the Question, Verbally and Nonverbally?

Nonverbally I did not notice any explicit behaviors. Surprisingly to me, she did not appear uncomfortable. I would say that the playfulness was no longer there and that she was devoting a more serious demeanor toward the conversation, as denoted by her tone and pace of voice. Verbally she did agree with my sense that in the past few sessions we had been "skating on the ice" (her metaphor) instead of going down below the surface, but I think she herself was not exactly sure of why that was.

How Do You Think the Client Reacted Internally to That Question?

Although it's difficult for me to say, I think she might have felt a little awkward. My hope was that she would not perceive me as the scolding therapist, but it's possible she may have felt a little sense of that. In the past few sessions we've had, she has had a couple of cancellations interspersed in, and I'm not sure if our conversation played a role in it or if she cancels when she feels she doesn't have anything substantive to talk about, and I am curious about why she's had more cancellations recently.

If You Could Say Something Different There, What Might You Say?

If I could say something different, I think I would have been a little more open ended with some of my questions and tried to get a more definitive answer out of her. For example, I asked her if it was possible that the reason she spent time talking about superfluous stuff was to avoid talking about the deep stuff because it was painful, and her response was, "It's possible." That exemplifies some of her other responses in therapy, where it's a kind of muddled, nondefinitive answer. I would like to get more of a "take charge" kind of answer out of her because I feel it relates to some of her goals in therapy (e.g., gaining more confidence) and her history (e.g., abusive relationships). I also think at times I will start with an open-ended question and, instead of leaving it there, I'll tack on a closed question that unnecessarily moves the client in a certain direction.

Step 2: Taking Perspective

In response to the following prompts, Brian then reflected on the bigger picture of his interaction with Jeannie.

How Were You Feeling About the Client During This Segment?

I had a mix of emotions. I was frustrated but also genuinely curious about what was going on. I also felt a little guilt because I do like her and I didn't want to make her feel uncomfortable, but I felt it was more important to the therapy that I ask those questions.

What Do You Think the Client Was Trying to Communicate to You?

I believe that she was trying to communicate that she genuinely didn't know why she was "skating on the ice." In a way she has said that's part of why she's coming to therapy, in that she feels she never has dealt with her inner demons. And my sense of her is that, for her whole life, she has been trying to laugh off some very bad things that have happened to her, so her behavior in session is perfectly understandable. I expected her to know the reason why she was so hesitant to talk about the big stuff, but looking back on it, it makes sense, based on her life history, why she would be unsure. I think it's an ingrained habit.

How Did You Want the Client to Perceive You?

There were several ways I wanted to be perceived and also didn't want to be perceived. Foremost, I didn't want to be perceived as hostile, mean, or scolding. I wanted to be perceived as caring but also serious. In this interaction and in others, I think I've wanted to be perceived as her therapist and not as a friend she might go grab coffee with.

Do You Recall Any Other Thoughts Going Through Your Mind as This Occurred?

Most of my thoughts were related to genuine confusion (e.g., Why does she not know what that's about? Is she being honest?). There was a part of me that was wondering whether what was going on was that she had made progress in therapy and didn't need it anymore (and that came up later in session).

If You Could Go Back and Do It Again, What Might You Do Differently and Why?

If I could go back and do it again, I would try to spend more time focusing on and exploring her own inability to identify what accounted for her "rambling," and try to identify whether that fit in with the larger themes in her life (e.g., feeling lost and directionless). I may have tried too much to offer her possible explanations with which she agreed/disagreed, rather than having her steer the ship.

Supervisor Feedback

Responding in writing via email to Brian's reflections, his supervisor (RAN) wrote:

I appreciate the depth and candor of your reflections on this segment, Brian, which bear so clearly on the essential relational conditions that can make therapy fruitful or fruitless. I was struck by your recognition that your own mixed feelings (frustration at the superficiality of recent sessions, guilt over possibly abetting this, a desire to be seen as a competent therapist rather than a "buddy," a tendency toward conflict avoidance) were matched with what you understand to be your client's own conflicted positioning in the therapy (a need to "laugh it off," to "skate on the ice," but also to secure the safety of the relationship through "meek" responses against a backdrop of abuse in other settings). Perhaps the ambivalent character of the Q&A (e.g., hoping for her to adopt a more "take charge" attitude, while also asking more closed-ended questions) is an understandable compromise solution to these interwoven intentions on both sides.

Several of your responses suggest a way forward through this complex double positioning. One is your apparent use of the client's language (e.g. "rambling," being "just talky") rather than your introducing these terms, which could feel judgmental. You also bravely chose to "interview the resistance," even if you were a little uncertain about how to carry this out. Doing so seemed to pay preliminary dividends in your client's more serious demeanor and her surprising nondefensiveness or comfort. Given this opening, here are a few additional ideas about how you might extend such promising beginnings to help her encounter her own implicit intentions behind the recent superficiality.

1. **Explore the unstated contrasts.** Once she has identified the behavior in response to your query about "what was going on" (e.g., just rambling or talking), you might ask her, "What would be there if the rambling wasn't?"
2. **Perform the resistance.** Alternatively, you could invite her to ramble intentionally for a few minutes, as you simply listen nonjudgmentally, and then ask her to pause silently for a few moments, perhaps with eyes closed, and meditate on the question, "How am I feeling right now? How would that feeling change if I allowed more silence?"
3. **Listen for the prosymptom position (PSP).** Following the above, you could ask her to share this feeling if she is willing to, or to acknowledge to herself and to you that she would rather not do so. In the latter case, a further query might take the form of a sentence stem that she could complete: "The truth is, it feels better to ramble than to . . ." or, "Even though I want to give attention to some serious things, in fact I feel that I mustn't, because if I did, then . . ." You get the idea. Often, asking without comment for a second and third response moves the conversation to deeper levels.
4. **Thaw the client's metaphors.** "Skating on the ice" is highly imaginative and evocative as an image. You could invite her to close her eyes and conjure it as clearly as possible: Where is the skating taking place? Is it a skating rink, and if so is her performance Olympic figure skating for an audience, a race toward (or away) from something, a competition? If she slowed down, what would happen? Or is she skating on a lake or pond, and if so, what is beneath the ice? What would happen if she fell through? Are there other people in the image, and if so, where are they and what are they doing? Where are you? What is she hoping (and fearing) you might do? You get the drift. You would never ask such a

barrage of questions, of course, and you would not frame them in a close-ended way, but rather follow her lead in response to an open probe, allowing each of you to be surprised by what comes forth. You could then be in a better position to understand together what is needed, and what she is ready for—from life, therapy, and you.

5. **Consider the role relationship.** Why might she opt for this form of relating, for good historical reasons? What can she recall about how she came to draw on this joking, storytelling style in relation to another, and how has it worked for her? Is it a way of not doing something else, or discouraging another—in this case, you—from some sort of behavior? What is it important to seek? To avoid? If she is hesitating adopting the more serious demeanor more fully or consistently, is she doing so because this is a relatively unknown form of relating, one marked by a confusing form of both intimacy and safety, or is she specifically avoiding something she fears within her or between the two of you? And is there a part of you that actually welcomes the playful repartee, that easily reciprocates, even if another part presses for earnestness? Alas, we are complex beings, and consistency is more of an uncertain achievement than a safe assumption!

In summary, I appreciate how you use your sense of frustration as a guide to probe more deeply into what is going on in your client, in you, and in your relationship, as you strive to move beyond this comfortable/uncomfortable impasse to learn what comes next. Perhaps it will be a mostly satisfying completion of a useful therapy. Or perhaps it will be an opening to another level of the work. But almost certainly, it will be a process that enhances your skills as a therapist to see beyond the surface forms of relating to their deep necessity, and the prospect of their transformation into something brave and necessary in the life of a client yearning for its appearance.

Supervisee Closing Reflection

After reading the supervisor comments, Brian formulated the following closing reflection on his work with Jeannie and on his development as a therapist:

I found the “questioning our questions” activity an informative exercise. It helped me step out of the usual frame of therapy and examine it from another perspective. Even though the observation was still through my own eyes, the focus of the observation shifted. I think it’s so easy to get focused on what the client is doing that it’s common to forget to look at what we as therapists are doing. And the focus became not just about what I did, or how I could do it better, but *why* I did what I did, something that at times gets neglected. I think this exercise can be particularly helpful with beginning therapists because of the tendency to use questions as a “filler” in session when we’re not quite sure what else to do and may tend to ask questions aimlessly. The exercise also helped bring forth some of the hidden layers that were going on inside of me when I was interacting with my client and helped connect the dots between how we began the session and how the session ended. There were times when I realized I either should not have asked a question or should have framed the question a different way. What I felt was particularly helpful and interesting about the exercise is that it goes beyond the surface level of therapy to look at the underlying driving forces that were motivating me as a therapist, something that some supervisors in my experience have been reticent to explore. It’s an exercise I plan to use as I continue to grow as a therapist.

Reflections on Reflections

As one implementation of a constructivist supervisory style that values the cultivation of trainee self-reflection, relational awareness, deep empathy for clients' struggles, and creativity in envisioning alternative therapeutic strategies, our adaptation and extension of Guiffrida's (2015b) technique strikes us as a useful complement to video review of clinical performance. Although compatible in tone with the usual group supervision process, it gives even greater compass to trainees to take the lead in analyzing and deconstructing their own in-session behavior, but from a stance of self-awareness rather than self-criticism. Significantly, it frequently begins with a sense of frustration or discomfort on the part of the therapist that informs his or her selection of a case or segment of a session that feels in some way problematic. This helps ensure that the trainee is motivated to look deeply into the text of the session, including his or her own explicit and implicit intentions in framing inquiries in a certain fashion. Equally, it prompts supervisees to view themselves through the client's eyes—a core requirement of deep going “role relationships” of all kinds (Kelly, 1955). Although demanding, the recursive, reflexive nature of the questions that scaffold the exercise seems consistently to help supervisees shift to a *meta-perspective* in which they develop greater perspicacity about their role in the working alliance, not infrequently recognizing the contribution of their personal preoccupations or insecurities to impasses experienced in the therapy. However, rather than merely identifying such cycles, the straightforward and compassionate frame of the exercise consistently challenges trainees to find fresh ways forward in light of this new awareness.

When coupled with the option of providing written feedback on trainees' journals, the questioning our questions protocol is no less challenging for supervisors, while affording similar benefits. At base, it requires the senior therapist to indwell the construct systems of trainees in an effort to extend them, rather than merely to critique their performance. Of course, as Kelly (1955) realized, this necessarily entails bringing to bear the supervisor's own professional constructs for “reading” and “doing” therapy, but it also requires that such constructs be held in a propositional, nondogmatic way. In the case of the present supervisor (RAN), this theory of therapy represents a unique amalgam of personal construct theory (Kelly, 1955) and its experiential variations (Leitner & Faidley, 2002), along with coherence therapy (Ecker et al., 2012), emotion-focused therapy (Greenberg, 2010), and a range of other constructivist, humanistic, narrative, and systemic perspectives (Neimeyer, 2009; Neimeyer & Winter, 2006). Many of these approaches can, of course, be read between the lines—and sometimes quite explicitly *in* the lines—of the supervisor feedback described above. But if it is to truly begin where trainees are, and not simply represent a form of supervisory one-upmanship, such feedback also needs to practice credulity and appreciation for other theoretical traditions, such as the cognitive-behavioral orientation that plays a dominant role in our clinical training program, and hence is a common initial orientation of therapists joining our supervision team.

Although the focus of questioning our questions and its optional extensions is primarily on the development of therapists in training and secondarily on enhancing the therapy they extend to their clients, it can also foster the professional development of supervisors themselves. For example, in rereading the supervisory feedback provided to Brian and other student therapists, it strikes me (RAN) how consistently I am drawn to the intricate cycles of interaction and positioning between client and therapist, how fully I resonate with a perspective

that views symptoms as coherent with the core premises of people's meaning systems, and how deeply I am moved by the bravery of trainees in undertaking the work of becoming psychotherapists. Engaging in the exercise therefore sharpens my own self-awareness as a supervisor and clinician, as well as my alertness to the snags, stumbles, and successes of the students I supervise.

Finally, it is worth noting that further variations in the questioning our questions procedure are both possible and worth exploring. Repetition of the exercise across sessions can help track recurrent patterns or changes in them, whereas comparing the Q&A segments of two different clients seen by the same supervisee can illuminate how similarly or differently therapists engage different clients. Both can foster trainee insight, while also affording supervisors a closer look at supervisee performance and—critically for constructivists—their capacity for self-reflection, emotion processing, relational attunement, and clinical flexibility in the face of possible invalidation by clients. Thus, like constructivist assessment more generally (Neimeyer & Neimeyer, 1993), the questioning our questions technique is intended to be developmental and change generating for the supervisee, rather than a strictly neutral and nonreactive technique of evaluation for the benefit of the supervisor. At the same time, it can provide a clear window on many of the performance criteria on which a constructivist supervisor might evaluate trainees, which is, after all, a core requirement in professional training (Guiffrida, 2015b).

In summary, we have presented a modest extension of one technique we believe holds considerable promise for constructivist clinical supervision and illustrated its use with a therapist in training. We hope that readers will also be intrigued by the promise of this straightforward procedure to deepen the preparation of trainees, as they pursue the noble goal of becoming reflective practitioners.

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APPENDIX 1: QUESTIONING OUR QUESTIONS

Becoming a reflective practitioner entails being able to turn the same level of thoughtful attention to our own participation in therapy as we allocate to our clients. One means of sharpening our self-awareness is to review our recorded session with an eye and ear open to the kind of questions we ask our clients, listening beneath the words to our implicit motivation for asking them. Understanding our intention, we are then in a position to note how the client responded, in a way that deepened, clarified, or advanced our mutual goals; had little effect; or perhaps led to confusion, resistance, or disconnection.

Step 1. Deconstructive Listening

For this supervisory exercise, listen to *six consecutive questions* you asked in a recent session, entering the therapeutic dialogue at a random point or choosing a segment you'd like to analyze more closely—perhaps one that went differently than you'd anticipated or hoped for. Then, for each of the question-and-answer sequences, write brief responses to the questions below:

- What question did you ask your client?
- What was going on for you when you asked that question?
- What were you hoping to learn from or accomplish with that question?
- How did the client respond to the question, verbally and nonverbally?
- How do you think the client reacted internally to that question?
- If you could say something different there, what might you say?

Be sure to address these queries for each of the questions you asked.

Step 2. Taking Perspective

Having analyzed your segment of therapy spanning the six questions, try to develop a “big picture” view of the therapeutic interaction. To do so, for this portion of the session as a whole, address the following questions:

- How were you feeling about the client during this segment?
- How do you think the client perceived you here?
- What do you think the client was trying to communicate to you?
- How did you want the client to perceive you?
- Do you recall any other thoughts going through your mind as this occurred?
- If you could go back and do it again, what might you do differently and why?

Repeating this exercise in future weeks with the same client can help you track intended changes you might choose to implement with that person, just as doing so with another client with whom you seem to have a different sort of therapy relationship can illuminate unique (and malleable) dynamics with each.