

Philosophy of Supervision

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Introduction

I approach supervision of couple and family therapy with an integrative model, influenced most strongly by the process-experiential therapy known as Emotionally Focused Therapy (EFT) (Greenberg, 2002; Greenberg & Paivio, 1997; Johnson & Denton, 2002). I view supervision as a process for increasing: supervisee techniques and skills and creativity in responding to client needs; flexibility in supervisees' use of self in therapy with clients (Baldwin & Satir, 1987); tolerance for working with emotional experiences of varying degrees of intensity and ambiguity (Connell, 1984; Greenberg & Johnson, 1998; Wetchler, 1998); and a process for encouraging curiosity and self-challenge regarding assumptions about systemic and contextual variables (Long, 1996; Falicov, 1995; Turner & Fine, 1997). "Supervision [is] ... to reinforce encounter-productive interactions between supervisee, client and supervisor. Process becomes more significant than content" (Connell, 1984, p. 277).

Developing a working alliance in the supervisor/supervisee relationship (Bordin, 1979; Horvath & Bedi, 2002; Ladany, Ellis & Friedlander, 1999) is a salient element in the process of achieving these goals. This working alliance is to be a safe place for the supervisee to increase empathy, explore their internal processing in the therapy session and to focus on the interaction patterns between the therapist and the clients (Johnson, 2003). It is equally important to focus on the level of attachment or degree of connectedness in the client/therapist interface (Wetchler, 1998).

The process which I follow in supervision is one of responding to the primary needs of the supervisee as he/she struggles to respond to the client's problem. I strive to listen intently to facilitate the supervisee's articulation of the impasse he/she is experiencing, in order to match the supervisory environment and my responses to address the imminent need. I choose from directive, supportive, coaching, consultative or collaborative styles (Rigizio-DiGilio, 1997) while being contextually sensitive, guided by ethical principles (AAMFT, 2001) and attuned to the power dynamics in the relationship. Responsibility for growth and change is to be increasingly claimed by the supervisee (Connell, 1984).

I am flexible with the methods in which the supervision occurs. Live supervision, video and audio tape, case presentations as well as role-playing are all methods I choose from, according to supervisee needs and goals and levels of self-awareness and therapeutic experience. If the context permits, I would like to use reflecting teams (Roberts, 1997).

Theoretical Influences on Therapy

My personal approach to therapy is built on EFT's integration of Gestalt, experiential and person-centered approaches, with a heavy influence of attachment theory (Bowlby, 1969). The interactional cycles between people are synthesized with the internal emotional experiences within individuals in the system. The three essential tasks of Emotionally Focused family therapy are: to create a safe collaborative alliance, to access and expand the emotional responses that guide the interaction patterns, and to restructure the interactions in terms of accessibility and responsivity (Dankoski, 2001; Johnson & Denton, 2002).

EFT is based on the assumptions of human growth potential and recognizes the impact of the family system to block or nurture this growth. This experiential therapy is grounded in Brubacher, Philosophy of Supervision

the importance of the therapeutic alliance (Bordin, 1979; Horvath & Bedi 2002; Norcross, 2002) and in a detailed theory of emotion and emotional change which are supported by empirical research (Greenberg, 2002; Greenberg et al., 1993; Greenberg & Paivio, 1997; Greenberg & Safran, 1987; Hill & O'Brien, 1999). The four "essential experiential intentions" are "empathic understanding, empathic exploration, process directing, and experiential presence" (Greenberg et al., 1993, p.119).

The following EFT principles influence my work (Greenberg & Johnson, 1998; Johnson & Denton, 2002): A collaborative working alliance must be developed with the therapist in order for the family to experience a secure base. Emotion is primary in organizing behaviors and experiences in intimate relationships. Reactive emotions drive and entrench negative interactions. Accessing, experiencing and expressing primary emotions is the route to problem solving. Attachment needs are recognized as healthy and adaptive. The therapist's task is to help clients shape new cycles of positive interactions, where attachment bonds are strengthened and defensive emotions are regulated. Change occurs not through insight, or teaching new behavioral or cognitive responses, but through the experience of new emotional responses in the secure attachment bonds of family relationships (Dankoski, 2001; Johnson & Denton, 2002).

Theoretical Influences on Supervision

The consistency between my model of therapy and my philosophy and practice of supervision can be seen in the foci on the working relationship, the importance given to the person-of-the-therapist, parallel processes in the multiple system interactions of the supervisory context, the deliberate inclusion of the system of emotion in supervision and the collaborative attention to supervisee need and issues of diversity and power.

1. Supervisor/Supervisee Working Alliance: Developing a secure base in the supervisor/supervisee relationship is an important goal. I seek to develop a relationship which is generative, collaborative, trusting, respectful and empathic. I sensitively attend to the supervisor/supervisee relationship and apply the components of a therapeutic alliance: agreement on task, goals and development of an emotional bond (Bordin, 1979; Horvath & Bedi, 2002). There are relationship and task principles (Greenberg et al., 1993) I seek to enact in supervision. They include empathic attunement, creating a bond through empathy, genuineness and prizing, and facilitating task collaboration through experiential processing, fostering supervisee growth and autonomy, and facilitating completion of the supervisee's goals which we have contracted for.

Establishing a supervisory contract, is an important part of establishing an effective working alliance. I screen to determine that the supervisee has a basic level of relationship, conceptual, intervention and other core competencies (Nelson & Johnson, 1999; Storm, York et al., 1997). I also make sure that we have basic philosophical agreement about therapy and supervision, sharing openly my theoretical orientation to therapy and my assumptions about supervision. We negotiate a contract that outlines the risks of "person-of-the-therapist" supervision (Atkinson, 1997) and the expectations with respect to evaluation. So as to not hamper a supervisee's creative energy or misuse my power, I encourage multiple perspectives

by remaining flexible to negotiate a supervisory contract that honors therapist choice and participatory evaluation (Flemons, Green & Rambo, 1996).

While acknowledging the tacit hierarchy of the role of evaluator and seasoned therapist, I seek to develop “a collaborative, egalitarian system in which teacher’s and student’s [expertise] is shared” (Flemons, Green & Rambo, 1996, p.43). We contract for a collaborative working relationship, where I empower the supervisee to resolve impasses and to enhance his/her personal and professional awareness and competence.

2. Multiple System Interactions: The supervisor must attend to interactions of multiple systems: the intrapsychic system of the individual, the system of interaction patterns between therapist and clients, and supervisor and supervisee, the systems of the larger contextual variables in which these systems function and finally, the system of emotion. Frequently the dynamics between supervisor and supervisee are parallel to those in the supervisee’s relationship with his or her clients. Detecting these isomorphic dynamics provides a rich context for exploring a supervisee’s internal processing and its impact on the therapeutic system. I place a priority on attending to the patterns of interaction in the client system, while attending to the bond or the process of the working alliance at both the supervisor/supervisee interface and the client/therapist interface.

3. System of Emotion: Emotion is recognized as a natural part of systems theory (Greenberg and Johnson, 1998). The system of emotion is complex, inclusive and interactive, integrating bodily sensation, cognition, language and culture. This dialectical constructivist view of emotion is beginning to permeate different models of therapy, beyond the experiential approaches, from psychodynamic, to solution focused and narrative (Greenberg & Johnson, 1998; Perry, 1998; King, 1998; Lipchik, 2002). Studies of emotion and neuroscience have revealed the universality of discrete neural systems or brain circuits and shown the universal experiences of the basic emotions (LeDoux, 1996); Atkinson, 2002). As a supervisor I demonstrate and teach how to access this dynamic constructivist feeling-meaning process of emotion, (Greenberg, 2002; Greenberg & Johnson, 1998) and how it has the capacity to reach beyond content and context into universal experience. This movement beyond content thus becomes a highly respectful approach to dealing with issues of power and diversity.

I approach therapeutic impasses and ruptures in client/therapist bonding by facilitating therapists to access their primary emotions. In so doing, importance is given to including self-of-the-therapist issues in training, while retaining the focus and energy on enhancing therapist/client attachment. This way of working with self-of -the-therapist and family of origin issues does not turn the focus on to the supervisee and away from his or her attachment with the client system (Wetchler, 1998).

4. Issues of Diversity and Power: Recognizing that power relations are a part of every conversation and that values and world views of clients and therapists that go unexamined are likely to impact on what is happening in the process of therapy (Roberts, 1999; Turner & Fine, 1997), I seek to address the impact of these issues in a judicious, sensitive and open manner. I strive to be mindful of the risks of silencing that can happen unintentionally when wounds of oppression and resilience (Walsh, 1998) are discussed, as well as of the enriching capacities of discussing issues of power, culture, gender and other contextual variables (Turner, 2003).

As a supervisor I want to help therapists learn intentionality and to challenge the assumptions of the privileged group. Toward developing a non oppressive, collaborative supervisee/supervisor relationship that is enriched by difference, I am sensitive to issues of power and diversity throughout the supervisory process. I rely on a guiding question posed by J. Turner (2003): “How can I participate in such a way that engenders “sufficient safety”?” I explore with supervisees their multiple identities and gender, cultural and sexual biases (Long, 1996; Falicov, 1995; Turner & Fine, 1997) and how these variables may be impacting on interactions with clients and with me.

The integrative model of EFT tacitly addresses diversity and contextual issues by engaging deeply with the internal experience of each person in the system and with the interactions patterns of the system. Working with primary emotion, from an experiential framework extends beyond content into experiential process. In supervision, as in therapy, I attend closely to the nonverbal, emotional responses, and check in on an ongoing basis with the supervisee for feedback about his or her experience of the supervision process. I remain open to multiple perspectives and to learning from the supervisee’s expertise.

6. Philosophical compatibility: I want to support therapists who are open to explore and expand integrative orientations. What is most important in my approach is that philosophical and theoretical orientations, goals, and expectations be discussed clearly in the contracting and beginning stages of a supervisory working relationship. Compatibility must be found if the parties are to work successfully together.

Conclusion:

My goal as a supervisor is to engage in a supervisory relationship where we explore the supervisee’s internal and interpersonal responses to the client system. I do not seek to provide therapeutic solutions for him or her. The primary organizing question that I ask myself as a supervisor is, “How can I “be with” the therapist so as to enhance the therapist’s quality of presence (Robbins, 1998) and therapeutic effectiveness with his or her clients?” I choose judiciously amongst supervisory strategies, always placing maintenance of the working alliance (Rigazio-DiGilio, 1997) and following ethical guidelines (Woody, 1990) in the foreground. I want to create a secure, empowering atmosphere where therapists can feel and think clearly, with flexibility and intentionality. I seek to elicit “therapeutic wisdom’ in the supervisee. Modeling for the supervisee the use of self as a resource in the working alliance, I am transparent and congruent. I hope that by modeling openness and engagement with my internal process to the therapist, (Rober, 1999) the therapist will learn to live competently and comfortably with the anxiety and inevitable ambiguity that comes with wanting to be a “good enough” (Bettleheim, 1967) therapist in a postmodern world.

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