Counsellor Supervision: An Exploratory Study Of The Metaphoric Case Drawing Method Of Case Presentation In A Clinical Setting

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Abstract

This study investigated the efficacy of the Metaphoric Case Drawing (MCD) method of counsellor supervision. The context of the study was intensive small group supervision in a crisis intervention and suicide prevention setting. Five core counselling areas were under investigation. These were client dynamics, the counsellor's role, the client-counsellor relationship, counselling goals, and case presentation effectiveness. With the Metaphoric Case Drawing method, supervisors and counsellor-trainees reported a substantial increase in understanding compared with the more traditional Verbal Case Debriefing (VCD) method. Statistical and qualitative data further confirmed the effectiveness of the MCD method. The Metaphoric Case Drawing method was found to be particularly effective for case presentations including themes of depression, suicide, relationship problems, and manipulative clients.

Résumé

Cette étude examinait l'efficacité de la méthode de dessins métaphorique de cas (DMC) lors la supervision de conseillers en formation. Le contexte de l'étude était un petit groupe intensif de supervision dans un environnement d'intervention de crise et de prévention de suicide. Cinq points importants de counseling étaient étudiés. Ils s'agissaient de la dynamique des clients, le rôle du conseiller, la relation conseiller-client, les buts du counseling, et l'efficacité de la présentation de cas. Avec la méthode DMC, les superviseurs et les conseillers en formation ont rapporté un niveau de compréhension un peu plus élevé comparativement à l'approche traditionnelle de compte rendu verbal d'un cas. Des résultats statistiques et qualitatifs ont de plus confirmé l'efficacité de la méthode DMC. La méthode de dessins métaphoriques de cas s'est avérée être particulièrement efficace pour la présentation de cas incluant des thèmes tels que: dépression, suicide, problèmes relationnels, et clients manipulateurs.

A fundamental goal in counsellor supervision is the student's development of clear, detailed, and integrative conceptualizations of training and actual counselling sessions. Such conceptualizations both stimulate and animate post-case analyses which in turn are central for understanding core concepts in counsellor training. First, relevant elements of the case may be identified and differentiated. Second, seemingly contradictory aspects of the counselling session can be reconciled. Third, the process of change stands out against the acquired counsellor-client alliance. Finally, a vivid case conceptualization will help both student and supervisor to analyze the case at the appropriate level of complexity. They can then develop practical alternative treatment strategies, and generate hypotheses for future cases which may have similar dynamic features.

Similar goals have been discussed by such authors as Loganbill and Stoltenberg (1983), who pointed out the lack of adequate emphasis on

case conceptualization in training. Those authors stressed the importance of developing supervision techniques which integrate "cognitive, behavioral, emotional, and interpersonal aspects... which can be synthesized into a comprehensive understanding of the student's current functioning" (p. 235). Hart and Falvy (1987) also pointed out the need for more fully articulated counsellor-supervisor training techniques. Nucho (1983), emphasized the need for counselling students to understand the core concepts of the therapeutic process and suggested the use of imagery, drawing, and art in case conceptualization as a way to facilitate this. Stoltenberg (1981), Loganbill, Hardy, and Delworth (1982), and Schon (1983), recognized the importance of reducing anxiety by teaching students an effective case conceptualization system. Shorr (1974) extensively reviewed the efficacy of using imagination and visual imagery for understanding and interpreting the therapeutic process. Simon and Brewster (1983) reported that many counselling trainees lack skills for developing a coherent inner map for understanding clinical cases and for presenting case debriefings.

Traditional case conceptualizations usually consist of an informal or sequential verbal discussion. This covers such topics as presenting problem, relevant client history, interpersonal style, personality dynamics, emotional and behavioural factors (Loganbill and Stoltenberg, 1983). Discussion may also include analysis of content and affect of the session; pace and cadence of the session; analysis of effective and ineffective counsellor techniques (Stone, 1985); and integration of cognitive, behavioural, emotional, physical and interpersonal aspects of the case (Lazarus, 1976). The verbal-cognitive method is central for all of these approaches and bears the stamp of the "question-answer" Socratic tradition or the more dialectical method of "thesis-antithesis-synthesis."

Case conceptualization can also proceed using visual imagery and metaphoric thinking. Ozick (1986) defined a metaphor as a "linguistic phenomenon of interest due to its impact and functions in the acquisition of communication and knowledge" (p. 63). The metaphor serves as an excellent means of capturing the richness and diversity of the counselling experience (Shorr, 1974; Haley, 1976; Rule, 1984). Amundson (1988), suggested that the usefulness of metaphors can be extended "by having counsellors make drawings of their metaphoric imagery and then use the drawings in case discussions with other counsellors" (p. 391). Preliminary research by Amundson (1986) and Ishiyama (1988) has supported the efficacy of the metaphoric case drawing method for increasing counsellor-trainee understanding of important counselling core concepts.

The purpose of the present exploratory study was to compare the metaphoric case drawing method with the traditional verbal case debriefing method of case conceptualization. The study investigated possible differences within and between the counsellor-trainee groups, and supervisor/trainee differences on perceived efficacy of each method.

METHOD

Participants

The counsellor-trainees in the study were 2 female and 5 male graduate students from the Clinical Psychology Program at Simon Fraser University. The age range of the trainees was from 23 to 31 years (mean: 26.6 years). The students were enrolled in a four-month clinical practicum at a community crisis centre. The practicum focused on the acquisition of crisis counselling skills in the context of in-person and telephone crisis intervention and suicide prevention.

The supervisors in the study consisted of 3 male and 2 female counselling professionals. The mean crisis intervention experience for the supervisors was 5.6 years. All had been involved in clinical supervision for at least three years. The age range was from 27 to 40 years (mean: 33.1 years).

Procedure

Counsellor trainees attended an initial four-week training program (26 hours) — as part of a four-month practicum at the crisis centre. The initial training allowed students to become familiar with crisis intervention theory and practice. It provided them with opportunities to observe, practice, and rehearse a variety of crisis counselling techniques.

Following this initial orientation, the trainees began handling crisis and suicide calls once a week (four hours per session) over the remainder of the practicum. After each call was completed, the trainee involved would debrief the session using either the Verbal Case Debriefing (VCD) or the Metaphoric Case Drawing (MCD) method.

A multiple baseline A/B/A design was used with Subjects (Ss) acting as their own controls (Wiersma, 1986). The control condition (A) consisted of the Verbal Case Debriefing (VCD) method. The experimental condition (B) consisted of the Metaphoric Case Drawing (MCD) method. It consisted of one session per week, lasting four hours duration. Participants were randomly assigned to one of three groups. Time of onset for the MCD was staggered for each group over ten weeks. Group #1 MCD condition included sessions 4, 5, 6. Group #2 included sessions 5, 6, 7. Group #3 included sessions 6, 7, 8. The VCD condition preceded and followed the 3 MCD sessions for each group.

The Verbal Case Debriefing (VCD) format (Stone, 1985), was designed to provide a framework for assessing and analyzing counsellor-trainee casework (Note 1). The VCD follows a "question and answer" discussion format. This method has been used at the Crisis Centre to train clinical psychology graduate students for the past seven years. The method consisted of a review and overall summary of the case — including presenting problem, goals, and outcome. In addition, a number of counsellor-client dimensions were reviewed. These included

motivation, content, affect, the counsellor's role, obstacles encountered during the session, and a review of the counselling techniques used. The VCD is primarily a supervisor-directed activity.

The Metaphoric Case Drawing (MCD) method (Note 2) was designed to evoke metaphoric thinking about the counselling session. Trainees were to translate the thought-metaphor into a representative case drawing, which would then be the central feature of the trainee-directed case debriefing. Trainees had complete freedom to produce any type of representation they chose, such as abstract symbol, a combination of words and picture, line drawings, etc. For example, following one very difficult session with a suicidal client the counsellor-trainee portrayed the case by a metaphoric drawing showing the client halfway down a steep cliff face. The client was "embedded" in the cliff face with her back "to the external world." In the drawing the client had no eyes and no arms ("no eyes to see the help at hand; no arms to reach out"). The counsellor was standing on top of the cliff trying to get the client to grab a rope he was extending (indicating a "weak" link with the client: a low perceived ability on the part of the counsellor to influence the client to take action). As the trainee put it "this theme [low counsellor influence-high client risk] was not in awareness — only an undercurrent, until the drawing made it explicit in a very simple, immediate way." This MCD vividly brought into focus the counsellor's underlying unease with where the session was going. It conveyed the need for more aggressive intervention as the client, at the moment, simply could not help herself. The training staff concurred with this evaluation and when the session resumed following the debriefing consultation (9.75 minutes) the client agreed to be transported for an immediate hospital-based assessment. In this way, the metaphoric case drawing may be interpreted in an obvious, strategic manner designed to assist the trainee in suggesting a solution for immediate application. The MCD interpretation process may also take place after termination of the session — at a more leisurely pace, within a formal, more fully integrative framework (Amundson and Stone, 1988).

With both VCD and MCD the counselling sessions were evaluated by means of a 39-item questionnaire completed by the trainee and supervisor(s) following each counselling session.

Instruments

A 39-item Evaluation Questionnaire (Note 3) was constructed including 8 of the items used by Amundson (1986). The Evaluation Questionnaire was introduced to the trainees at the onset of the first actual counselling session following the four-week preliminary training program.

Trainees rated the effects of the two case presentation methods (VCD/MCD) on their understanding and awareness of five core concepts of the counselling process. The five subscales comprising the 39-

TABLE 1

Summary of All Ss/Trainers Ratings (N = 166) of All 1st Counselling Sessions (N = 70) by Sub-Scale

Scale	$\overline{X}$	S.D.	Hoyt Estimate of Reliability*	High	Low	Max.	Pearson Corr. Ss/Trs
Client	27.4	7.6	.92	46	9	49	.79**
Counsellor	32.9	9.5	.95	53	15	56	.72**
Relationship	12.0	3.5	.85	21	5	21	.69**
Goals	38.7	10.1	.92	61	20	70	.69**
Debriefing	44.9	13.7	.97	73	22	77	.73**
Total	155.8	42.5	.98	246	78	273	.78**

* Cronbachs Alpha for Composite = .93.

** $p < .001$.

item Questionnaire were: 1) the general and specific concerns of the client; 2) the client-counsellor relationship; 3) the trainee in the role of counsellor and as an individual outside the counselling context; 4) the counselling goals, and 5) the perceived value of the case debriefing process. A seven-point Likert scale was used to rate all questions. Higher scores indicated greater understanding. No attempt at subscale discriminative validity was made within the scope of the present study.

Qualitative Measures

Qualitative measures used included trainers' clinical case notes, filmed audio-visual segments taken randomly from 15 case debriefings (7 VCD; 8 MCD), transcripts from the filmed segments, and the drawings from all MCD case debriefings.

RESULTS

Quantitative Data Analysis

Item Analysis. Overall, 253 ratings were obtained on the 108 separate clinical case presentations (71% rated by one trainer: N = 77 cases; 23.5% rated by two trainers: N = 25 cases; 5.5% rated by three trainers: N = 6 cases; Ss ratings: N = 108).

The 39 items constituting the Evaluation Questionnaire were subjected to an item analysis to investigate the possibility of heterogeneity within the data set across groups of subjects and trainers. Parallel analyses were performed on a number of subsets. The results (using the Hoyt Estimate of Reliability and Cronbach's Alpha for Composite) were highly consistent. Due to the length of some counselling cases, in some sessions Ss had ony one case each. Consequently, only the results

for all Ss (N = 7), trainers, and first counselling cases across the 10 sessions (N = 70) were used for the analysis reported below.

The scales were highly internally consistent, as may be seen from the Hoyt Estimates of Reliability, which ranged from .85 to .98. Thus, the item analysis provides justification for using the five scale scores and the total scale score. Table 1 indicates that a) all first counselling sessions (N = 70) are highly consistent; b) Ss and trainers are equally consistent. The means, standard deviations and range of scores for each of the five subscales, in addition to the total score, may be found in Table 1. This table also contains the Pearson correlations between subjects' and trainers' scores for each of the six scales. As may be seen, the correlations ranged from .69 to .79, all of which were highly statistically significant. Thus, between 48% and 63% of the variability in scale scores was held in common by subjects and trainers. (Subjects and trainers tended to score the same case debriefing in a similar manner.)

In the case of each of the five scales, the mean scores (derived from the combined VCD (A) and MCD (B) Ss/Tr ratings by subscale) fell close to the "theoretical" mean of one-half the maximum. The means were slightly above this value in each case, with the exception of the Debriefing scale, for which the obtained mean was somewhat higher. Thus, it may be concluded that the subjects and trainers did not respond "automatically" in a positive direction; nor did they uniformly rate the sessions as negative. A wide range of scores may be concluded from the standard deviations, all of which approximated one-seventh of the maximum possible score.

Analysis of Variance

The ANOVA factors were composed of (2) Ss/Tr ratings by (3) groups by (3) conditions by (6) subscales across 10 sessions. The results of the six $2 \times 3 \times 3$ between-within ANOVA's are summarized in Table 2. As is evident from Table 2, all six main effects for Debriefing Method (c) were significantly different ($p < .001$). Of the remaining sources of variance, three scales achieved significant differences for the Group by Debriefing Method interaction (BC). The counsellor scale was significantly different for the Group main effect (B), and the Debriefing scale (A) was significantly different for the subjects and trainers. Significant differences for both BC and B stem from comparisons of the three groups on the VCD condition where Group 2 reported lower ratings than groups 1 and 3 on the VCD condition. However, the MCD condition was always significantly different from the VCD condition on all sub-scales (C main effect) for all three groups. Significant differences for the A main effect on the Debriefing scale reflects higher trainee mean ratings (48.2) compared with the trainers' mean ratings (44.0). It is perhaps not surprising for students to see themselves as somewhat more advanced than their supervisors estimate them to be. This significant difference indicates

TABLE 2

Summary of Significant Effects by Scale (F-Ratio)

	Effect			
Scale	*C (Debriefing Method) 2,16 df*	*BC (D.M. by Group) 4,16 df*	*B (Group) 2,8 df*	*A (S/T) 1,8 df*
Client	141.68**	3.099*	N.S.	N.S.
Counsellor	125.90**	N.S.	4.59*	N.S.
Relationship	189.27**	4.03*	N.S.	N.S.
Goals	112.28**	N.S.	N.S.	N.S.
Debriefing	251.33**	N.S.	N.S.	8.17*
Total	219.35**	3.08*	N.S.	N.S.

N.S. not significant

* $p < .05$

** $p < .001$

that although the supervisors rated students' increased understanding from the MCD method as high compared to the theoretical mean for this scale, they were uniformly less impressed with the students' demonstrated knowledge than the students were with themselves.

Table 3 shows the 2 × 3 × 3 ANOVA cells means and standard deviations for all factors (where subject/trainer = 2; group = 3; condition = 3) and the various levels: Group 1, 2, 3; Condition A/B/A; Ss/Tr ratings are combined.

For example, the mean and S.D. for Group 1, Condition A, Sub-Scale "Client" is 23.5/(.6). This represents the combined ratings for the Group 1 Ss (N = 2) and Tr's (N = 2) thus generating 4 data points. The Condition A, Group 1, "Client" Sub-Scale represents all ratings on this scale for Sessions 1 through 3. Group 1 means and S.D. for Sessions 4 through 6 may be seen in Condition B (MCD): 35.2/(3.2). Means and S.D. for Sessions 7 through 10 may be seen in the post-A Condition under the Group 1 column: 23.2/(2.3). The remainder of the Table may be assessed in a similar manner.

As may be seen from Table 3, Condition B (MCD) means are all significantly different from Condition A (VCD) and post-A (VCD) means. In general, post-A means are lower than the Condition A (initial VCD) means. This has been interpreted as a reflection of both increased understanding of core counselling issues (as indicated by the MCD means) and as an indication of students increased awareness of the subtleties inherent in the counselling process. This understanding is perhaps made manifest by the MCD process. In this analysis, the lower

post-A means indicate a broader realization of the complexities of counselling. This leads to a note of caution on the part of the students as to just how much one really "understands" about the activity. It should also be noted that mean debriefing time per case was less with the MCD method (28.0 minutes) versus the VCD debriefing time (34.9 minutes). Transcripts and video-segments indicate that students appear to have quicker, more salient recall for knowledge gained in the MCD Condition (though this was not systematically measured in the present study). Both of these factors may have been influential in contributing to the lower mean ratings observed in the final VCD (post-A) ratings.

Transfer of Training Effects

In addition to the statistical findings and transcripts, video-taped segments and trainers' case notes were used to assess the extent to which student learning transferred from the experimental condition (MCD) to the final Verbal Case Debriefing condition. It was hypothesized that the VCD ratings following the MCD portion of the study would reflect a mean increase compared with the initial VCD trials. An analysis of the pre-post VCD ratings indicated a slight decrease for all three groups combined in post-A scores across all sub-scales. Only group #3 showed a post-A increase and only for sub-scales for the client, relationship, and counselling goals. The question of why students did not seem to uniformly transfer the increased understanding derived from the MCD method to the post-A sessions was one of some interest. The following statements (transcribed from the video segments) from two students helps to shed some light on this matter:

> The verbal debriefings following the drawing method were a sort of hybrid of both without complete control of either (Student #1)

and

> ... realization that what we thought a superior method [first exposure to VCD] really turned out to be about a 5 on a scale of 1 to 10 in comparison to the drawing system. Going back [final VCD sessions] was disappointing. The drawings really made it clear just how much we didn't know (Student #4)

Other Training Clinic Considerations

In addition to the significant effects of the MCD method on the five sub-scales as shown in Table 2, the MCD method also appears to decrease the overall length of time required to conduct a case presentation. The mean time per debriefing for the VCD was 34.9 minutes per case (S.D. = 17.9) for the total cases in this condition (N = 69). The mean time per debriefing for the MCD condition was 28.0 minutes per case (S.D. = 13.5) for the total cases in this condition (N = 39). This represents a

TABLE 3

ANOVA Cell Means and Standard Deviations (S.D.) by Group (1, 2, 3) by Condition (A/B/A) by Sub-Scale for all 1st Cases (N = 70) Across 10 Sessions*

	A			B			A		
Scale	*1*	*2*	*3*	*1*	*2*	*3*	*1*	*2*	*3*
Client	23.5	21.1	25.2	35.2	37.8	36.7	23.2	20.1	25.8
	(.6)	(2.4)	(1.8)	(3.2)	(2.0)	(3.4)	(2.3)	(1.4)	(3.9)
Counsellor	28.1	26.4	31.3	42.8	45.8	46.2	27.2	22.5	29.7
	(1.4)	(2.3)	(3.1)	(5.1)	(1.3)	(2.3)	(2.4)	(5.5)	(6.5)
Relation-ship	10.4	9.3	11.2	16.4	17.0	16.4	9.6	8.5	11.6
	(.8)	(1.6)	(.5)	(1.0)	(.8)	(1.2)	(1.7)	(1.4)	(1.0)
Goals	34.8	31.7	35.5	49.3	52.1	51.3	32.6	28.0	37.1
	(2.3)	(2.8)	(2.4)	(5.7)	(2.1)	(4.9)	(3.2)	(3.4)	(7.5)
Debriefing	41.3	36.5	41.1	61.7	63.1	63.4	36.4	31.4	38.2
	(3.2)	(2.6)	(4.1)	(7.5)	(.3)	(3.3)	(4.0)	(3.6)	(8.1)
Total	138.2	125.1	144.3	205.3	215.8	213.9	129.1	110.5	142.4
	(5.6)	(10.7)	(8.6)	(21.7)	(2.3)	(13.9)	(11.8)	(14.0)	(24.7)

* Combined Ss/Tr Ratings (Pearson Correlations $p < .001$ for all Sub-Scales)

reduction in time of 19.7% per case in favour of the MCD method. Thus, the MCD may confer an advantage, especially to counsellors in high pressure, high volume environments where demands on staff make time-management a crucial factor. The finding itself is by no means surprising: the maximum rate of intake for verbal communication is one word at a time; the student-generated metaphoric case drawing has the advantage of capitalizing on the maxim that "one picture is worth a thousand words."

Another question about the MCD method as opposed to the VCD method concerned distribution of the types of client presenting problems. In the present study, about 75% of all MCD client problems involved either suicide, depression, relationship conflict, or manipulative clients (cases where students and trainers were in agreement that the client's actual "intent" was other than to legitimately approach his/her stated problem). Authors such as McGee (1974) and Shneidman (1976) have noted that these types of presenting problems represent some of the most difficult situations to handle in any type of counselling context. In all four categories the MCD shows a relative percentage increase over similar cases in the VCD condition (suicide: VCD = 7.2%, MCD = 20.6%; depression: VCD = 21.7%, MCD = 23.1%; relationship conflict: VCD = 13.2%, MCD = 17.9%; manipulative clients: VCD = 10.1%, MCD = 12.8%). Based on the present study, it appears that the MCD method

reduces average case debriefing time requirements by about 20%, even in the context of "difficult to handle" client material. In addition, a review of the MCD means in relation to the VCD (pre and post) means reveals an increase in understanding (with the MCD condition) in virtually all sub-scales. It appears that the MCD method may be particularly effective in case presentations involving highly emotionally charged cases (suicide, depression, relationship conflict) and cases involving frequent extreme frustration and confusion (chronic or manipulative clients). This speculation received support from the supervisors' case notes and the filmed debriefings where, as one student put it "... drawings were consistent at reducing and clarifying confusion and pulling things together when we were under pressure [from difficult-to-handle cases]."

DISCUSSION AND CONCLUSION

The research results supported the hypothesis that the MCD method would increase counsellor-trainee understanding on the five target areas. The MCD method demonstrated a concise, visual framework which played a pivotal role for integrating trainees' thoughts, feelings, and experience.

For the most part, subjects and trainers recorded similar ratings for both VCD and MCD. Problems with inter-rater reliability and marked differences between subjects and trainers therefore do not appear to be a factor in the present exploratory study. However, this point requires replication and more expanded study with additional controls (trainers who are "blind" to condition; user-based ratings on effectiveness, and so on) in further research.

One surprising finding was the decrease in ratings as subjects moved from the MCD method to the final VCD sessions. Perhaps, as one student suggested, there was insufficient mastery of the MCD technique for transfer of training to occur. The question of mastery of basic skills as a necessary condition for transfer of training to occur fully has been examined extensively by such authors as Humpherys (1951), Saupe (1961), Horner (1978), and Baer (1982). Without "control" of the basic counselling skills, it is not likely that transfer to a new context will occur uniformly. The MCD method is a powerful tool for the acquisition of increased understanding, though it appears that exposure to three MCD sessions may not be sufficient for the technique to transfer to the new context (the final VCD sessions).

Another, and more simple explanation was that trainees entered the practicum with very little practical crisis counselling experience. Everything was new and any framework for learning basic counselling skills was embraced. When the MCD was introduced part way into the practicum, students took a quantum jump in skill level and degree of conceptual sophistication. At that point trainees were able to think

comparatively about the two methods and when they returned to using the VCD method there was a "let down" effect. Thus, as one student put it, the final sessions of the VCD method may have received lower ratings as a function of the "realization of how much more there was to learn about the counselling process" [as made evident by the MCD sessions].

Further quantitative and qualitative research seems warranted to determine the extent, utility, and contexts that are most productive for the Metaphoric Case Drawing presentation. The MCD method may very well operate as a mechanism for integrating primary (unconscious) and secondary (conscious) processes (Amundson and Stone, 1988). The MCD approach could be effective for private practice clinicians whose schedules do not allow for more formal educational opportunities. The question of the role of the MCD technique in preventing clinician burnout or stagnation is also of interest. These are all testable questions which seem research-worthy and may contribute to knowledge of counselling supervision methods.

Limitations. This is an exploratory study. The small number of subjects (N = 7) and the lack of extensive controls imposes limitations on generalizing from those results. However, the group size and the controls used seem consistent with what may be expected in most clinical practicum situations. Within the study there was no attempt made to assess the validity of the Evaluation Questionnaire. The 39-item Questionnaire generally reflects important student-trainer themes that have emerged in the seven-year history of the practicum. However, generalizing from the Evaluation Questionnaire should proceed with caution.

Notwithstanding the limitations of the present study, the Metaphoric Case Drawing method of case presentation seems a powerful means of instructing counselling students working in small group, intensive practicum environments. Its principle value lies in efficaciously applying a process (training) to a problem (increasing student understanding of core counselling issues). The MCD method also provides a reduction in training time required when compared with the traditional Verbal Case Debriefing method. The MCD approach is relatively easy for supervisors to learn and use. The MCD method appears to confer an advantage to counselling students, especially in the crisis intervention and suicide prevention context.

References

Amundson, N. (1986). Case drawing in counsellor supervision. Unpublished manuscript. Vancouver: University of British Columbia.

———. (1988). The use of metaphor and drawings in case conceptualization. *Journal of Counseling and Development*, 66, 391-393.

———, & Stone, D. (1988). Metaphoric case drawing interpretation procedure: Trainer's guide. Unpublished manuscript. Vancouver: University of British Columbia.

Baer, D. (1982). Applied behavior analysis. In Terrence, G. T. Fraubs, C. (eds.). *Contemporary Behavior Therapy*, New York: Guilford Press.

Haley, J. (1976). *Problem solving therapy*. California/San Francisco: Josey-Bass.

Hart, G. M., & Falvy, E. (1987). Field supervision of counsellors in training: A survey of the North Atlantic Region. *Counsellor Education and Supervision*, 26(3), 204-212.

Horner, R., Baer, D. (1978). Multiple-probe technique: A variation on the multiple baseline. *Journal of Applied Behavior Analysis*, 11 (1): 189-196.

Humpherys, L. G. (1951). Transfer of training in general education. *Journal of General Education*, 5: 210-216.

Ishiyama, I. (1988). A model of visual case processing using metaphors and drawings. *Counsellor Education and Supervision*, in press.

Lazarus, A. A. (1976). *Multimodal therapy*. New York: Springer.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: a conceptual model. *The Counselling Psychologist*, 10, 3-42.

———, & Stoltenberg, C. (1983). The case conceptualization format: A training device for practicum. *Counsellor Education and Supervision*, 22, 235-241.

McGee, R. (1974). *Crisis intervention in the community*. Baltimore/London/Tokyo: Park Press.

Nucho, A. O. (1983). The use of visual imagery in training professional helpers. In J. Shorr (Ed.), *Imagery*, Vol. (3). New York: Plenum Books.

Ozick, C. (1986). The moral necessity of metaphor. *Harper's*. May, 62-68.

Rule, W. R. (1984). Using the target metaphor in therapy. *Journal of Mental Imagery*, 3, 67-72.

Saupe, J. L. (1961). Learning and the evaluation process. In Dresses, P. L. (ed.). *Evaluation in Higher Education*. Boston: Houghton-Miffin.

Schon, D. A. (1983). *The reflective practitioner*. New York: Basic Books.

Shneidman, E. S. (1976). A psychological theory of suicide. *Psychiatric Annals*, 6(11), 51-66.

Shorr, J. (1974). *Psychotherapy through imagery*. New York: Intercontinental Medical Book Corporation.

Simon, R., & Brewster, F. (1983). What is training? *The Family Therapy Newsletter*, 7, 24-29.

Stoltenberg, C. (1981). Approaching supervision from a developmental perspective: The counsellor-complexity model. *Journal of Counselling Psychology*, 28, 59-65.

Stone, D. (1985). Crisis intervention training handbook. Unpublished manuscript. Vancouver, British Columbia.

Weirsma, W. (1986). *Research methods in education*. Boston: Allyn and Bacon, Inc.

Notes

[1] A copy of the VCD training format is available from the first author.

[2] A copy of the MCD training format is available from the first author.

[3] A copy of the Evaluation Questionnaire is available from the first author.

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