The experiences of therapists-in-training with the observation of individual psychotherapy.

Julie S. Kurcias

University of Massachusetts Amherst

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THE EXPERIENCES OF THERAPISTS-IN-TRAINING WITH THE
OBSERVATION OF INDIVIDUAL PSYCHOTHERAPY

A Thesis Presented
by
JULIE S. KURCIAS

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

MASTER OF SCIENCE

May 1994

Department of Psychology
THE EXPERIENCES OF THERAPISTS-IN-TRAINING WITH THE
OBSERVATION OF INDIVIDUAL PSYCHOTHERAPY

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ABSTRACT

THE EXPERIENCES OF THERAPISTS-IN-TRAINING WITH THE OBSERVATION OF INDIVIDUAL PSYCHOTHERAPY

MAY 1994

JULIE S. KURCIA, B.A., UNIVERSITY OF PENNSYLVANIA
M.S., UNIVERSITY OF MASSACHUSETTS AMHERST

Directed by: Professor David M. Todd

The observation of individual therapy sessions through a one-way mirror is common in training and research settings but there has been little research on how it affects therapists, observers, clients, and therapies. The purpose of this study was to explore the experiences of therapists-in-training with the observation of individual therapy sessions. Eight clinical psychology graduate students from one program participated in an interview that focused on their experiences with observing beginning therapists and being observed by other trainees.

Qualitative analyses of the interview data revealed several important points. These clinical psychology trainees found observing beginning therapists to be an invaluable training experience, particularly in helping to reduce their anxiety about becoming therapists. The participants in this study felt that being observed is also a useful experience, but not as crucial as observing others. This study has identified many important questions about
observation that should be investigated further. Finally, recommendations are proposed for observation in training clinics similar to the one included in this study.
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CHAPTER 1

INTRODUCTION

Individual psychotherapy is generally considered to be a very private affair in which clients can feel safe in revealing their innermost thoughts and feelings with the reassurance that only their therapist, with whom they have a special relationship, will know the details of their lives. In fact, one of the attractions of psychotherapy for both therapists and clients is the veil of secrecy that surrounds the work (Goldberg, 1983). Since the early history of psychoanalysis, any intrusion on therapists and their clients has been taboo (Sternberg, Chapman, & Shakow, 1958). Freud contended that the presence of an observer would prevent the formation of the transference.

He [the patient] will make the communications necessary to the analysis only under the conditions of a special affective relationship to the physician; in the presence of a single person to whom he was indifferent he would become mute (Freud, 1943).

Although confidentiality is an extremely important issue, the process of education requires some degree of intrusion into the therapeutic relationship (Goldberg, 1983). In training environments such as the Psychological Services Center (PSC) at the University of Massachusetts at Amherst, therapy is not a private affair, but is shared with peer observers, supervisors, and team members. Techniques such 

1
as observation through a one-way mirror, audio-recording, and video-recording are frequently used as teaching and training tools (Zinberg, 1985). There is a small but substantial body of research literature exploring the effects of audio-recording and video-recording on clients and therapists (e.g., Bierer & Strom-Olsen, 1948; Blackey, 1950; Kogan, 1950; Lamb & Mahl, 1956; Redlich, Dollard & Newman, 1950; Tanney & Gelso, 1972; Van Atta, 1969). However, despite its wide-spread use, there seems to be very little published research examining how live observation of individual psychotherapy affects therapists, clients, observers, and the therapeutic process.

The primary goal of this study was to explore the ways in which therapists-in-training think about observation, how they understand its purposes, and how it impacts them and their work. Therefore, this study was descriptive in nature, its objective being to give in-depth descriptions of therapists’ and observers’ experiences with observation.

Observation with a One-way Mirror

The presence of an observer undoubtedly changes the psychotherapeutic process in some way (Betcher & Zinberg, 1988; Zinberg, 1985), but observation can have positive effects on therapy, the therapist, the client, and the observer (Davanzo, Pruzzo, Sanfuentes, Trivelli, & Wigdorsky, 1990; Goin, Burgoyne, Kline, Woods, & Peck,
1976). Observation, whether through a one-way mirror, or with audio or video-recording, provides psychotherapy trainees with their only direct exposure to psychotherapy before they begin seeing their own clients, aside from their own personal therapy. Therapists stand to benefit from observation as well, by opening themselves up to new ideas. Optimally, as therapists integrate these ideas into their therapies, clients will also benefit from the observation process.

Family therapists have taken the lead in finding new and innovative ways in which to make live observation an integral part of training and therapy (Andersen, 1987; Cornwell & Pearson, 1981; Gartner, Bass, & Wolbert, 1979; Rickert & Turner, 1978; Roberts, et al., 1989; Sperling, et al., 1986). These innovations include the following: 1) making observers active co-workers rather than passive onlookers, 2) using the mirror itself as an agent of change by drawing family members behind the mirror to observe other family members or the treatment team interact (Cornwell & Pearson, 1981), and 3) having the family discuss the dynamics of their interactions with observers (Andersen, 1987). While the group situation of family therapy is more conducive to these strategies than is individual therapy, there may be ways for observers to make valuable contributions to individual therapy cases. One such method
has been used in the PSC. Some teams have made observers more active participants in the therapeutic process by assigning a beginning student to observe a more advanced student, and then to participate in the supervisions for the cases being observed.

While research has shown that productive individual psychotherapy can occur while being observed (Goin et al., 1976), there are important differences between therapies which are completely private, and those which are open to observation. Zinberg (1985) discussed some of the ways in which private interviews differ from "public," or observed, interviews. He said that observation affects the concentration of the therapist, that it changes the social uniqueness of the therapy situation, and that the one-to-one situation may become more like a group situation. In a later paper, Zinberg (1987) wrote about some features specific to private therapies. He stated that in private therapies, each therapist-patient dyad works out specific rhythms, boundaries, attitudes, and judgments, in which the two react exclusively to one another. A point related to this was that in a private therapy, the consciousness of the therapist rests exclusively on the patient, and the consciousness of the patient rests exclusively on the therapist. Zinberg's final point was that even in ordinary social intimate relationships, the presence of an observer
would change how the participants conduct themselves. The therapeutic relationship, which is assumed to have an extremely high level of intimacy, is thought to be particularly vulnerable to intrusion.

Therapists and Observation

Betcher and Zinberg (1988) stated that when a therapist-in-training is observed by a supervisor he or she may feel inclined to "follow orders" at the cost of his or her natural style. In addition, they write that the location of defensiveness may shift from therapist-supervisor interactions to therapist-client interactions. Goin et al. (1976) also discussed the effect of live observation on therapists. The therapists in their study were experienced clinicians who were surveyed about their participation in a seminar in which they were observed by psychiatric residents. They reported initial anxiety about being found inadequate by their observers, but their anxiety waned "after a while." These therapists also reported that an increased awareness of their observers correlated with an unconscious withdrawal from their clients. Furthermore, the therapists felt that they focused more heavily than usual on transference issues and generally worked harder.

The finding that therapists worked harder when observed is supported by studies examining the phenomenon of objective self-awareness. Wicklund and Duval (1971) found
that subjects asked to complete a task in front of a mirror performed at a higher rate than those subjects in a room with no mirror. The authors hypothesized that any condition forcing an individual to focus on himself or herself will cause self-evaluation. This self-evaluation is believed to result in individuals becoming more aware of discrepancies between their present performance and ideal performance, and consequently attempting to attain their ideal performance level. Innes and Young (1975) added that when a task is simple and/or the subject is competent, any manipulation which causes objective self-awareness will lead to better performance. However, when a task is complex and/or the subject is less competent, then the same manipulation may produce interference resulting in a decrement in performance. This last finding may be very relevant to the experiences of therapists-in-training with being observed.

Nelson (1978) conducted a survey of clinical and counseling psychology graduate students, social work students, and psychiatry residents, asking what supervisory techniques they preferred. He found that the top two choices were video-taping and direct observation. Apparently, despite the possible drawbacks to being observed which were discussed above, many students find it useful.
Clients and Observation

I found only 3 studies which described how clients feel about being observed through a one-way mirror. Van Atta (1969) found that more than 25% of 89 clients would reject counseling for personal problems, rather than have their sessions observed through a one-way mirror or recorded with a television camera. These same subjects reported that they would find audio-recording only "minimally inhibiting." Goin et al. (1976) reported that 11 of 12 clients whose therapy was observed found therapy to be valuable, and 8 described significant positive changes. A few of these clients wondered if their therapists would have been freer to be more giving without observation but did not believe they significantly altered their approach. Some of these clients reported more embarrassment and hesitancy in revealing affect-laden material. Being observed delayed the emergence of such material but did not prohibit it. Finally, Persaud (1987) wrote about family therapy clients' reactions to being observed. Based on the existing literature and his experience as a family therapist, Persaud speculated that by increasing self-awareness, a one-way mirror, even without an observer, may make it more difficult for clients to discuss intimate and potentially unhappy aspects of themselves.
Observers and Observation

Davanzo et al. (1990) compared observers' reactions to observing through a one-way mirror versus observing in the therapy room. Those who observed using the mirror felt protected but more distant from the therapy process, and tended to favor observing in the room. The investigators reported that the observers benefited from the experience by obtaining an overall impression of the development of a session. Goin et al. (1976) reported on a training seminar for psychiatric residents in which residents observed experienced therapists from behind a one-way mirror. The residents felt that the seminar was the second most important experience in their training, after supervision. They were relieved that even for experienced therapists therapy can be long and tedious, and felt reassured that they were not failing their patients. The residents were also relieved to see that in the hands of experienced therapists therapy was not directionless.

Audio-recording

Literature on audio-recording and video-recording is included in this review because some authors (e.g., Betcher & Zinberg, 1988; Zinberg, 1985) have asserted that observation with a one-way mirror and the use of audio-visual aids have basic similarities. They both move the therapist-client interaction into a more public domain and
thus arouse reactions which may vary in intensity but which share many characteristics.

One consistent finding of studies investigating how audio-recording impacts clients and therapists is that therapists experience more significant effects than their clients (Gill, Simon, Fink, Endicott, & Paul, 1968; Wallerstein & Sampson, 1971). Several studies found that clients rarely object to having their sessions audio-recorded (Bierer & Strom-Olsen, 1948; Blackey, 1950; Haggard, Hiken, & Isaacs, 1965; Kogan, 1950; Lamb & Mahl, 1956; Redlich, Dollard, & Newman, 1950) while therapists are uncomfortable (Blackey, 1950), anxious about exposing their work to others (Bogolub, 1986), and concerned about how the recording would affect the therapy and their clients (Haggard, Hiken, & Isaacs, 1965; Redlich, Dollard, & Newman, 1950).

Several investigators who studied the effects of audio-recording on therapy concluded that the therapeutic process is not significantly distorted by recording (Blackey, 1950; Haggard, Hiken, & Isaacs, 1965; Kogan, 1950). However, Roberts and Renzaglia (1965) found that therapists who were being trained in client-centered techniques were less likely to use these techniques when being recorded, and felt freer to use what they had learned when they thought they were not being recorded. They also found that clients made more
favorable self-references when they thought they were being recorded, and more unfavorable self-references when they thought they were not being recorded.

**Video-recording**

The published research indicates that video-recording may have a greater impact on the therapeutic process, clients, and therapists than audio-recording does. Sternberg, Chapman, & Shakow (1958) claimed that "filmed records in much greater degree than sound records bring into focus the long-established tradition that no one but the therapist and patient be a witness..." (p. 196). Following this line of reasoning, one would assume that observation also has a greater effect on therapy and its participants than audio-recording does.

Van Atta (1969) found that 33% of a group of 89 clients would reject counseling for personal problems if video recording was done for supervisory or research purposes. As stated before, these clients felt that audio-recording would be "minimally inhibiting," and more than 25% of them would reject therapy if they were observed through a one-way mirror. Tanney and Gelso (1972) studied counselor-client dyads under three recording conditions: audio, video, and no recording. They reported that the non-recorded clients found counseling more stimulating than clients in the other 2 groups, while clients in the video group found it the
least stimulating. Gelso (1973) found that video-recording inhibited self-exploration in clients with personal problems and resulted in lower client satisfaction. Goldberg (1983) wrote about the resistance of therapists-in-training to the use of video-recording. He stated that although the same basic fears (i.e., being scrutinized by peers and supervisors) are present in the use of process notes or audio-recording, video presentations offer fewer opportunities for refuge.

**Therapists-in-Training**

Several authors have claimed that the anxiety associated with observation and recording is especially intense for therapists-in-training. For example, Covner (1942) found that 7 of 33 counselors reported "undesirable" reactions in knowing that their interviews might be recorded and listened in on (undesirable meaning that they were so distracted that the session was disrupted). All 7 were in the group described as having "less experience." Also, Redlich, Dollard, and Newman (1950) stated that it is more difficult for students to bring their method into the open. Goldberg (1983) wrote that students of psychotherapy are in a particularly vulnerable position, and that asking students to be video-taped is threatening and is usually met with a great deal of anxiety and resistance.
One challenge for the therapist-in-training is to learn to be an active participant in each session, and to simultaneously evaluate what is happening in the room. One author speculated that the presence of an observer would facilitate the development of the observing self because the therapist could align himself or herself with the observer, and thus be able to view the situation more objectively (Copperman, 1990).

Summary

Despite the frequency with which observation of individual psychotherapy using a one-way mirror is used as a teaching, training, and research tool (Zinberg, 1985), there seems to be relatively little published research exploring how observation affects therapists, clients, observers, and the therapy. This small body of observation literature, and the literature on recording, indicates that observing individual therapy does affect therapists, clients, observers, and the therapeutic process. However, the literature rarely goes much beyond stating whether observation and recording have an effect. Most of these studies describe therapists’ and clients’ reactions to observation and recording in simple, brief statements, for example, that clients accepted audio-recording, that therapists were anxious about being observed, or that the
therapy was not disrupted. Observers are rarely mentioned in this literature.

For many therapists-in-training observation is an integral part of their education (Zinberg, 1985), yet only 2 studies discussed how observation affects students. Both of these studies involved students observing experienced therapists (Davanzo et al., 1990; Goin et al., 1976). There does not seem to be any published literature addressing how therapists-in-training experience being observed by others. Additionally, research examining the experiences of psychotherapy trainees with observing beginning therapists is missing from the literature. Therefore, there are no published studies which investigate situations like the one in the PSC, where therapists-in-training observe each other. Observation is a potentially important component in the development of therapists, and thus deserves attention.

This study provides intensive descriptions of therapists' and observers' experiences with observation of individual psychotherapy through a one-way mirror. My approach to this study was exploratory and I have addressed a wide range of questions about observing and being observed under these conditions.
CHAPTER 2

METHOD

Subjects

Participants were 8 therapists-in-training in the clinical psychology program at the University of Massachusetts at Amherst. In order to participate in the study therapists-in-training had to have had no formal training in psychotherapy prior to entering the clinical psychology program, and one or both of the following experiences: 1) observing individual psychotherapy conducted by one or more therapists-in-training in the PSC, and 2) having their own individual psychotherapy cases observed by one or more trainees in the PSC. All active students in the clinical psychology program who were available on campus during the spring semester of 1993 received a letter informing them of the project (see Appendix A), as well the Observation Information Form (see Appendix B) which requested information about the extent of their experiences with observation. They were also asked to indicate whether they were interested in participating in the study. Thirty-two letters and forms were distributed and 22 forms (69%) were returned. An overview of the responses to the Observation Information Form is presented in Tables 3-9 (see Appendix C).
Of the 22 therapists-in-training who returned the form, 20 were willing to participate in the study. In choosing the 8 participants I made an effort to select those students who had the greatest number of observation experiences, both as observer and as therapist. I tried to represent different year levels in the sample. Tables 1 and 2 (p. 16) summarize some of the relevant characteristics of the sample. There are some discrepancies between the characteristics of the research sample (Tables 1 & 2) and the results of the Observation Information Form (Tables 4-9) because some of the participants had acquired more observation experience by the time they were interviewed.

All of the participants had observed during their first year in the program; 2 participants observed in subsequent years as well. The majority of therapists whom the participants observed had one year or less of clinical experience. However, 4 of the participants had the opportunity to observe 1 therapist with more experience. The most experienced therapist any of the interviewees observed had 5 years of therapy experience. All 6 participants who were beyond their first year in the program were observed during their second year. One interviewee was observed in the third year as well. The participants had been part of a wide variety of therapy teams. Two were on a family team during their first year, and several different
Table 1

Cases, Sessions, and Therapists Observed by Respondents

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Year</th>
<th>Cases</th>
<th>Sessions¹</th>
<th>Therapists</th>
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<tr>
<td>Kevin</td>
<td>2</td>
<td>3</td>
<td>A,C,C</td>
<td>3</td>
</tr>
<tr>
<td>Bill</td>
<td>2</td>
<td>1</td>
<td>B</td>
<td>1</td>
</tr>
<tr>
<td>Phyllis</td>
<td>3</td>
<td>2</td>
<td>B,B</td>
<td>2</td>
</tr>
<tr>
<td>Mike</td>
<td>1</td>
<td>5</td>
<td>A,A,A,B,C</td>
<td>2</td>
</tr>
<tr>
<td>Peter</td>
<td>3</td>
<td>3</td>
<td>B,B,D</td>
<td>3</td>
</tr>
<tr>
<td>Doug</td>
<td>1</td>
<td>2</td>
<td>D,D</td>
<td>2</td>
</tr>
<tr>
<td>Nina</td>
<td>5</td>
<td>3</td>
<td>A,B,B</td>
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<tr>
<td>Sharon</td>
<td>2</td>
<td>4</td>
<td>A,A,B,B</td>
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Table 2

Number of Respondents' Cases and Sessions Observed by Others and Number of Trainees and Supervisors That Observed Them

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Yr</th>
<th>Cases observed</th>
<th>Sessions observed¹</th>
<th>Trainees who observed</th>
<th>Supervisors who Observed</th>
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<tr>
<td>Kevin</td>
<td>2</td>
<td>2</td>
<td>B,C</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Bill</td>
<td>2</td>
<td>2</td>
<td>A,C</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Phyllis</td>
<td>3</td>
<td>2</td>
<td>B,B</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Mike</td>
<td>1</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Peter</td>
<td>3</td>
<td>1</td>
<td>C</td>
<td>2</td>
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<tr>
<td>Doug</td>
<td>1</td>
<td>0</td>
<td></td>
<td>0</td>
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<tr>
<td>Nina</td>
<td>5</td>
<td>2</td>
<td>A,A</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Sharon</td>
<td>2</td>
<td>3</td>
<td>A,B,C</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

¹Number of sessions was coded as follows: A = 1-4, B = 5-12, C = 13-16, D = 17 or more
models of adult, individual therapy teams are represented in the sample. These models will be discussed in the following chapter.

Students from the more advanced year levels in the program are not well represented in the sample for two reasons. First, all but one of the 5 potential participants who were beyond the third year of study had very little experience with observation in the PSC. Second, 3 of the 5 advanced students indicated, either on the Observation Information Form or verbally, that they did not remember much about the times they observed others or were observed. As a result I chose to include only 1 advanced student in the sample.

Two participants were first year students. I opted to include them despite the fact that they had not yet begun seeing clients and therefore had not been observed doing therapy. Both of the first year students had been observing more than one individual therapy case on a regular basis for several months. I wanted to get their very current perspectives on observing others as the other 6 participants would be giving retrospective accounts of what it was like to observe. One of these first year students had expected to begin seeing clients and to be observed by May, 1993. He agreed to participate in a second interview about being observed once he began working with a client.
Unfortunately, due to the unusually low census in the PSC over the subsequent months, this student did not begin working with a client in time to be interviewed about being observed.

Once I selected the therapists whom I wanted to interview I spoke with each one, either in person or on the telephone, and described the study in more detail. I gave them the opportunity to ask questions about the project and what was required of them. Once they agreed to participate I scheduled an interview and asked that they think about their experiences with observation before the interview.

**Setting**

All 8 participants were taking part in clinical activities, either seeing clients or observing therapy, in the PSC. The PSC is a training facility for graduate students in the clinical psychology program at the University of Massachusetts at Amherst. Pre-doctoral graduate students are the primary service-providers in the PSC. The clientele of the PSC includes individual adults, children, adolescents, couples, and families. The PSC provides services to students and staff of the University of Massachusetts at Amherst and to members of the surrounding communities.

Clinical students are either assigned to teams or to individual supervisors. First and second year students are
always assigned to teams while more advanced students can indicate their preference. Individual therapy teams are lead by clinical psychology faculty members. Full-size individual therapy teams typically include an advanced graduate student or psychology intern who serves as a teaching assistant. These teams have approximately 4 student therapists and 3 first year students. There are also smaller "mini-teams" which do not include a teaching assistant, and might have 3 student therapists and 2 first year students. Teams meet once per week during the academic year. In addition, most individual therapy teams are structured so that therapists receive two hours of individual supervision per week, although some team leaders have tried different formats for supervision. The various team models for supervision will be discussed further in Chapter 3.

All individual therapy teams in the PSC give first year students the opportunity to observe more advanced students conducting individual therapy. Some team leaders require first year students to observe while others present it as an option. More will be said about the different ways that observation is incorporated into teams in the next chapter.

Each therapy room in the PSC has a one-way mirror and an adjacent observation room. In 2 of the 3 individual
therapy rooms the mirror is quite large, spanning the width of the room. The third individual therapy room’s mirror is somewhat smaller. The therapy rooms are all equipped with microphones and the sound systems are controlled from the observation rooms.

**Development of the Interview**

The interview (see Appendix D) was developed based on questions which arose from my reading the literature on the observation and recording of psychotherapy, and from my own experiences with and interests in observation. I conducted 1 pilot interview with a clinical psychology graduate student who was not eligible for inclusion in the study. This student offered helpful suggestions, particularly about rephrasing several of the questions, which were incorporated into the interview.

**The Observation Interview**

The major topic areas explored in the interview were: 1) various aspects of the experience of observing others, 2) ways in which observing others affects one’s own work with clients, 3) trainees’ expectations about being observed, 4) various aspects of the experience of being observed, and 5) recommendations regarding the system of observation in the PSC. The entire interview was conducted with 6 of the 8 participants and took approximately 1-1/4 hours. When I interviewed the 2 first year students I rephrased the
questions about the impact that observing has on one’s own clinical work (Part II B), and asked how they thought observing would affect their clinical work once they began. Questions 1 and 3 of Part III A were modified for the first year students, and question 2 was omitted. Parts III B and III C were left out entirely. This abbreviated interview took approximately 45 minutes.

Procedure

Before beginning the interview I asked each participant to read and sign an informed consent form (see Appendix E). I explained that the interview would be semi-structured in nature, that I had questions I wanted to ask them, but that they should feel free to bring up anything about observation that they felt was important. My questions served as a framework for the participants and me to explore their experiences with observation. The interviews were collaborative in nature, and I often shared aspects of my own observation experiences with the participants. Whenever I did not completely understand a response, I asked participants for clarification.

While all of the interviews were audio-taped, I assured participants that their confidentiality would be protected, as well as the confidentiality of their clients, supervisors, observers, and the therapists and clients they observed.
Approach to the Data

The data were analyzed qualitatively. Verbatim transcripts were made of each interview, eliminating identifying information. I read each transcript twice in order to become familiar with the themes of the interviews. Subsequent to these readings I outlined the topics I planned to cover in the "Results and Discussion" section, assigning a code number to each of the respective topics. Since I was interested in a broad view of the participants' experiences with observation rather than a definitive view of a smaller range of issues, I decided not to have a second person code the interviews. Next, I went through the transcripts and identified sections of the interview text which addressed the various topics. I wrote the corresponding code number from the outline in the transcript margin next to the text. After all of the interviews were coded in this way I reviewed the coding scheme in an effort to pick up things that were missed the first time through and to verify the original coding. Several changes were made in the coding upon this review. Some of the original topics in the outline were divided into several sub-topics and the coding was changed accordingly. Also, 4 new topics were added to the outline and coding was changed to accommodate these additions. After the coding was completed I went through each individual topic in the outline and summarized the
types of statements the interviewees had made about each. These summaries were used as the basis for describing the results of the interviews. Quotations are used to help illustrate the themes that emerged from the interviews.

My own perspective and experiences with observation have undoubtedly influenced the way I organized and interpreted the data. I have presented the results in a way that stays close to the data. The quotations presented in the following chapter are intended to support my own interpretations and to give the reader an opportunity to compare his or her judgments to mine.
RESULTS AND DISCUSSION

Observation in the PSC

Before discussing how therapists and observers experience observation I will describe the context within which observation occurs, and will consider how this context shapes the experiences of therapists and observers.

Individual Therapy Teams

The interviewees had participated in teams with very different structures and different attitudes towards observation. Their experiences on these teams are sure to have affected their views about observation. Participants who had been on individual teams where observation was encouraged or required, or on a family team, may be more open to being observed, while those who had not been on such teams may not be as open to sharing their work.

The type of individual team described most often by the respondents is one in which observation is optional but strongly encouraged by the team leader, and where observers participate in team meetings but not in supervision. In less typical teams, observation is more integral to team structure. One way this occurs is by making observation mandatory and pairing observers with particular therapists. The observers then participate in team meetings and in
supervision. One mini-team was described in which supervision took place during the team meeting and the observer was a very active participant. There were a few teams described in which observation was an option but the team leader did not encourage it, and it rarely occurred. There seems to have been a trend away from such teams in the PSC over the last several years, with the exception of summer teams. Observation does not seem to be an important component of summer teams, probably because during the summer all team members have clients (to the extent that clients are available), and most have already observed for several months.

The Therapist-Observer Interaction

There does not seem to be much variation in how therapists and observers interact in the PSC. All 8 participants reported meeting with the therapist or observer immediately following the therapy session to discuss what happened during the hour. The length of these meetings differs from pair to pair, ranging from 5-10 minutes to 30 minutes. The meeting period reported most often by the respondents was 10-15 minutes. One observer said that he met with the therapist briefly before each session to talk about what might happen during the session, and to give the therapist a "pep talk."
In typical post-session meetings observers ask questions about what therapists did during the session, about what they were thinking at particular moments, and make comments about clients. Therapists often ask observers to share their impressions of clients and of particular interventions. Therapists and observers compare their general impressions of sessions. These meetings were described by several respondents as being supportive and collegial. Less typically, therapists share their frustrations with observers, and observers predict what will happen during the next session.

Peter and Phyllis said that when they first began observing they did not know what to say to the therapists after the session because they felt they had nothing to offer. Phyllis described how she felt:

I didn’t have any experience so sometimes it was hard for me to even know how to process the material...when you are with someone who has a lot more experience than you like this older, this fourth year student I was observing, um, I wouldn’t be surprised if at times I felt like I didn’t feel like I had that much to offer. Because she was so much far ahead in terms of experience and uh, clinical sophistication.

Phyllis observed a second year student as well and said that she felt "more at ease" with the less advanced student.

Peter also observed advanced and second year students, but he did not make a distinction between how he felt about talking to them. It is understandable that some first year
student observers might be more intimidated by advanced students than by second year students.

**Observers and Observation**

The Observation Interview included questions about the participants' experiences with observing other trainees. Some of these questions were quite general while others inquired about specific aspects of observing others.

**Describing the Experience**

In describing what it was like to observe, the participants spoke about their level of interest in what was going on, and how they felt while observing. Several spoke about observation as a fascinating, engrossing, interesting experience. Mike described it in this way:

I'm almost engrossed in, almost like a sporting event, where I'm like totally into it and it just like goes back and forth and back and forth, and I'm just like with every single part of the whole thing...

Nina also talked about being captivated by what she observed:

I remember being really into it, you know, like really wanting to see what it was like and feeling like, um, I got a lot out of it...I think at the beginning it was really, I found it really fascinating...

Doug commented that he found observing to be "useful and interesting."

In contrast, Bill felt that observing was often boring and that difficult and/or intense moments in the therapy
were more exciting. He was the only interviewee who expressed these feelings about observing. It would be interesting to know whether and how observers like Mike and Nina, who become so engrossed in the sessions, differ in their approach from observers like Bill who are often less involved.

**Observing and Voyeurism.** Most of the other descriptions of what it is like to observe a therapy session had to do with the secretive, voyeuristic aspect of observation. Mike said:

...at times though I do feel almost voyeuristic of what goes on in a session. There's been times where I've felt like I shouldn't be there...

Peter agreed and elaborated:

Um, you know, it was, at first you almost had a feeling like you were a voyeur, um, like you had this feeling like you shouldn't be there... You have this feeling like you're watching something that you almost shouldn't be watching. And that of course made it exciting, you know, I mean this isn't something you get to see every day, you know.

Peter also expressed a fear that the client would see him through the mirror. Phyllis said that she empathized with the client because they did not know they were being observed. Doug stated that there is an obvious voyeuristic element to observing psychotherapy sessions but that he accepts it as part of the process and is not uncomfortable with it. Since most observers do not seem to be as comfortable as Doug was with the voyeuristic aspect of
observing, it might be helpful for team leaders to encourage discussion about what it is like to observe. Such discussion would hopefully normalize the feeling of being a voyeur.

There was a difference in opinion among some of the interviewees as to how the number of observers present affects the voyeuristic aspect of observing. This will be discussed further in the section entitled "Observing Alone Versus with Others."

Observers' Views of Their Role

Almost all of the participants were of the opinion that part of their job as observers was to be supportive of the therapist(s) they observed. Nina said:

I felt like I was really able to give her [therapist] support with that [dealing with a difficult session] and just um, and we could talk, sort of share common experiences and that um, that she seemed to really appreciate that.

Kevin added:

I mean I think as an observer I was trying, as an observer who had no experience doing therapy, I felt like it wasn’t my place to be criticizing.

Mike expressed a similar opinion:

I always feel that the why’s will come with the supervisor and that, and that’s when the why’s should be asked...the why’s I always think are almost more like corrective and that’s not what I feel my role is, to correct, it’s basically to be, to learn and to be supportive.

Other responses demonstrated that observers feel they can make valuable contributions by helping to clarify
therapists’ thinking by providing a different perspective, by giving therapists another setting in which to discuss their work, and by picking up on things that therapists might miss during sessions. Phyllis discussed what she thought she contributed as an observer:

...you’re more distant because you know they’re sitting in the room in that moment with that client, so you might be able to pick up on other things that it’s harder for the therapist in that chair to do because they’re attending to a lot more things that are going on at the same time. Um, so I think that at times the comments that I was contributing was [sic] coming from the fact that I could be more distant.

Most of the interviewees felt that while their input was helpful to the therapist(s) they observed, they did not have any major impact on the therapies. Bill addressed this issue:

I don’t think it [input] had any real direct effect. Um, because I think the therapist was kind of at a higher level of conceptualizing the case than we were observing. So I think any help was maybe more indirect in terms of, by talking through an issue, or by bringing in different perspectives he might have been able to clarify his thinking.

Sharon shared Bill’s opinion:

I don’t remember ever seeing any direct evidence of it [input] in the session so, you know, maybe only in a really roundabout way in that just by having an extra person, um, to talk to about their cases and picking up on things maybe that they had missed, maybe in a real indirect way in furthering their thinking about their client, maybe that way it had an impact on the therapy.
It seems that the typical observer appreciates that therapists often feel vulnerable about opening their work to observation, and try to be helpful in a non-critical manner. As will be seen later, many therapists find such a non-critical attitude to be an important attribute in observers.

**Observers’ Views of Being Involved in Supervision**

Four of the 8 respondents had participated in the supervision sessions of the therapist(s) they observed. Each of these participants reported that attending supervision sessions was a valuable experience that enriched the observation process. They gave several different reasons for why supervision made their observation experiences more positive. Both Kevin and Mike said that being part of supervision made them feel more involved in the therapy process. Kevin added that he felt as if he were helping to direct the therapy:

> I felt like I wasn’t just kind of being able to see what was being done but I was able to contribute and kind of help direct where it was going which felt nice.

He also felt that he learned more by attending supervision sessions than by actually observing:

> And I often wonder like, what is the value of observing somebody who has just started doing therapy if that’s all you get is seeing them in the room with the client and not the supervision which is, which is really where the learning takes, or at least took place for me.
Kevin also felt that supervision changed his way of thinking about therapy by shifting his focus from content to process. Additionally, he said that when observers are not part of the supervisory process, observing becomes more voyeuristic.

Mike said that participating in supervision has made him feel more prepared for seeing his own clients:

...involved [in the therapy process] to the point where I want to see my own clients immediately cause I feel like it's not that big of a step now between me being behind the mirror and me being in the room because I feel like I'm part of the whole system anyway.

Doug thought supervision was helpful because he had more of an opportunity to hear the therapist’s thoughts about the cases he was observing as well as the supervisor’s feedback to the therapist. Sharon said that she got more out of observing when she participated in supervision because it helped to know what the therapist’s goals were before the session.

Mike brought up one negative aspect of being involved in supervision which was that he sometimes resented the extra time commitment required to attend supervision sessions:

And then when it’s not your clients you almost think why am I doing, putting in all this time, but I definitely feel that I’m at a much different point because of that. It’s almost like, you know, parents when they were telling you "shoulds" and then you, you resent it all the way and then you realize, oh well I guess that helped me out, you know.
Peter had not been involved in the supervisions of any of the therapists he observed but speculated that it would have given him insight into what supervision was like and would have made it a less anxiety-provoking experience. He also commented that it would have been "as weird as observing therapy" because he would have felt like a "third wheel."

Overall, the response of observers to being involved in the supervision of the therapist(s) they observed was very positive. Many of their comments indicate that they felt they gained additional insight into the therapeutic process by participating in supervision. As will be seen in a later section about therapists' views of having observers involved in their supervisions, there are drawbacks to this model from the therapists' perspective.

Observers' Views of the Benefits of Observation

The participants discussed two major ways in which they benefitted from observing others. One of these ways was that observing helped prepare them for doing individual therapy, and the other was that it reduced some anxiety about becoming a therapist.

Preparation for Becoming a Therapist. Six interviewees described how observing prepared them for doing individual therapy. Some said that observing gave them a general sense
of what therapy looks like and how you do it. Nina described what she gained from observing:

...it just gave me more of a grounding of like how do you do therapy, and I was really, you know, I was really thinking a lot about whether I'd be able to do it, you know, what would I do when I started and so it really gave me a sense just of how things go, it was kind of like a normal interaction.

Others spoke about the benefits of observing in more narrow terms. Phyllis discussed some of the aspects of therapy that she learned by observing:

I could see interventions that therapists made, um, transferential materials that might have come up in the session, um, how the therapist was relating to the client, just the dynamics in the room.

Nina also discussed a more specific benefit of observing: "I got a real sense of what different approaches were like and what that meant..." Kevin discussed how he learned to use supervisory feedback from the therapists he observed:

...I think the therapists would hear what the supervisor had to say and in the therapy try out their version of it, and I think I learned from that. I think I learned how best to mold what the supervisor style was to fit my style.

Although Kevin felt that he learned a great deal by observing beginning therapists, he wondered whether he would have learned more by observing therapists with more experience:

...I wonder if observing beginning therapists who have, you know, a year's more experience than you do is really all that valuable, um, and I kind of
wish that I had the opportunity to observe, you know, an experienced therapist...

Phyllis made the point that while observing helped her with the more cognitive aspects of being a therapist, nothing could have prepared her for the emotions that she experiences while sitting with a client. She explained:

[observing] Helped me to see clients, uh, mentally I think it did. Emotionally it was such a different experience that it was very hard to translate the experience of being, you know, being an observer and being a participant because it changes everything around...in terms of affectively being in the room I just didn’t assume I would get that from observing someone.

Most of the interviewees reported that they learned something about how to be a therapist from observing other beginning therapists. This indicates that observing beginning therapists is useful as a training tool despite the realistic limitation that Kevin mentioned.

Anxiety Reduction. All 8 participants said that observing others helped reduce their anxiety about beginning to see clients. Kevin described how observing relieved some of his anxiety about doing therapy:

I think the process kind of went from starting to observe and being really anxious about having to do therapy in a year...and as time went on observing and finding out that things calm down...the therapy didn’t seem as difficult or as challenging or as nerve-racking as it had initially, and so then I was kind of eager to start.

Bill described going through a similar process:

So I think it [observing] just kind of, I don’t know, maybe demystified it, or sort of brought it
Doug felt that observing beginning therapists as opposed to more experienced therapists helped relieve some of his anxiety about doing therapy:

...observing beginning therapists and seeing how they were dealing with their anxiety and approach was very useful. I mean it would have been different if I had been observing, you know, some very experienced therapist and I would have thought, wow, the gulf between what they’re doing and I’m doing is so wide...and then I would have felt more anxiety...

Sharon expressed a similar opinion:

...here were people who were only one year ahead of me in this program who were doing it and had clients coming back on a pretty long term basis, and seemed to be getting something out of therapy, and it didn’t seem to be something that was completely unattainable for me. I think that was really good, comforting to see.

These last 2 comments form an interesting contrast to Kevin’s statement about wanting to observe experienced therapists which was presented in the previous section.

Phyllis identified two other benefits of observing others. She said that through observing, beginning students can build a way of talking about cases. Phyllis added that for those students with clinical experience, observing others is a good opportunity to see how different therapists work. Mike commented that observing in his first year gave him a framework for how to interact with the people that would observe him the following year.
The interviewees seem to view observing others as a critical aspect of their training. Both the anxiety reduction and preparation aspects of observing were highly valued by this group of trainees.

Observing Before Versus After Beginning to See Clients. A theme which emerged from the interviewees' comments was that the observer’s level of clinical experience affects how he or she experiences observation, and might determine the particular gains he or she derives from observing. Several participants felt that they were able to get more out of observing once they had begun to see clients themselves. Nina said that before she began seeing clients, observing gave her a sense of what therapy is like. Nina reported that after she began seeing her own clients she used observation differently, paying more attention to the client-therapist relationship, non-verbal interactions, and developing her own hypotheses about what was happening during the session. Several interviewees noted that observing after beginning to see one’s own clients makes it easier to identify with the therapist. This will be discussed in more detail in the section about identifying with the therapist. One participant who had not observed others after beginning to see clients himself said that it would have been useful to have done so because "I would get obviously a lot more out of it." He said that it would have
been an opportunity to "hone skills" and that he "would be getting a lot out of the interaction."

One implication of this difference between observing before and after beginning to see one's own clients is that trainees might benefit from observing experienced therapists after they begin seeing clients themselves. According to some of the interviewees, it is only after beginning to see clients that they are able to focus on the more specific aspects of being a therapist. Also, as Doug stated in the previous section, observing experienced therapists before beginning to see one's own clients could be intimidating.

Observing Alone Versus with Others

All but one of the participants had observed both alone and with other people present in the observation room. While all 7 of these participants felt that the number of observers present affects how they experience observation, there was quite a bit of variation in their responses. The interviewees pointed out several advantages and disadvantages to observing with others. Taken together, there were more positive than negative comments about observing with others.

Advantages to Observing with Others. Three participants said that they became more involved in sessions when someone else observed with them because they shared
ideas while the session was in progress. Peter described this experience:

...it was different in that I liked being able to comment, you know, whisper with the person, if I was observing with someone else. I think it was more productive uh, doing it together then cause you could kind of whisper ideas back, and then bounce them off the therapist after the session.

Nina expressed similar feelings:

I found it to be a lot more interesting when I observed with somebody else in the room and we could talk about things as they occurred.

Sharon described observing with a supervisor and finding the supervisor's comments "very helpful and interesting."

Four of the participants commented that the discussions following therapy sessions were more interesting when another observer was present because there were more perspectives to consider. Bill expressed this view:

I think maybe it [having a second observer present] facilitated, um, maybe talking through things at a little deeper level. Um, because of being able to kind of sort of jump off other people's thoughts.

Two of the participants said that they feel less voyeuristic when someone else observes with them. Peter described this feeling:

It felt a little less, um, voyeuristic when you're with someone else, you know. Cause it's like, well other people are here so that makes it more OK.

Doug expressed similar feelings about observing with others:

I think if there's more people participating it, it maybe reduces the, a little bit the sense of,
you know, sort of secretly, more secretly, more singularly watching something.

**Disadvantages to Observing with Others.** In contrast to Doug’s and Peter’s comments above, Mike reported feeling as if clients were being exploited when others observed with him:

If I’m just in there alone it doesn’t feel as odd, when there’s more people then it feels real, almost the word exploitive, or then, the more people that start coming into the room, the more I feel like, like it’s almost like a gallery watching the, the whole thing, almost like a, almost like a surgeon and all the surgeons watching the whole procedure below, that’s what I almost think that, then it starts getting that feel.

Kevin said that he tended to talk quite a bit during sessions to the person with whom he observed. He found that to be distracting, and stated that he got more out of sessions which he observed alone.

Observers should try observing alone and with others, if they can, to determine which they find more useful. A majority of the interviewees found observing with someone else to be beneficial. Kevin’s comment indicates that there is a limit to the amount of conversation that is useful while observing a therapy session.

**Situations in which Observers Feel Uncomfortable Observing**

A majority of the participants reported feeling uncomfortable observing on at least one occasion. The most common situation in which the interviewees felt uncomfortable was when clients spoke about very difficult,
painful, or personal material. When this happened the participants tended to feel as if they were being intrusive and invading a very private process. Sharon described her feelings about observing such a session:

...when I observed that first client and he was crying and talking about very difficult stuff and I felt like, you know, maybe this really isn't fair, this [observation] system is kind of weird and this is a private thing that's going on.

Mike also discussed his feelings about observing when clients talk about very serious issues:

It's almost like when real serious issues get brought up, or you know that's what the core is, or that's what, you're getting to, to the heart of it, that's when I feel like does this person know that somebody else is also listening to what is going on...

Mike went on to say that observing a client who is very emotional is difficult because as an observer he could not do anything to contain the emotion.

Another situation in which participants reported feeling uncomfortable observing was when clients themselves seemed uncomfortable about being observed. Mike described a session in which a client expressed discomfort about being observed:

When the client is so self-conscious about the person behind the mirror that I'm constantly being brought up...maybe it would be better, that somehow maybe I'm impeding the therapy by being in that room and maybe I shouldn't be there at all.

A few of the participants mentioned hypothetical situations in which they would feel uncomfortable observing.
Some participants said that they would have felt uncomfortable if a client had seen them through the one-way mirror. Other interviewees said that they would have been very anxious and uncomfortable if a client they were observing had asked to meet the observer(s). Peter speculated about how he would have felt about meeting a client:

When I was observing I would've been pretty mortified, you know, cause I don't know what, you know, I wouldn't know what [I: to say...] yeah, cause all of a sudden it would be like being removed from the observer role more into like a therapist role.

Perhaps Peter's dread about meeting a client is also caused by a fear of having to justify his presence behind the mirror.

The participants mentioned a few other factors which affected how comfortable they felt about observing. Peter and Sharon both reported feeling more comfortable observing when the client's back was facing the mirror. Peter hypothesized that he was less concerned about the client seeing him through the mirror in such situations. Mike stated that he tended to feel more uncomfortable observing a client whom he often saw outside of the PSC.

Each of the participants who reported that they had experienced some discomfort about observing (excluding the hypothetical situations), also reported that they talked to someone about it. Most of the interviewees said that they
discussed their feelings with the therapist, and one interviewee talked with her team leader and co-observers in addition to the therapist. None of the participants stopped observing due to the discomfort they experienced.

Occasional discomfort about observing seems appropriate. I would imagine that most clients in the PSC have felt uncomfortable about being observed on at least one occasion. Asking clients to agree to be observed is a demanding request, and one that we should not take for granted. Our own discomfort about observing can serve to remind us of what clients might be feeling.

Whom Does the Observer Observe?

One of the questions I was interested in was whether observers primarily observe therapists or clients. I felt that asking this question in a direct manner would elicit defensive answers. Therefore I decided to ask the participants to describe instances in which they identified with the therapist(s) they observed and times they identified with the client(s) they observed.

Overall it seems that the participants as a group devoted more of their attention to observing therapists than to observing clients. Nina stated this very explicitly:

I mean I think I was really looking more at the therapists than the clients, ever. Um, although, I mean both, both. But I was really looking at it to see more how therapists work.
Mike expressed a similar opinion:

I don't think I've ever kind of imagined myself in the other [in the client's place], I don't think it's been as extensive as the other way around with the therapist.

**Identifying with the Therapist.** When asked to describe instances in which they identified with the therapist(s) they observed, most of the participants described difficult moments for the therapist(s). Kevin described how he felt during such moments:

When the therapist was in the session and a client would ask a difficult question, present difficult material, get very, very emotional, so that you know, if I was imagining myself in that situation, which I would do observing, I would think what would I do, um, God it must be terrible being the therapist in there.

Bill also identified with the therapist he observed during difficult times in the therapy:

I guess what comes to mind is sort of really difficult times or really intense times with his client. Maybe just kind of the feeling like, wow, he's really working in there.

Phyllis described the times that she identified with the therapists whom she was observing in somewhat more detail than the other participants. She reported identifying with one therapist when a client shared a very painful dream, and also identified with the therapist when she was having trouble forming a connection to her client. Phyllis also reported identifying with another therapist when the client related a sexual dream about the therapist.
Two participants said that they put themselves in the therapist’s place during most of each session, not only during the more difficult moments. Doug discussed the extent to which he identified with the therapists he observed:

I think I identified with the therapists a lot because I was trying to put myself in their shoes a lot of the time and to think, well what would I say here or what are they thinking now and why did they say that so, I mean, I would say that most of the time, at least sort of intellectually or clinically I was trying to put myself in their shoes.

Some of the participants felt that their ability to identify with the therapist(s) they observed increased after they began seeing clients themselves. Sharon expressed this view:

I found that as the session was going on I was really putting myself in her [the therapist’s] place constantly and thinking, what would I say here, you know, what would I do here, and I didn’t do that my first year, I just, I wasn’t at a place where I was ready to do that yet I don’t think, I was still just getting an idea of what the whole thing was about, um, so I identified much more, um, with the therapist that I observed after I began doing therapy myself.

It has been my experience that often when PSC clients express anxiety about being observed, one of the ways in which therapists try to assuage their anxiety is by telling them that the observers come to watch and learn from the therapist, not the client. This statement seems to be upheld by the interviewees’ responses that were presented
above. As will be seen in the next section, most observers also identify with clients at times, but their motivation for coming to observe seems to be to watch the therapist.

**Identifying with the Client.** The majority of the interviewees said that they identified with the client(s) whom they observed on at least one occasion. Most typically, the participants identified with clients with whom they had something in common. The 2 participants who said that they did not identify at all with the clients whom they observed both felt this was because they did not have anything in common with these clients.

Some of the participants reported that they shared certain characteristics with a client whom they observed and identified with the client on that level. Bill discussed identifying with a client in this way:

> I think I tend to see, you know you tend to pick up on characteristics that you feel you have, that you see in clients. And I remember this client was very, kind of emotionally reserved, um, really kind of, didn’t really talk about feelings easily. And I guess that’s something I see in myself.

Other participants stated that they identified with clients with whom they shared certain life experiences. Phyllis identified with a client she observed for this reason:

> With this client whose wife had passed away, uh, I think I identified with him a lot. Um, because I had, ah, some relatives that had passed away when I was young.
Even when they did not share similar life experiences, some participants found that they identified with the client(s) they observed on an emotional level. Nina described such an experience:

I remember feeling that with the um, first client that I observed who, um, was, she was grieving, she was dealing with the death of her, I think it was her father and I remember really um, at times, feeling like um, you know, really feeling for her, really feeling like I could put myself in her place.

Another, less common instance in which interviewees reported identifying with clients is when clients become annoyed with the therapist. Kevin discussed how he felt when this happened during a session that he observed:

The client would say, you know, "no, you missed the point," I felt like the client kept saying "no, no, you missed the point, you missed the point." It may not have been direct, but I felt like saying, yeah, I mean, it’s so obvious, you’re missing it. Um, so yeah, I think I could identify with the client in that sense.

In thinking about the purposes of observation, most observers and therapists say that it is to observe the therapist and learn from what they do. However, putting oneself in the client’s place potentially has value as a training exercise. Therapists actively draw on their own life experiences in trying to understand their clients and identify with what they are experiencing. It seems that inadvertently, most of the interviewees also do this when they observe. Team leaders could discuss this aspect of
clinical work with observers and suggest that they think about what they have in common with the client(s) they observe, and how they might develop a connection with the client(s) if they were the therapist.

Do Observers Feel the Need for Supervision?

Most of the participants reported that they had never observed anything which they felt they needed to discuss with a supervisor. There were 3 interviewees who did feel they needed to talk to a supervisor about a case they were observing, and all 3 did so. Each of these 3 participants had very different reasons for seeking supervisory contact. Kevin spoke to his team leader about how he felt like an intruder when he observed a session in which a client discussed very painful material. Peter approached his team leader to discuss the legal issues involved with a case that he was observing. Finally, Doug was concerned about the seriousness of a client’s pathology and wanted to express his concern to the team leader.

Although this group of trainees did not often feel the need for supervision about what they observed, it did happen occasionally. Team leaders should make it clear that they are available to observers to discuss any concerns they might have surrounding the cases they are observing.
Which Aspects of Observation Are Most Helpful to Observers?

The participants differed in their views of which part of the observation process is most valuable. Three interviewees felt that observing the session itself was the most valuable part. Peter explained why he found observation itself to be more helpful than the other aspects of observing:

For me personally probably the straight observation was most helpful. It certainly was also helpful for, you know, to discuss things with the therapist and on team but it seemed that those were more geared towards the half of the package that was helping out the therapist more. I felt what I was getting out of it mostly was, was, um, just getting a chance to see it all.

Four participants felt that discussing what they observed with the therapist, co-observers, and supervisor was more helpful than observing the session itself. Phyllis discussed her feelings about the relative benefits of observing the session versus discussing it with the therapist:

It’s like observing someone could be a little bit like watching a movie, you’re seeing all these things going on, and sometimes it’s just hard to put all that together. The processing helped provide some structure for that, for me to make sense of what I had seen.

Kevin felt that he learned the most from discussing cases in the supervision of the therapist he was observing:

I’m not sure how much I get from actually being behind the mirror and seeing the two interacting, I think more learning took place from having done that and then being a part of the supervision.
One participant stated that the actual observing and the processing with the therapist were equally useful.

Given that learning to become a psychotherapist is quite a complex task it makes sense that trainees differ in their learning styles. It appears that some learn more by observing while others learn more by talking about what they have observed. Therefore, it seems important to include both observation and the discussion of cases in psychotherapy training programs. Another factor which might affect what is most helpful to particular observers is previous experience with psychotherapy. For a trainee who has been in therapy or has had some prior training as a therapist, I would expect that the value of observing without the benefit of processing with the therapist would be diminished. On the other hand, for a trainee who has had no exposure to psychotherapy, observing therapy sessions, even without any discussion, can be a valuable experience.

Therapists and Observation

The Observation Interview included a set of questions inquiring about therapists' experiences with observation. As with the questions about observers' experiences, some were general while others were more specific.

Therapists' Expectations About Being Observed

The interviewees gave a number of different responses when asked what their expectations had been about being
observed before they were observed. Two of the participants had not been observed yet so I asked them what they thought it would be like to be observed. Only 1 respondent reported that he had looked forward to being observed with no reservations about the experience; he said only that he thought being observed would be "very useful." The remaining 7 respondents each expressed some degree of trepidation when describing their feelings about being observed for the first time.

Some participants reported that they were concerned about feeling self-conscious when they were observed, or along the same lines, some thought it might feel like being on stage. In Nina’s discussion of anticipating being observed for the first time she talked about these feelings:

I always felt like it would um, that I always felt that as a therapist I do my best work when I’m not thinking about myself and I’m not self-conscious and I’m really focused on what’s going on and the other person, and like responding to the other person emotionally and that when I’m self-conscious I can’t do that very well and I definitely felt like being observed would make me feel self-conscious and sort of artificial.

Other interviewees spoke about being nervous before they were observed because they were concerned about what the observer(s) would think of them. Bill discussed being worried about how he would look: "Um, so going into it I was kind of nervous about sort of I guess exposing myself like that, and maybe not looking that good." Phyllis
remembered wondering how her observers would judge her therapeutic skills:

...I was the participant now so it was like now they’re watching me and it was a bit of that insecurity, oh God, this is my first client, I have never done this before, and someone else is on the other side of the mirror and I wonder how they are judging this whole exchange.

Another group of participants was concerned about who would be observing them more than the actual fact of being observed. Mike shared his thoughts and feelings about what it will be like to be observed:

Um, I think initially it’s gonna be pretty scary, um, until I get to know the people behind the ah, mirror...Um, so I guess, and I mean it’s gonna depend a lot on the...people...that observe me, I mean if it’s gonna be somebody I won’t get along with then it’s just gonna be awful...if they’re gonna, you know, constantly bombard me with these why did you do this, why did you do that, well I would have done this, I would have done that...why don’t you sit in the chair and I’ll observe for another year or whatever, so it’s gonna depend a lot on that person, how I feel with it.

The impact of the therapist-observer relationship on the therapist will be discussed later in more detail.

Of the 6 participants who had been observed, 5 said that being observed was not as difficult or distracting as they had expected. The majority said that their initial nervousness waned over the first few times they were observed. Nina was the only interviewee who had been observed who said that her negative expectations about being observed were realized. Before she was observed she
anticipated that she would feel "self-conscious" and "artificial." She reported that when she was observed she did indeed feel that way. However, she added that if she had been observed more often she might have become more comfortable with it.

It seems unavoidable that most therapists-in-training will experience some nervousness about being observed for the first time. Supervisors and observers should be aware of this fact and be sensitive to therapists' feelings of vulnerability about being observed.

Describing the Experience

Six of the 8 participants had been observed by other trainees. The interviewees apparently experienced being observed in very different ways. Peter and Bill spoke about being observed in very positive terms. They both said that they like being observed so much that they wish all their sessions were observed. Their responses were also similar in that they both stated that they do not think about being observed during their sessions, and actually forget that the observer is behind the mirror. Bill discussed this issue:

I mean I think it’s all I can do to just keep up with the session, I really don’t spend time thinking about who’s back there, what do they think. Um, I kind of from you know, from the hour to ten minutes of I really just forget they’re there.

On a conscious level Bill is not aware of his observers during therapy sessions. However, taking into account my
own experiences with observation and the discussions I have had with other trainees, it is hard to imagine that Bill truly forgets they are there.

Bill explained that he feels more motivated during sessions which are observed:

I’m thinking maybe I’m a little more energized when I’m observed. Um, I mean I don’t know I guess I can see how, because I do kind of like being observed and, um, and it probably is a little bit of an ego trip, that maybe I get a little boost out of it in terms of I’m a little more on or um, you know in a good way, I’m not, not so on stage that I feel awkward, um, but maybe a little more motivated.

Several interviewees compared being observed to being on stage, and the set up does give it the flavor of a performance. The observer sits in a dark room, unseen and unheard, watching and listening to the therapist and client interact with each other. After the session the observer gives the therapist a review of sorts. Some therapists, like Bill, are able to use this to their advantage and become more motivated. However, others, like Nina, become distracted and feel less able to do their job.

At another point Bill discussed why being observed is "a little bit of an ego trip":

I guess in some ways it’s kind of, it’s a little ego boost too because I know there’ve been times they’ve [observers] said like, you know, that that was a great session or gee I can’t imagine myself doing that. So it kind of makes you feel important.
While Bill described being observed in unequivocally positive terms, Peter talked about some less positive aspects of his experiences with being observed. He said that he was nervous about being observed at first because he felt pressure to "look good," but that the nervousness faded after a few weeks. Peter discussed another reason for his initial nervousness:

...it's kind of like being on tape but even worse, you know, it's like oh, not only can they hear my mistakes but someone's gonna see my mistakes as well...

For Peter there is a palpable difference between being observed and having someone listen to an audio-recording of a session.

In contrast to Bill and Peter, Nina's experiences with being observed were quite negative. She said that she never became comfortable with being observed, but rather felt self-conscious and unsafe. Nina seemed to have experienced being observed as an intrusion and as deceiving the client to some extent:

I really felt like there was another person in the room, you know, like there wasn't um, the same kind of, um, intimacy in a way. I always felt like the client um, um, almost like it was something that I knew that the client didn't know and it seemed like a secret in a way, that was the funny thing about that.

Nina drew a parallel between being observed and being on stage as Bill did, but instead of feeling energized by the experience she described how it made her feel artificial:
I was just much more conscious of what I was doing and every little gesture and every word and that kind of thing. Um, and talking about feeling like on stage, I think there’s just, definitely I felt just more artificial, you know, just not really present.

In describing her experiences with being observed, Phyllis acknowledged that it is sometimes difficult but indicated that overall her experiences were positive. She discussed how being observed made her feel vulnerable but was a learning experience at the same time:

When you’re being observed there’s certain, there’s a certain vulnerability about it. It’s like you’re exposing yourself to somebody else and that can be good, it can be bad, you know not bad in the sense of bad, but you know it brings up other things for you and it can be good food for thought in terms of thinking of what it would be like to have someone else watching what you do.

Phyllis also explained that being observed was sometimes humbling because her observers often picked up on things that happened during the sessions that she had missed. She stated that being humbled in this way was good for her because it made her realize that she could not think of everything and that another point of view can be invaluable. Phyllis reported that being observed made her anxious:

It felt like I didn’t yet have a sense of where my strengths were as a therapist and I was putting myself too much out there by having someone observe, so in that sense I was anxious.

It would be interesting to see whether therapists become less anxious about being observed as they gain experience and become more confident about their skills.
Therapists' Views of the Observer's Role

The Observation Interview did not include a question about therapists' views of the role of observers. However, 3 of the participants voiced their opinions on this subject while responding to other questions. All 3 of these interviewees said essentially the same thing - that observers should be supportive of the therapist and should not take a supervisory stance. Kevin discussed this issue:

I mean so far the role of the observer has not been a supervisor they have not been "well you shouldn't have done that," you know "I would have done this." It's purely been "this is what I saw," and kind of let's make sense of what I saw and what you saw or felt, which is how it should be I think.

When the participants discussed their views of the observer's role from the observer's perspective, one of the most common responses was that the observer should be supportive of the therapist (see "Observers' Views of Their Role"). It seems that in this regard observers' and therapists' views of the observer's role are quite compatible.

Therapists' Views of Observers' Involvement in Supervision

Three participants had had observers participate in their supervision sessions. In contrast to the experience of observers, therapists expressed ambivalence about having observers present during supervision sessions. On the positive side, Kevin and Phyllis felt that having observers
involved in their supervisions was helpful because the observing students brought different perspectives into the supervision sessions. As Kevin said:

I mean it’s kind of just taking that um, objective observation and bringing it into the supervision. And I think it works out well because on the one hand you have the therapist, myself, in the session experiencing that, you have the observer behind the mirror getting that, seeing what’s going on, all the non-verbal stuff, um, and also hearing what’s going on, and then you have the supervisor listening and only getting the verbal stuff. It kind of gives three different perspectives of what’s happening and it really um, complements, or it has been complementary to each other.

Other comments were not as positive. Some of the respondents expressed concern about receiving less attention when observers are present during supervision. One participant felt that his case that was observed got more supervision time than his case that was not observed because the observer participated in discussions. Respondents were also concerned that they and/or their supervisor might act differently when an observer is present. Sharon addressed this issue:

I often thought like if it had just been me one-on-one with the supervisor, I wondered if we would have been getting into more of what like my issues are or more personal things with me, you know I was wondering if I was holding back more than I would if this person wasn’t there or if the supervisors were holding back more but I’m not sure.

Kevin made the point that it can be difficult having an observer hear the supervisor’s criticism.
Bill had not had observers involved in his supervision meetings but felt that he would "lose out" if he did:

So I guess I view supervision as I the therapist, I'm the one who needs to go in there so I deserve this time to myself.

He also said that if observers were to attend his supervision meetings his relationships with them would be very important because he feels more vulnerable during supervision than he does when being observed doing therapy.

It seems as though observers enjoy several benefits from being included in the supervision of the therapist(s) they observe. On the other hand, while therapists understand that it is a valuable experience for observers, some feel that it may have a negative impact on their supervision. If observers are included in supervision sessions, supervisors should be sensitive to the needs of therapists as well as observers. For example, when observers are present, therapists may feel more vulnerable to criticism so supervisors should work to create a safe supervisory environment.

**Therapists’ Views of the Benefits of Being Observed**

The participants talked about several benefits of being observed. Most of the interviewees mentioned that being observed was helpful because they got feedback from the observer(s) about what they were doing. Bill spoke in general terms about getting feedback from his observers:
I think as a therapist I think it’s really helpful because I figure as a new therapist I kinda think I can use all the input I can get about what I’m doing.

Phyllis described using her observers to get feedback about her reaction to her client:

I was checking with them to see if I seemed like I had it together in the session. Um, cause I, I needed to know...

Sharon discussed how her observers made her aware of her non-verbal communications as well as the non-verbal communications of her clients:

I’ve really liked the feedback, especially, it’s been especially helpful for like non-verbal things, um, cause I found that I was really unaware of my non-verbal communication and my clients’ non-verbal communications at first, I’ve gotten better at looking for that now.

Some of the participants reported that it is helpful to get the observer’s perspective on a session because observers tend to be more objective than the therapist. Kevin said that his observers were able to be more objective than he was because they were not in the room experiencing the client’s transference and their own countertransference reactions. He felt that his observers often saw things which he had missed due to the emotional environment in the room.

Several other participants found that their observers sometimes picked up on things that they had missed. Sharon talked about this benefit of being observed:
It [being observed] can improve the treatment ultimately if the therapist is made aware of things that they’re missing that’s going on in the session.

A few people talked about how the observers’ comments helped to clarify their thinking about their cases but that their input did not have a dramatic impact on the therapy. Bill spoke about the extent to which he was influenced by his observers:

I think again any effect has been more talking about my clients has helped me clarify my thinking...So my impression is that I think kind of my thinking about my clients is further along than theirs is, maybe somewhat because of their background, and somewhat because mine has to be further along because I have to be the therapist. So I don’t think they really had any direct influence on what I do or that there have really been things that I’ve brought to supervision. Um, I mean I feel like their input is valuable, um, and they’ve come up with some good observations, but I can’t really think of any direct influence.

Several of the participants discussed how the process of being observed and receiving feedback about one’s work was a valuable experience. Phyllis spoke about how this process helped her listen to feedback without becoming defensive:

It helped me develop listening to what other people are saying and different inputs and not feel defensive about it or feel uncomfortable with it so it was really good for me, uh, in that regard.

Sharon echoed Phyllis’ comment and also discussed how being observed opens therapists up to sharing their work:

It opens people up to sharing their work, it gets people used to the idea of um, being able to
handle criticism maybe, or at least, if not that then making them open to share the work and get away from the idea that it’s something that is um, some big secret.

As discussed in the section on therapists' expectations about being observed, Nina felt that being observed was not useful, but rather was quite distracting. She was observed very few times and felt that if she had been observed more often she might have become accustomed to it and found it helpful.

While observation in the PSC is generally thought of as being for the benefit of the observers, it seems that many therapists reap benefits from being observed as well. Optimally, observers will be aware that they can potentially be very helpful to the therapist(s) they observe and will strive to do so rather than observing simply to satisfy their own training needs.

Does it Matter Who Observes?

The next 3 sections examine the question of whether therapists' experiences with being observed vary with the people who observe them. The first of these sections contains a discussion of the differences between being observed by peers and supervisors. Next, the effect of the number of observers is considered. Finally, the importance of therapists' relationships with their observers is considered.
Peer versus Supervisor. All 5 interviewees who had been observed by both peers and supervisors reported that being observed by a supervisor is different from being observed by another student. Most of these participants attributed this difference to the evaluative component involved in being observed by a supervisor. Phyllis described her experience of having her supervisor observe a session:

I’ll tell you it was, uh, like being graded or you’re trying to get a, you’re going for a job interview, and all these people watching you, yeah, and I could feel myself a lot more than having students, it made it, it was very, very different for me to have my supervisor sitting there.

Sharon discussed a similar experience:

But the one time my supervisor observed...it’s very different having a supervisor observe. It’s like performing, it’s like you want to do well because they’re there. Um, and I knew at the time that I wasn’t doing well because I was so distracted I was just, um, I was a mess while he was back there, and ah, yeah, that was definitely, I really felt, you could really feel the evaluation, it’s like someone judging you really.

Despite the fact that the majority of these 5 participants were more anxious about being observed by a supervisor than by other trainees, some of them reported that being observed by a supervisor was more useful. Bill talked about his reaction to his supervisor’s feedback following a session which his supervisor observed:

Um, well, I think when he said I was doing a good job it felt even better. Um, I think, you know,
he's someone, I value his opinion a lot, so to have him actually observe and say you're doing a great job felt really good. Um, and I think he had... probably more concrete things to say about what I'm doing as the therapist. Um, whereas with the observers we tend to focus more on the client. Um, so that's nice...

Phyllis discussed both her anxiety about having her supervisor observe a session and how she benefitted from the experience:

...it was, you know, anxiety provoking to have her there, it was good, I think I grew a lot from having her there... but she picked up things that were very insightful about how I was behaving in the hour with my client. Um, and it really made me sit down and think about what was going on...

It seems as though therapists-in-training could potentially benefit a great deal from having their supervisors observe their sessions if they can get beyond the anxiety which naturally accompanies such situations. Supervisors could ease this process by explaining their stance as observers, for example, by saying that the purpose of observing is not to evaluate the therapist but to obtain a first-hand impression of the client, or that observing will help them supervise more effectively.

Number of Observers. Five of the participants had experienced having different numbers of trainees observe them at different times. Of these 5, only Nina reported feeling that the number of people observing her had an impact on how she experienced being observed. She discussed
feeling as if her client was being exploited when several people observed:

I felt like there was sort of this tendency to kind of use it as like a show...the reasons for um, for her [supervisor] wanting to have a lot of people come [observe] were, had to do with the client’s particular personality and just and symptoms and things and in a way it seemed kind of like a little bit exploitative.

Phyllis said that when more than 1 person observed her it did not feel any different but that the processing after such sessions was different because there were more perspectives to consider.

It seems as if the number of people who observe might have an effect on some therapists but this variable does not stand out as one of the more important determinants of beginning therapists’ experiences with being observed.

**Therapists’ Relationships with Observers.** While I did not inquire about how therapists’ relationships with their observers affect their experiences with being observed, 5 of the participants discussed this issue. The most typical comment on this subject was that having a good relationship with one’s observers makes it much easier to be observed.

Bill explained why he feels secure about being observed:

I guess I think the real critical thing in that [feeling unsafe] not happening is I feel like I have a pretty good relationship with the people who are observing me. I mean I feel comfortable with them, and I guess with who they are and that they’re, they’re gonna be respectful...
Sharon expressed a similar feeling:

...[being observed] really never bothered me and I think it's, like I said before, because I had a very good working relationship with the person who was observing me. And I was, I never felt threatened by them...so it was a good experience.

Nina, whose experiences with being observed were rather negative, discussed how she would have preferred being observed by people with whom she felt more aligned:

I mean a couple of times I talked with um, other people in the clinic who I felt, who I knew better, who, you know, I was more friends with and felt like we had similar ways of looking at things, and we talked about cases together and stuff like that...or we talked about observing each other and then things never happened cause of schedules and stuff like that. And I felt like that would have been more helpful in a way...

As was discussed in the section on therapists' expectations about being observed, some of the interviewees stated that before they were observed they were nervous about who would be observing them and whether they would get along with their observers.

Assuming that the current sample is representative of therapists and observers in the PSC, it seems that most therapist-observer dyads in the PSC have good relationships. It would be useful for supervisors to be aware of the importance of the therapist-observer relationship and to relate this to therapists and observers on their teams. An understanding of the significance of this relationship might
encourage therapists and observers to work out any difficulties that might arise.

A concern shared by several participants was that their observers would be critical of them. Therapists expressing concern about observers being critical is an issue that has come up in other contexts in this chapter (e.g., "Therapists’ Views of the Observer’s Role" and "Therapists’ Expectations About Being Observed") but seemed important enough to warrant further discussion here.

Several interviewees stated that before someone observes them for the first time they are usually concerned about the extent to which the observer will be critical and will judge them. Sharon gave an example from her own experience:

I was a little concerned about what she was gonna think of me, you know, and um, and she, I wasn’t sure how critical she was gonna be, um, in the processing afterwards because she usually is very forthright and says what she’s thinking, um, I mean usually in a diplomatic way but she doesn’t hold back very much so I was a little concerned about that but um, it turned out to be fine, she was very supportive...

Peter discussed this issue as well:

...you always hear the stories of the person observing who, you know, is critical of the therapist and everybody kind of mumbles about, like oh brother, you know, can you imagine going in there and like saying, oh you did this all wrong. You know you hear about those kinds of things and maybe a little bit wondering if that was gonna happen, you know, I don’t wanna, I don’t wanna be, you know, bludgeoned by my new observer...
Phyllis talked about how her concern with the extent to which her observers would judge her affected the dynamics of her relationships with her clients:

...it changed my dynamic cause I knew someone was there. It changed a little bit how spontaneous I could be at times or that I had other things on my mind which was, how do the trainees make sense of me being in this chair making an intervention with this client. So that was, um, you know, it could be from my insecurity of being a beginning therapist and you know, wondering how much people are going to judge me.

Additionally, Sharon stated that her experiences with being observed were positive and attributes this partly to the fact that her observers were not critical.

The message here seems clear; in order for most therapists to feel comfortable with being observed it is important for observers to refrain from criticizing them. The interviewees seemed to feel uncomfortable with any kind of criticism from their observers, including "constructive criticism."

**Situations in which Therapists Feel Uncomfortable Being Observed**

A majority of the participants who had been observed said that they had felt uncomfortable about being observed on at least one occasion. They gave several different reasons for their discomfort.

Some of the interviewees reported feeling uncomfortable being observed when their clients talked about observation
or asked if they were being observed. Peter described an instance in which his client asked whether the session was being observed:

...he [client] was specifically talking about that [being observed] and, and I felt a little bit, um, devious because I wasn’t telling him...and he wasn’t asking but I wasn’t offering.

Phyllis discussed feeling uncomfortable having clients observed because they do not know when they are observed:

...that was an issue for me, to have someone being observed without knowing they’re being observed even though they know there’s a possibility.

It seems that one reason underlying the discomfort of some therapists with being observed is the secrecy of the process. Even though clients in the PSC are informed that observation might occur at any time during their therapies they are usually not told whether they are being observed during particular sessions. Apparently some therapists feel as if they are being dishonest with their clients by not informing them each time they are observed.

Phyllis discussed feeling uncomfortable being observed when one of her clients revealed very private information:

...there was one instance that a client had revealed things to me that hadn’t come up before, up to that point. Um, and it was, it was hard to have people on the outside, it felt like it was too private to have someone listen to it.

As was discussed earlier in the section on therapists’ reactions to the number of observers, Nina felt uncomfortable being observed when her supervisor invited
several people to observe a session because she felt as if her client had been exploited.

The reasons that Phyllis and Nina gave for being uncomfortable with observation are similar in that they were both concerned with protecting their clients. It seems that there are times when some therapists feel that it would be better for their clients not to be observed.

Other participants stated that they were uncomfortable being observed when therapy was not going very well. Having one's mistakes seen and heard, and the risk of being judged negatively by others seems to cause some therapists to be uncomfortable with being observed. Bill talked about feeling uncomfortable under such circumstances:

I think in retrospect I've kind of felt uncomfortable...if the therapy hasn't going, been going well, feeling a little embarrassed or a little like gee I haven't done good, a good enough job and people have seen it.

Bill's discomfort with being observed differs from those discussed earlier in that he focused on how being observed affects him while the other participants focused on how being observed affects their clients.

When a therapist feels uncomfortable about being observed, discussion with his or her supervisor is warranted. If something can be done to alleviate the therapist's discomfort, the supervisor might be able to help. Also, when therapists are uncomfortable with
observation the therapy will probably be affected. A supervisor can help determine the impact of the therapist's discomfort on the therapy.

**Does the Experience of Being Observed Differ Across Clients?**

Five of the participants had had more than one of their cases observed. All 5 of these interviewees reported that their experiences with being observed varied from case to case. Unlike most of the topics discussed in this chapter, the majority of these participants gave very similar explanations for why being observed differs from case to case.

For these interviewees, the main determinant of what it is like to be observed with a particular client is how comfortable the therapist feels with that client or with how the therapy is going. Kevin discussed the difference between having 2 of his cases observed:

...the therapy was very painful for me because it was sitting with silence for the 50 minutes and that was difficult having someone observe...it was also my first client, so having me sit there with a difficult situation and not knowing what to do and then having someone observe and saying "Jeez, I didn’t understand why you did that," and "That was kind of awkward to say this," that was difficult. But, with the client I’m seeing now...the therapy I think is going well in that I’m very comfortable with it, so I think I’m very comfortable with having someone observe, um, yeah, I think it does differ.

Nina described how she felt about having an ongoing case observed versus having an initial session observed:
One case it was pretty easy [being observed] because this was a client I had been seeing for like a year and a half by that time and, and I felt like things were going, like I had a good understanding of the case, like I knew what I was doing, and in a way that was easier. Um, there was another time I remember when I was having, I had an initial session with a client and my supervisor decided to observe that time...But I remember feeling very edgy about that...

Phyllis also talked about being observed with 2 different clients:

But with one it felt like I had built up a relationship with my client and I felt good, you know, pretty secure about what we were doing, it wasn’t easy work but we had connected on one level. With my other client we hadn’t connected and I felt very insecure about putting myself out there for somebody else, you know...So it was a lot harder to have people observe that because I didn’t feel secure about my role, I didn’t feel secure about the therapeutic relationship, I didn’t even feel too secure about the goals in the therapy, you know, cause it wasn’t always going as planned, it was too erratic all the time. And I think they [observers] picked up on it too.

Given the striking similarities between these responses, it would seem to follow that many therapists-in-training would feel the same way about having their cases observed. It would be helpful for observers to be aware that therapists’ reactions to being observed, and to comments or criticism, might vary according to such factors as the quality of the therapeutic relationship, and the therapist’s level of confidence about the case.

Another, less common response to the question of whether therapists find that being observed differs from case to case has to do with the extent to which the
experience helps the therapist. Some participants noted that when they are struggling with a case the feedback they get from observers is quite useful, and when things are going better they tend to find observers’ comments less useful.

Does the Experience of Being Observed Differ Across Sessions for the Same Client?

A majority of the therapists interviewed thought that being observed with the same client does differ from session to session. They gave several different reasons for this variation. Some interviewees echoed the explanations given above regarding differences in being observed with different clients. That is, some reported that it is easier to be observed when a session goes well than when a session goes badly. Sharon discussed this issue:

...when I have a better session it’s always, I tend to think about the observer less or um, to have more fun in the processing afterward whereas when I feel like I’m really struggling during a session I’m thinking more about the observer, kind of thinking, well, you know, what are, what is he thinking of what I’m doing now, or um, and maybe once in a while it’ll make me squirm a little bit.

Bill talked about similar feelings but focused on processing after the session rather than being observed itself:

...how I feel about talking about it, am I like, do I get to talk about a good session, or do I go in feeling like um, I just did a lousy session, I didn’t, I didn’t get anywhere. Um, you know being kind of perfectionistic...I’m not altogether happy about then going and talking about it with someone.
Phyllis stated that she feels more protective of her clients during sessions in which they bring up "very private matters" and are being observed. Peter reported being more aware of his observers during sessions in which clients talk about observation.

Most of the therapists interviewed reported that their experiences with being observed vary depending on the client they are with and also depending on the content or process of the particular session.

**Does Being Observed Affect What Therapists Think About During Sessions?**

Of the 6 interviewees who had been observed by others, 4 of them reported that being observed affects what they think about during therapy sessions. There was little similarity among the responses of the interviewees on this topic.

The only response given by more than one person was that being observed prompts the therapist to think about what the observers might be thinking. Sharon described what this is like for her:

...during sessions that are observed once in a while I’ll think, gee I wonder what my observers are thinking about this, you know, what’s going on right now, I wonder what they’re saying or thinking, and I think that’s really the only, the only thing that I think differently, I’m not even constantly thinking that, just um, maybe when something um, really significant is said or um, something like that.
Kevin discussed how being observed helps him think about what to focus on during the session:

I think that having the observer back there is, acts a kind of a reminder of what was discussed in supervision, and what the observer and I processed after like the last session as something to focus on for the next session. So I think having the observer there helps remember, helps me remember what I should be focusing on when I’m in the session.

Phyllis reported that when she is observed she thinks about how being observed changes the dynamics between her and her client. Nina stated that she becomes very self-conscious when she is observed and tends to monitor "every little gesture and every word." Sharon remarked that she is able to focus on her client to a greater degree when she is not being distracted by thoughts of her observers.

It appears as if there is quite a bit of variety in whether and how being observed affects what therapists-in-training think about during therapy sessions. It might be useful for supervisors to discuss this with their supervisees in order to assist them in becoming more aware of the impact that observation has on their work.

Do Therapists Notice a Difference in the Therapeutic Process in Sessions that are Observed?

I asked each interviewee who had been observed whether therapy seemed different to them when it was observed. Their responses should not be read as definitive statements about the effects of observation on the therapeutic process.
Rather, I elicited the participants' subjective impressions of whether and how observation alters the psychotherapeutic process.

Two of the participants reported that they did not feel that being observed changed the process of therapy in any way. Peter said: "I felt like there was no difference in what I would have done had there not been someone behind the mirror." However, it seems unlikely that being observed truly has no effect on the therapeutic process. I believe, like Zinberg (1985, 1987), that introducing a third party into an intimate dyadic relationship will inevitably affect the process.

The remaining 4 interviewees who had been observed felt that being observed did alter the therapeutic process, although their experiences of how it did so were quite different. Both Phyllis and Sharon reported feeling aware of their observers, and they both concluded that this awareness changed their interactions with their clients. However, neither of them could articulate how their interactions changed. Also, they both stated that any alteration in the therapeutic process was not significant enough to have a negative impact on therapy. Phyllis discussed this issue:

I would feel less spontaneous cause I was more aware that they [observers] were there and then as things unfolded in the hour it was sort of like I forget they were there. I knew they were there
but it wasn’t pressing on my mind as much. Um, and it changed the process because two other people were there even though she [client] didn’t know, even though, it changed the dynamics a little bit, they got altered, they had to be altered. Um, but not to the point that it was detrimental in any way.

Bill reported feeling "more energized" and "more motivated" when he is observed and felt that this increased energy most likely alters his interactions with clients. However, he was unsure of the extent to which this affected the therapeutic process, or exactly how it altered his interactions with clients.

It has been established previously that Nina did not have positive experiences with being observed. Therefore, it will come as no surprise that she reported feeling that being observed negatively affected the therapeutic process:

I knew how I normally was with this client and things felt different [when observed] and I always wondered if he noticed. You know, I know it was probably, I don’t know it was just harder for me to like empathize, just harder to really be there for me...

Supervisors should keep in mind that therapists will have different reactions to being observed, and that some of these reactions will involve an impression that the therapeutic process is altered by observation. It seems important for supervisors to elicit therapists’ thoughts about how being observed affects their therapies in order to work though any problems which might arise as a result of observation.
Does Being Observed Affect Therapists’ Sense of Safety During Sessions?

Among the 4 interviewees who reported that being observed affected their sense of safety, it is notable that all 4 of them stated that being observed increased their sense of safety, while none said that being observed made them feel less safe.

Kevin and Sharon both described clients of the opposite gender who behaved in a controlling, manipulative, sexually suggestive manner. They both reported feeling safer with these clients during sessions which were observed. Sharon expressed her thoughts on this matter:

...I think I did feel more safe having an observer because he was, his personality was a very um, controlling, um, sort of manipulative kind of personality and I only saw him a couple of times but even in those couple of times he made um, sort of, he had kind of a sexual way of relating and I definitely felt more comfortable having someone back there...

Kevin described another reason for his feeling safer in sessions which are observed:

...there’s also the safety of knowing that while I’m recording the session, I also have somebody else to be able to contribute in supervision, things that they feel are important, so that I feel like I’m not missing important clinical stuff, or at least we’re doing as much as we possibly can to help this client. So I think that’s kind of, in my view that’s kind of a safety issue as well.

The final safety issue mentioned by the interviewees involves suicidal clients. Phyllis and Nina stated that
they would feel safer having their sessions with a suicidal client observed. Nina described her experience with a potentially suicidal client:

Um, I did feel safer being observed with the one client who I was just seeing for the first few times who was, had some pretty, I mean she was um, probably the most disturbed person that I've ever seen and in a way I just felt safer about like dealing with um, lethality and things like that just having, yeah, sort of a backup.

Protecting the therapist seems to be another potential benefit of observation. Having an observer can be particularly important in cases with legal implications such as with suicidal clients. Even in cases with no legal implications therapists may feel more at ease when they are not alone with certain clients.

**Therapists' Reports of Observation as an Issue in Therapy**

Of the 6 therapists interviewed, 5 reported that observation was an issue for at least 1 of their clients. As would be expected, some clients apparently express much greater concern than others about being observed.

Phyllis and Sharon each stated that 2 of their clients had some questions about the observation process but that these issues were brought up in only 1 session. In all 4 of these cases the clients inquired about observation in either the intake session or very early in therapy. Once the intake worker or the therapist addressed their concerns these clients did not raise the issue again. Kevin and Nina
both reported that some of their clients occasionally ask whether they are being observed during a particular session. Kevin indicated that he feels uncomfortable when clients ask this question, saying that he feels "put on the spot."

In the examples described above, the therapists felt that observation did not affect the work in any major way. Other instances were described in which clients’ concerns about observation became more significant, but still did not become the foci of the therapies. One of Kevin’s clients was very anxious about the possibility of being observed and was "overly conscious" of everything she said. Another of Kevin’s clients reportedly thought he heard someone in the observation room and was uncomfortable with that because he wanted to discuss material which was difficult for him. This client waited until the end of the session to raise the issue that he had hoped to talk about for the entire hour.

There are times when a client’s concerns about observation can be used to inform his or her therapist about issues other than observation itself. Nina described a client who after about 2 1/2 years of therapy said that she did not feel safe with the mirror. Nina explained how she interpreted this revelation: "...I kind of used that as sort of a metaphor of how she didn’t feel safe in this relationship and in other relationships..." In this case
the client’s feelings about being observed brought to light an important area for further exploration.

**Interviewees’ Thoughts and Feelings About Being Observed as the Client**

Although not asked as part of the Observation Interview, 3 participants shared their thoughts and feelings about how they might react to being observed as the client.

Bill explained how he might feel about being observed:

> ...if I try to put myself in that position, I wouldn’t be entirely comfortable, you know, having my therapy sessions in front of this big mirrored wall that looks like an airport tower.

Later he added:

> I would think most people given the choice wouldn’t say yeah, I’d love to be observed. It’s kind of the price you pay for cheap therapy really.

Nina discussed how she might feel about being observed as a client:

> I mean knowing how I am about being observed [as the therapist] I wonder how I would feel being a client with that and uh, I don’t know, I don’t know if I’d get used to it.

Doug echoed the others by saying, "I don’t think I would like to be observed if I were coming in for help."

Therapists, observers, and supervisors working in environments which include observing psychotherapy would do well to consider how they might react to having their own therapies observed. Therapists routinely try to empathize with their clients, and clients’ feelings about being
observed should not be an exception. By ignoring the demands which observation places on our clients we risk being perceived by them as insensitive and possibly abusive.

Interviewees' Recommendations for the PSC

The last set of questions of the Observation Interview inquired about ways in which the system of observation in the PSC works particularly well and ways in which it could be improved. Additionally, participants were asked the following specific questions: 1) are there conditions under which observation should not occur?, 2) what should clients be told about observation before beginning therapy in the PSC?, and 3) what ethical issues need to be attended to around observation?

Strengths of the PSC's Observation System

I asked the participants to describe what they thought was best about the PSC's system of observation, both in terms of what is best for observers and for therapists.

The Observer's Perspective. The most commonly mentioned strength of the PSC's system with respect to observers was that first year students are able to see what therapy is like. Peter said:

You know, one of the strengths is that, I mean I can't imagine it not existing because, I think the most important part about it is to get the first year students to have the, give them a look at what it's like, you know.
Another aspect of the PSC's system of observation which was mentioned by several participants as a strength was that it integrates first year students into PSC teams and the clinic in general. Sharon explained that observing creates a way for first year student observers to participate in team meetings more easily.

Several interviewees who had been on teams where observers participated in the therapist's supervision pointed to that team model as a strength of the PSC's system of observation. Phyllis discussed why she prefers such a model:

I think it's good for the observer to be in that context, they can process even further...you can see a session, you can process it with the therapist, but you don't know anything else about it. But when you can see the supervision you have a sense of what goes on and how that information gets processed at a higher level. So I think that's very didactic in itself for the trainee.

While some endorsed one particular team model, Peter argued that the diversity of teams available in the PSC is one of its strengths:

I think these different, the different models should all be available, the more that's available the stronger the program and the training and the more diversity and the more experience you get.

Nina said that she likes the flexibility of the PSC's system. In particular she mentioned that most observers can observe as little or as much as they like, that it is
informal, and that observers can talk to therapists after each session.

**The Therapist’s Perspective.** It was generally agreed that observers benefit more from the PSC’s observation system than do therapists. Several therapists felt that the greatest strength of the PSC’s observation system is that they are able to receive feedback from observers. Nina noted that observers are generally respectful of therapists and clients. Sharon commented that 2 strengths of the PSC’s system are that therapists learn to become open about sharing their work, and that using observers’ feedback constructively can improve the treatment.

**Interviewees’ Suggestions for Improving the PSC’s System of Observation**

The responses were diverse to an open-ended question asking the participants what could be better about the PSC’s handling of observation. The recommendations given by the interviewees can be broken into 2 groups; one group deals with policy regarding observers and therapists while the other group addresses protecting clients’ rights.

**PSC Policy Regarding Observers and Therapists.** Kevin suggested that if a trainee wants to observe a particular case he or she should be required to commit to observing that case for at least a semester. This recommendation stemmed from Kevin’s experience of having a trainee observe
one of his cases for 2 sessions because the case was getting "interesting." Kevin also felt that the PSC's policy should require rather than recommend that observers meet with therapists after each session.

Peter proposed that observation could be made a requirement rather than an option for all first year students and all therapists. He reasoned that if a trainee is opposed to observing or being observed at least once, then there is something going on which should be addressed.

The current PSC policy states that trainees must be on the same team as therapists in order to observe their cases unless the Director of the PSC grants special permission for an appropriate training purpose. Peter recommended that this policy should be more specific and should define what is meant by an "appropriate training purpose."

Several interviewees' recommendations focused on making observing a more meaningful experience for trainees. Sharon commented that it would be helpful for observers to be prepared by the team leader or the therapist for what to look for and/or what to think about during a session. She described her early experiences with observation:

I remember just kind of watching everything and um, not, you know, being kind of lost at times, I mean not knowing exactly how to make use of the experience most constructively.

Bill proposed having all first year student observers meet together with a faculty supervisor to discuss the cases they
are observing. This could be a valuable experience for observers, but issues such as confidentiality and therapist vulnerability would have to be considered carefully. Another suggestion aimed at making observing a more valuable experience for trainees came from Kevin. He recommended that all observers be included in the supervision sessions of the therapists whom they observe. Speaking from his own experience Kevin said that most of his learning as an observer took place in supervision sessions rather than by observation itself or processing with the therapist. It seems that such an opportunity would be quite valuable for observers but Phyllis advised against making this supervision format a requirement because not all therapists or supervisors would feel comfortable with it. Doug felt that there should be increased opportunities for trainees to observe more experienced therapists in the PSC, particularly after beginning to see clients themselves.

Both Phyllis and Sharon recommended that beginning therapists should not be observed when conducting an initial session. Phyllis explained:

..it can be detrimental I mean, one, you don’t know if that client’s going to come back, two, you’re meeting with them for the first time, I think it’s important to have that space just the two of you and you can have a feel for them without having to worry about someone on the other side of the mirror.
While this might be an important consideration for many therapists, it is not likely to be an issue for all therapists. Therefore, it seems best to remain sensitive to each therapist’s wishes regarding observing initial sessions without barring it completely.

Finally, Bill and Doug, who had each been on a family team during his first year in the program, had some thoughts about first year students being assigned to these teams by the faculty. They both felt that students should be placed on a family team only when they request it. Their arguments were similar; they said that first year students should observe individual therapy in preparation for doing it themselves. Furthermore, Doug and Bill felt that even when first year students choose to be on a family team, they should be required to observe individual therapy cases as well.

Protecting Clients’ Rights. Most of the recommendations which fall into this group suggest that the participants feel the PSC should be more responsive to clients’ concerns about observation. Kevin felt that a policy should be established whereby clients should be able to continue in therapy at the PSC even if they decide that they no longer want to be observed, provided that there is a valid clinical reason for this decision. Mike stated that clients’ wishes not to be observed should be given more
respect as long as the PSC has plenty of clients who are willing to be observed. Peter called for a more comprehensive policy regarding how to handle clients' concerns about and opposition to being observed.

Training clinics such as the PSC demand quite a bit of their clients. Clients agree to have their sessions observed and taped, to be treated by inexperienced therapists, and to participate in research projects. Many clients probably come to training clinics because they cannot afford to get therapy elsewhere. Phyllis suggested that the PSC policy on observation should take into consideration the fact that many PSC clients are economically disadvantaged. She implied that some PSC clients may agree to be observed even when they are quite uncomfortable with it because they feel they have no alternative. In terms of PSC policy, her recommendation would be to consider seeing clients who do not want to be observed if they are under severe financial pressure and they are not able to obtain affordable treatment elsewhere.

Are There Conditions Under Which Observation Should Not Occur in the PSC?

In response to this question several of the participants' responses again reflected their concern with protecting clients' rights. Mike expressed the most extreme
opinion of any of the interviewees. He felt that any client who does not want to be observed should not be observed:

I get a little upset with the whole idea that, that this, yes they sign [informed consent] to be observed but it’s almost like it should be, if the client says I don’t want to be observed it should be no...sometimes I don’t feel that that’s respected as much and sometimes I think that can interfere with what’s going on, um, and I don’t think it should be, though I think it’s a valuable learning experience I don’t think we should constantly press and press and explain and explain and hope that the client then says OK, fine I’ll, you know, observations really don’t, don’t matter because I think they do...

Several other participants also felt that there are situations in which clients should not be observed, but they took a more moderate position. Kevin said that if during the course of therapy something changes and the client would not sign the informed consent form if they had to do it again, then he or she should decide whether observation should continue. Doug felt that if a client does not want to be observed for a particular session, his or her request should be respected.

Sharon and Bill addressed the issue of whether the PSC should accept clients who say they do not want to be observed even before they begin therapy, for example, during the screening telephone call or intake session. Bill suggested the following:

I guess if we were going to take clients with the agreement that they didn’t have to be observed I’d want it to be for a very sound clinical reason...I think if there was a very thorough exploration of
it maybe with the intake worker, and there was a really good reason...maybe they can’t get services somewhere else...or a good reason for taking the case anyway, it still might be better though if they could be assigned to someone who’s working with an outside supervisor because you don’t really want your team filling up with unobservable cases.

This solution would allow the PSC to maintain its integrity as a training clinic, and also to be available to clients who need our services but for good reasons do not wish to be observed.

Several participants said that some clients might feel more vulnerable about being observed because of experiences they have had in the past. In particular, the interviewees talked about clients with histories of sexual abuse as being extraordinarily sensitive to observation. Phyllis discussed this issue:

Um, there might be victims of sexual abuse or sexual exploitation or maybe even rape. Um, that client might not feel that OK at all, so you could tell them all the rooms, you know, we have to, it’s part of the clinic to tape and all the rooms have one-way mirrors, but for a client like that it’s very different, the experience of being observed, and there’s a lot of issues of boundaries...Um, so in some cases I think it’s contraindicated.

Peter expressed a similar opinion:

But I think there should be special consideration...when you have a client coming in who has a history of sexual abuse...that stands out in my mind as one instance where you have to kind of reevaluate...I think you have to kind of go whoa, time out, you know, if someone comes in who has a history of sexual abuse and those kinds of things because all of a sudden the mirror’s not just like someone watching you, it brings up a
whole bunch of therapeutic stuff... I mean not necessarily to um, exclude observation altogether as a rule, but to just say this is, this is something that needs to be addressed.

It is certainly important to be very sensitive to the concerns of clients whom have been victimized. Being observed could be experienced as another instance of victimization.

What Should We Tell PSC Clients About Observation Before They Begin Therapy?

An intake session is usually a client’s first in-person contact with the PSC. Intake interviews are most often conducted by an advanced clinical psychology graduate student in a therapy room with a one-way mirror. In most cases the intake worker is not assigned to be the client’s therapist. In addition to gathering information about clients, intake workers ask clients to sign an informed consent form which explains PSC policies regarding confidentiality, taping and observation, research, and fees. The following is an excerpt from the PSC’s informed consent form:

Taping and Observation:

Most of our rooms are constructed with one-way observation mirrors and sound systems, and tape recordings are often made during interviews. These facilities support the supervision, training and research functions of the Center. By signing this form, you are giving permission for the taping and observation of your treatment. No one other than your therapist’s supervisor and those involved in consulting on the case are allowed to observe your sessions without your expressed
permission. You have the right to know the names of anyone involved in observing or consulting on your treatment.

The participants were asked for their suggestions regarding what, if anything, PSC intake workers should tell clients about observation. In their responses, most of the interviewees said that intake workers should explain to clients exactly what happens. That is, as part of intake sessions, clinicians should include a discussion of how treatment teams are set up, who participates in them, an explanation of the purposes of observation (e.g., that the observer comes to watch the therapist not the client, and the observer helps the therapist with his or her work), and should create a feeling of security around the process by describing the bounds of confidentiality. Peter described what he thought clients should be told about observation during intake sessions:

I mean the intake worker has to be upfront about it, you know...don't just throw this out like oh well some people might be watching...it has to be crystal clear I think that there are only certain people, very confidential, in that case it has to be presented accurately, it has to be presented so it doesn't overly upset the client anymore than it, you know, a leaning mirror would normally do, um, but um, it can't be kept from the client, you know.

Nina's comments were similar to Peter's on this topic:

I think that it should be talked about as one of the...several aspects of, um, this being a training clinic, sometimes sessions are taped or um, there's observation, um, and explaining how that fits in with confidentiality, and that um, the observation is really part of the training and
to help the work. Um, beyond that I don't think a big emphasis should be made on it unless the client has real concerns about it or questions.

Both Nina's and Peter's responses addressed the importance of how observation should be discussed with clients in addition to the content of such discussions. They both said that while intake workers must tell clients what happens, the information must be delivered in a sensitive, clinically sensible manner.

A majority of the participants felt that intake workers should be careful to give clients an accurate impression of how often observation occurs in the PSC. Several interviewees had either had a client or knew of a client whom an intake worker had told that observation rarely takes place. Sharon described the problem this creates for clients and therapists:

I know on occasion intake workers in the past have kind of minimized um, the frequency of observation which has caused some confusion for clients when they then begin therapy and are told that um, it happens regularly, clients are kind of surprised. I think that's wrong, it's wrong for the intake worker to put the therapist in that position of starting off in an awkward position with a client.

This further reinforces how important it is for intake clinicians in the PSC to find a way to candidly, yet sensitively, discuss the realities of observation with clients.

In a point related to the discussion in the previous section about clients with histories of sexual abuse, Peter
recommended that intake workers should take some extra steps with these clients:

Maybe it's something that needs to be brought up in specific, you know, not just in the little informed consent and sign you name on the bottom. With the client ask like, what are your feelings and thoughts about observation? What if someone were to observe you, what kinds of things would that bring up as far as your history? and so forth.

Peter's recommendation is a good one to follow with all clients, not just those who have been sexually abused. Hopefully, such questions would encourage clients to discuss their concerns with intake clinicians, and to make more thoughtful decisions about whether they want to be seen in the PSC. These questions would also give intake workers more insight into clients' concerns about observation. This added insight might help intake clinicians distinguish appropriate candidates for therapy in the PSC, and perhaps identify clients who should be seen in the PSC without being observed. A potential drawback to asking such questions is that some clients might focus on observation as a result of the questions and then become uncomfortable with it. However, I believe the benefits of discussing these issues with clients would outweigh the costs.

Several participants recommended that intake workers give clients the opportunity to ask questions and express concerns about the observation process. Others suggested that intake clinicians review the informed consent form with
clients because as Sharon put it, "people tend to really
gloss over anything in writing like that." One interviewee
said that clients should be told to feel free to discuss any
concerns they might have about observation with their
therapist. This is an important point because, like intake
workers, therapists must be able to speak honestly to their
clients about observation.

The issue of what to tell clients about observation is
relevant to the next topic, namely, ethical considerations
surrounding observation. As will be elaborated in the
following section, what clients are told about observation
is an ethical as well as a practical issue.

Observation and Ethics

In thinking about observation, ethical issues must be
addressed in addition to questions about training and the
impact of observation on the therapeutic process. Because
observation broadens the circle of those involved in
clients' therapies, there is perhaps a greater than usual
risk of an ethical violation.

A majority of the participants felt that maintaining
confidentiality is the most important ethical issue that
needs to be attended to regarding observation. In
particular, many of the interviewees mentioned that
observers and therapists should limit discussion of cases to
members of their treatment team, and any such discussion
should be conducted in a respectful way. Several participants mentioned that trainees should not observe a client whom they know, and should remove themselves from team discussions about such clients. Sharon talked about these issues:

...observers are not to discuss what they've observed with anyone outside of the team. And I think really it shouldn't, they should only talk to the therapist and whoever else was observing, um, and shouldn't be talking about it to team members outside of the context of team actually, in my opinion. Um, that, can't discuss it outside the PSC. Um, to be respectful in the way you discuss it.

Phyllis felt that therapists tend to be more careful about maintaining confidentiality than are observers:

I think you're more careful as the therapist because you're worried about other things, you're worried about your clients, you want to make sure that everything is the way it should be.

For this reason she stated that team leaders should continually remind their students of the importance of confidentiality. It also seems important for team leaders to be quite explicit in explaining the bounds of confidentiality.

Several participants framed the issue of what to tell clients about observation as an ethical one. The interviewees addressed two specific situations: 1) what clients are told about the frequency with which observation takes place, and 2) what to tell clients when they ask
whether they are currently being observed. Peter addressed the former:

I mean I think even ethically, legally that could be a problem. You know, if a client is really led to believe that no one will observe and maybe bases their coming to therapy at our clinic on that and is observed and finds out about it, you know, I've seen licences get lost over things a hell of a lot less serious than that. I mean I think it has to be much more clear, much more clear...That there is, you know, at any given time there could be somebody back there.

Sharon touched on both issues:

I think it is an ethical issue to make sure that we're explicitly clear about telling our clients what actually goes on with observation, we need to tell them. If they ask if they're being observed on a particular, at a particular time I think it's, falls under our ethical responsibility to tell them the truth.

It is crucial that therapists and intake workers talk to clients about observation in a non-deceptive fashion. Not only do clients have the right to know the conditions surrounding their therapies, but as Peter implied, our society has become quite litigious and we must protect ourselves from being accused of breaching ethical standards.

Bill discussed the importance of attending to the logistical details of observation, for instance, keeping the observation room quiet and dark, and what to do if you run into a client you have observed. Careful attention to such details can potentially make a big difference in how safe clients feel about coming to the PSC.
Finally, Phyllis raised the question of what to do if a client signs the informed consent form but really does not want to be observed:

...what if they sign the form cause they really need to see someone but they really don't want to be observed, you know, how do you deal with that? What if you think it's OK to be observed but they resist that idea, you know, that's gonna bring some ethical issues in terms of trust, in terms of the relationship, so how are you gonna decide who gets to decide?

This is an example of one of many conceivable observation-related scenarios which poses an ethical dilemma. Clearly, it is not possible to anticipate every situation. As they arise, each case should be handled with an eye towards upholding the ethical standards of our profession.
CHAPTER 4

CONCLUSION

The purpose of this study was to describe the experiences of therapists-in-training with the observation of individual psychotherapy. This study was qualitative in nature in order to develop an understanding of how trainees think about observation and its purposes, and how observation may impact observers, therapists, and the therapeutic process.

Methodological Limitations

In drawing conclusions from the data it is important to keep in mind the size of the sample. With 8 participants conclusions must be made cautiously. Another factor to consider is the context of this study. The researcher and all the participants were trainees working within one clinical psychology training program which makes it difficult to draw conclusions about other programs.

Also, it should be noted that most of the participants in this study were first, second, and third year students. Most of the more advanced students who were willing to participate in this study had had very little experience with observation, and had trouble remembering the details of their observation experiences. It seems that over the last several years the amount of observation taking place in the
PSC has increased. The reasons for this trend are unclear. Therefore, the data focus on the experiences of beginning therapists with observation. It would have been useful to learn more about the experiences of advanced trainees with observation. The inability of the advanced students to remember the details of their experiences with observation could be interpreted as demonstrating that observation has a limited role in the training of therapists. However, I believe that these students had trouble remembering these details because they had so few experiences with observation, and because it had been an average of 4 years since they had observed and 3 years since they were observed by others.

The 8 participants were chosen largely because, of the 22 respondents, they had the greatest number of experiences with observation. This selection method may have biased the sample towards including students who believe that observation is a valuable training experience, and those who are more open about sharing their work with others.

Another limitation of this study is that the data were gathered through interviews which consisted of questions which I formulated based largely on my own experiences with and beliefs about the effects of observation. Also, analysis of the data was based on the ways in which I have come to think about the various issues surrounding
observation. In conducting the interviews I encouraged participants to discuss anything related to observation which they felt was important, in addition to answering my questions. However, my bias towards thinking about observing and being observed as significant and useful experiences must be acknowledged. Since all the data used in this study were reported by the participants in an interview format, they are limited to what the interviewees were willing to share with me.

Finally, my conclusions about the impact of observation on the psychotherapeutic process are quite general because of the nature and limitations of my data. Having no process measures, I can only conclude that being observed probably does affect the therapeutic process. However, the nature of these changes remains unclear.

Support for Previous Findings

This study supported some previous findings and hypotheses in the observation literature that was reviewed in Chapter 1. Betcher and Zinberg (1988) and Zinberg (1985) asserted that the psychotherapeutic process is changed by the presence of an observer. A majority of the therapists interviewed in this study noticed a difference in the therapeutic process when they were observed. Two groups of authors (Davanzo et al., 1990; Goin et al., 1976) stated that observation can have positive effects on therapists,
observers, and therapies. Most of the participants in this study felt that observers benefit quite a bit by observing, and that therapists also benefit, although to a lesser degree than observers. Several of the interviewees also felt that observation ultimately improves the therapeutic work by exposing therapists to different perspectives and by reducing the risk that important issues will be missed. Goin et al. (1976) also reported that experienced therapists who were observed were initially anxious about being found inadequate by their observers, but that their anxiety decreased over time. The interviewees' responses suggest that beginning therapists have very similar experiences with anxiety about being observed. In a study of observers' reactions to observing through a one-way mirror versus in the therapy room, Davanzo et al. (1990) found that observers favored observing in the room. The observers reported feeling more distant from the therapy process when they were behind the mirror. Some of the responses of participants in this study suggest that they felt distant from the process as well.

**Contributions**

This study describes the experiences of observing and being observed more broadly and with more depth than any study published to date. Also, The literature on
observation includes very few descriptions of the experiences of observers and therapists-in-training.

Observers and Observation

One of the most important conclusions I have drawn from speaking with observers is that they feel that observing beginning therapists is an invaluable experience. While there were different opinions among the participants regarding which aspects of observing were most useful, they all found it to be a crucial training experience. When I first began conceptualizing this study, one of the first issues about which I wondered was what first year students gain by observing second year students whom have only just begun seeing clients. I have learned that one of the most important benefits of observing beginning therapists is that first year students' anxiety levels about doing therapy are greatly reduced. Many of the participants spoke about the importance of seeing what a therapy session looks like and getting a sense of the client-therapist interaction. While first year student observers benefit a great deal from observing beginning therapists, most of the gains are general. The participants described learning few specific aspects of conducting therapy. However, it is not clear whether this is due to the level of the observers or the therapists, or perhaps more likely, an interaction of the two.
While several participants spoke about observing having a voyeuristic element, it seems that they approach observation intending to watch and learn from the therapist, not as an opportunity to peer into the lives of clients. However, at times observers find themselves identifying and empathizing with clients. This seems to happen particularly when observers see similarities between clients and themselves, and also when observers feel that clients are not being understood by their therapists. I believe that it is appropriate and useful for observers to empathize with clients in such situations because that will be one of their challenges as new therapists.

Several of the questions that I asked observers seemed to touch on issues which are important for some trainees but not for others. Examples of these issues are: the impact of observing alone versus with others, and whether observers feel they need supervision regarding what they observe. These questions require further investigation with a larger sample size in order to determine whether they are significant training issues, and in which contexts they are significant.

Beginning Therapists and Observation

A majority of the therapists with whom I spoke felt that being observed is a useful experience, although not as important as observing others. Two of the most common ways
in which being observed was helpful to the participants were that observers picked up on things that therapists missed, and that it was useful to get feedback about what they were doing. Most of the therapists said that they felt anxious about being observed at first but after a few sessions their anxiety waned. A crucial factor for therapists in how they experience being observed seems to be their relationships with observer(s). The optimal therapist-observer relationship, according to most of the therapists whom I interviewed, is one in which the observer supports the therapist in a non-judgmental way.

Each therapist whom I interviewed reported feeling uncomfortable about being observed on at least one occasion. There is quite a bit of variation in what caused their discomfort, ranging from clients asking whether they are being observed to feeling protective of clients when they reveal very private material.

As was the case with the questions about observing others, some of the questions about being observed addressed issues that were significant for some participants but not for others. Examples of these include whether being observed affects what therapists think about during sessions, and whether the number of observers makes a difference to therapists. More research is needed to obtain a greater understanding of these issues.
Identifying Important Questions About Observation

I hope that one of my contributions has been to identify many important questions about observation. The questions I asked the participants were derived from my own experiences with observation and from the published literature. Some of my original questions seemed interesting and relevant to the experiences of all of the interviewees, while others applied to some of the participants but not to others. Examples of each of these 2 categories of questions were discussed above.

Still other questions that I thought were important before doing the interviews turned out to be unimportant to most of the interviewees. Before conducting the interviews, I had been interested in whether observers thought they had an impact on the therapist(s) they observed. Most of the participants felt that they could not answer this question accurately, and additionally, did not seem particularly interested in it. Another topic about which the interviewees had few comments is the frequency and nature of cases in which observation becomes a major issue in therapy. Although several of the participants expressed concern about clients discussing observation during particular sessions, only 1 of them was familiar with a case in which observation was a major issue in the therapy.
The participants raised several interesting issues that I had not considered before conducting the interviews. These include: 1) observing before versus after beginning to see one's own clients, 2) the differences between being observed by a peer versus a supervisor, 3) how therapists might feel about having their personal therapies observed, and 4) the importance of therapists' relationships with their observers. In my effort to make the interviews a collaborative experience, I encouraged the participants to talk about any aspect of observation that they felt was important. This approach to the interviews played a critical role in helping to define the aspects of observation that are important and merit further investigation.

Recommendations for the PSC

One of my goals in doing this study was to propose a set of guidelines about observation in the PSC. The recommendations I have made were informed by my perspective in this study. That is, they were driven by the conclusions to which I came after speaking with therapists and observers in the PSC. My list of recommendations is limited by the fact that I did not interview clients or supervisors.

In the course of my discussion in Chapter 3, I suggested ways in which trainees and supervisors can make observation a more valuable training experience for
therapists and observers, and safer for therapists and clients. Additionally, I made some recommendations for the PSC’s policies on observation. These suggestions are summarized below.

**Recommendations For PSC Trainees**

1. Observers should offer support and refrain from criticizing the therapist(s) whom they observe.

2. Observers should realize that therapists’ reactions to being observed and to observers’ comments might vary with factors such as the quality of the therapeutic relationship and therapists’ level of confidence. Observers should remain sensitive to this and modulate their comments accordingly.

3. Observers should try both observing alone and with others to see which they find more useful. However, when observing with others, conversation during the session should be limited so that it does not become too distracting.

4. Observers should think about what they have in common with the client(s) they observe and how they might develop a connection with the client(s) if they were the therapist.

5. Observers and therapists must be extremely careful to protect clients’ confidentiality. Cases should only be discussed with other team members and discussion should not occur outside of the PSC.

6. Once trainees have begun seeing clients they should observe more experienced therapists if they have the opportunity to do so.

7. Therapists and observers should consider how they would feel about having their own therapies observed so that they do not take the process for granted.

8. Therapists should think about the impact that observation has on their work and should discuss this with their supervisors.
9. When therapists become uncomfortable about being observed they should talk to their supervisors about it.

10. Therapists should request observation for cases in which there are safety issues and/or potential legal issues.

11. Some measures are currently taken to introduce clients to observation during the intake process. For example, intake sessions are conducted in therapy rooms with mirrors, and the informed consent form includes a section about observation. However, intake clinicians and therapists should give clients more detailed information about observation. This information should be delivered in a sensitive manner.

12. Intake workers should ask potential clients questions such as how they feel about being observed, and what observation would bring up for them in terms of their histories.

Recommendations for PSC Supervisors

1. Supervisors should be aware of the above recommendations and encourage therapists and observers to adhere to them.

2. Team leaders should make it clear that they are available to observers to discuss any concerns they might have about what they observe.

3. Team leaders should encourage discussion about what it is like to observe in order to normalize the feeling of being a voyeur. Discussion about what it is like to be observed should also be encouraged.

4. Supervisors, as well as observers, should remain sensitive to therapists' vulnerability about being observed.

5. Supervisors should be explicit in explaining the bounds of confidentiality.

6. Team leaders should inform team members of the importance of the therapist-observer relationship. They should remain available to help work out any problems that arise between therapists and observers.
7. If supervisors choose to include observers in supervision sessions, they should be sensitive to therapists' needs and should work to maintain a safe environment in supervision.

8. Before observing their supervisees, supervisors should explain their stance as observers in order to minimize therapist anxiety.

9. Supervisors should work with therapists to increase their awareness of the ways in which being observed affects them and their work.

Recommendations for PSC Policies

1. Some of the PSC policies on observation need to be more clearly defined. An example is the policy on making allowances for observing across teams. Do we need to inform clients when this happens? What is an "appropriate training purpose"?

2. The policy that all clients must agree to be observed in order to be accepted at the PSC should perhaps be softened. Those clients who have valid clinical reasons for objecting to observation should be seen at the PSC, preferably by a therapist who is working with an individual supervisor, and not on a team.

There are several other important policy issues that were not fully addressed in Chapter 3. The most basic of these is the question of whether there is adequate justification for observation to take place in the PSC. After talking with PSC trainees, I have concluded that observation is a critical training experience, particularly for observers. I believe that in most cases if PSC clients are well-informed about observation and agree to the terms presented in the informed consent form, and observers and
therapists behave responsibly and ethically, there is adequate justification for observation.

However, there are exceptions to this, examples of which were discussed in Chapter 3. One such exception might be clients who can not afford to obtain treatment anywhere else and sign the informed consent form only because they feel they have no alternative. I think that signing the informed consent form should not be viewed as a binding agreement to be observed for the duration of one’s treatment in the PSC. If a client changes his or her mind about being observed sometime after therapy has begun, and if there is a valid clinical reason for this change, I believe that observation should be discontinued.

Some of the participants proposed establishing rules about observation, for example, that all students must observe and be observed, and that observers must agree to observe cases for at least 1 semester. Other participants commented that they enjoy the flexibility of the PSC’s system of observation. It is my impression that most trainees in the PSC are fairly open to being observed, and are conscientious about observing others. Rather than establishing clinic-wide rules, I would recommend that each team leader explain his or her expectations regarding observation, and monitor the activities of his or her team members. However, I think that if a first year student is
not observing at all, or a therapist is refusing to be observed, there is a problem and the team leader should intervene.

Another policy issue about which the interviewees expressed different opinions is whether the PSC should standardize the experiences of its trainees by having all observers involved in supervision. One of the interviewees who had been on teams where observers were included in supervision sessions felt that all teams should do this because he found it so useful. Other participants felt that one of the PSC's strengths is that different models of teams are available. I agree with these participants in that some supervisors and therapists would probably not be able to work comfortably with observers attending supervision sessions. My recommendation would be for supervisors and therapists to be as open as they can to alternative supervision models that involve observers, but not to do anything with which they are uncomfortable.

Implications for Future Research

This study has shown that beginning therapists, and possibly the therapeutic process, are affected when observation occurs, although the specific ways in which they are affected remains unclear. Because there is so little published research about observation, one could assume that it has not been considered by many to be an important
variable in the training and research settings in which most observation occurs. The results of this study indicate that observation may be an important factor in shaping therapists' development and thus deserves further study. It would also be interesting to see whether therapists in research studies that involve the observation of psychotherapy are significantly different when observed. If so, this would need to be considered when drawing conclusions from such studies.

One area that needs to be investigated systematically is whether and how observation affects the therapeutic process. My results indicate that observation does have some impact on therapy, but process measures should be used to compare sessions that are observed to sessions that are not observed.

More work is needed to assess how live observation affects clients. I have made several suggestions designed to protect clients and to improve the quality of their experiences with observation. Research is need in order to determine whether these recommendations are useful.

Several more specific issues merit further study as well. For instance, it would be interesting to know whether there are systematic differences between trainees who enjoy being observed and those who dislike it. Another question
that could be investigated is whether first year therapists' skill levels correlate with how much they observed.

This study demonstrated that semi-structured interviews, when conducted in a collaborative manner, can be used effectively to help investigators delineate important aspects of research questions.

Finally, this study is an example of the potential research opportunities which exist in training clinics. The development of beginning therapists has received relatively little attention in the research literature, and many important questions remain unanswered.
January 11, 1993

Dear Colleague,

I am currently working on my master’s thesis, and am writing to invite you to be a participant. I am interested in learning about the experiences of therapists-in-training with the observation of individual psychotherapy through a one-way mirror.

In order to participate in this project, you must not have had any formal training in psychotherapy prior to entering this program. If you meet this criterion, and have observed one or more individual psychotherapy cases conducted by a therapist-in-training in the Psychological Services Center, or if you have had one or more of your individual cases observed by a trainee, I would like to meet with you briefly (10-15 minutes) to discuss the project and to answer any questions that you may have.

If you agree to participate in the study, I will ask you to collaborate with me on one interview which would be completely confidential.

Whether or not you are interested in participating, I would appreciate your filling out the attached sheet and returning it to my PSC mail box. Thank you for your consideration.

Sincerely,

Julie Kurcias
APPENDIX B

OBSERVATION INFORMATION FORM

1. If you have observed one or more individual psychotherapy cases conducted by a therapist-in-training in the PSC, then check here __ and please answer the following questions. If you have NOT observed any individual psychotherapy cases in the PSC then check here __ and skip to question 2.

   a. How many different cases have you observed? ____________

   b. How many different therapists have you observed? ____________

   c. For approximately how long did you observe these cases? ________________

2. If you have had one or more of your individual psychotherapy cases observed by a trainee in the PSC, then check here __ and please answer the following questions. If NONE your individual psychotherapy cases in the PSC have been observed by a trainee then check here __.

   a. How many of your cases have been observed? ____________

   b. How many different trainees have observed your cases? ____________

   c. For approximately how long were these cases observed? ________________

Please fill out the following only if you are interested in participating in this study:

Name ____________________________________________

Phone number(s) where I can contact you ____________

________________________________________

Convenient brief meeting times ________________

________________________________________
APPENDIX C

TABLES 3-9

Table 3

Year Levels of Respondents (n=22)

<table>
<thead>
<tr>
<th>Year level</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
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<td>5</td>
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Note: The year level of 1 respondent is not known

Table 4

Number of Therapists Observed by Respondents (n = 22)

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</thead>
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<td>Number of respondents</td>
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<td>9</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 5

Number of Cases Observed by Respondents (n = 22)

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
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<td>9</td>
<td>7</td>
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</tbody>
</table>
Table 6

Number of Sessions That Cases Were Observed (n = 43 cases)

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<th>5-12</th>
<th>13-16</th>
<th>more than 16</th>
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</thead>
<tbody>
<tr>
<td>Number of cases</td>
<td>12</td>
<td>11</td>
<td>16</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: The number of sessions that 2 cases were observed is unknown

Table 7

Number of Respondents' Cases Observed by Others (n = 22 respondents)

<table>
<thead>
<tr>
<th>Number of cases observed by others</th>
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<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td>8</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 8

Number of Trainees Who Observed Respondents (n = 14 respondents who had been observed)

<table>
<thead>
<tr>
<th>Number of trainees who observed respondents</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td>5</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 9

Number of Sessions That Respondents' Cases Were Observed by Others (n = 18 cases)

<table>
<thead>
<tr>
<th>Number of cases</th>
<th>Number of sessions per case</th>
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<td></td>
<td>1-4</td>
</tr>
<tr>
<td>Number of cases</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: the number of sessions 1 case was observed is not known.
APPENDIX D
OBSERVATION INTERVIEW

I. General Information

1. How long have you been seeing clients?

2. Do you have a prevailing theoretical orientation? If so, what?

3. What teams have you been on?

4. What role did observation have in these teams?

II. Observing

A. Describing the Experience

1. How many cases have you observed?

2. How many different therapists have you observed?

3. How much clinical experience did the therapist(s) have?

4. Before you began observing, what were you told about observation?

5. What was observing like?

6. How did you interact with the therapist(s) around observation?

7. Were you involved in the supervision of the therapist(s)? If so, what was that like?

8. Did you observe alone or with others? How was it different?

9. Did you identify with the therapist(s) you observed? If so, when?

10. Did you identify with the client(s) you observed? If so, when?
11. Were there times when you felt uncomfortable observing, or somehow felt that you shouldn't be there? If so, when? Did you talk to anyone (supervisor, therapist, team) about it? Did you continue to observe?

12. What impact do you think your observing had on the therapist(s) you observed?

13. Did you ever feel that you needed to talk to a supervisor about something you had observed? If so, what was it? Did you talk to a supervisor?

14. What impact do you think your observing had on the therapy?

B. Impact of observing on observer

1. How did observing beginning therapists affect your own clinical work? When you began seeing clients did you draw on things you had observed?

2. How did observing help prepare you for seeing clients?

3. Which aspects of observing were most helpful?

III. Being Observed

A. Expectations about being observed

1. What did you think it would be like to be observed before you actually were observed?

2. How were your expectations met? After you were observed for the first time, how were you surprised about your reaction to being observed?

3. Before you were observed what were you told about it?

B. Describing the Experience

1. Who has observed your cases (supervisors, students)?

2. How many of your cases have been observed?
3. How have you interacted with your observers?

4. Were your observers involved in your supervision? If so, what was that like?

5. What has it been like to be observed?

6. How does the experience of being observed differ depending on who observes?

7. How is the experience of being observed different across different clients?

8. For the same client, how does the experience of being observed differ from session to session? How does it change depending on what issues are discussed?

9. Have you ever felt uncomfortable about being observed? If so, when? What did you do about it? Did you talk to observer, supervisor?

10. Have you ever felt that being observed was not in your client’s best interests? What did you do? Did you talk to observer, supervisor?

C. Effect of Observation on Therapy

1. How does therapy seem different when it is observed?

2. How is your thinking different during sessions which are observed vs. those which are not observed?

3. How does observation affect how safe you feel with clients during sessions which are observed vs. those which are not observed?

4. Has observation itself ever come up as an issue in therapy? In supervision?
IV. Recommendations

1. What do you like about the current system of observation in the PSC? What are its strengths?

2. Which aspects of the current system do most to facilitate learning for the observer and/or therapist?

3. Has observation ever interfered with a case that you observed/had others observe? If so, how?

4. Do you think anything about observation could have been done differently to avoid the situation? If so, what?

5. Do you think there are conditions where observation should not take place? If so, what?

6. What do you think we should tell our clients about observation before they begin therapy?

7. What general issues of ethics do you think need to be attended to around observation?
APPENDIX E

INFORMED CONSENT FORM

This project will explore the experiences of therapists-in-training with the observation of individual psychotherapy cases.

My participation in this study will consist of taking part in one interview conducted by Julie Kurcias, the investigator. I understand that I will be asked to describe my experiences with observation of individual psychotherapy in detail, as well as to discuss my thoughts and feelings related to my experiences.

I also understand that I may ask questions of the interviewer at any point during the interview, and that I may refuse to answer any question asked of me. I understand that I may end my participation in the study at any point, and that I will not be penalized in any way.

I understand that all interviews will be audiotaped for subsequent transcription by the investigator and/or a research assistant. All of the information I provide in this study concerning myself, my clients, those who have observed me, those who I have observed, and my supervisor will be kept completely confidential. All transcripts and audiotapes will be identified with a number instead of a name. If any information I provide is used for publication, my name and all other identifying information will be altered.

I have read and understand the nature of this project, and what is required of me. I am willing to participate as a subject in this research study.

Signature ___________________________ Date ___________________________
REFERENCES


