

# **Consultation and Supervision with Couple and Family Therapists: My Personal Philosophy Paper**

**Prepared for fulfillment of AAMFT Approved Supervisor Credential  
February, 2015**

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supervision: (1) to direct or oversee the performance or operation of  
(2) to watch over so as to maintain order

consultation: (1) a meeting for deliberation, discussion or decision

*New World Dictionary*

### **Introduction**

Considerable responsibilities accompany the privilege of serving as a clinical supervisor or consultant. Therapists in training have responsibilities to their clients' welfare and this is ultimately what drives the supervision. Similarly, supervisors have responsibilities to these therapists who are in training to develop their "best therapist self." The process of writing this paper has required me to examine exactly how I fulfill these important responsibilities.

Throughout most of this paper, I am primarily articulating my philosophy of providing supervision specifically within the model of Emotionally Focused Therapy, or EFT. When the supervisee's interest is in further developing their skills with EFT, it is my preference to work within that framework for supporting their work with couples or families. Elsewhere in this paper I discuss the importance of supervisor preparedness for providing supervision to therapists in training who do not work within the EFT model. My preference for supervising and practicing within the EFT model is based on my experiences in my EFT training, my clinical experience of supporting couples with EFT's attachment framework, and from my increasing appreciation for the contribution of John Bowlby's work in the area of human attachment theory, which serves as the

major theoretical anchor for the EFT model. Supervisees seeking training or supervision in the EFT approach will benefit from the supervisor's diligence in speaking, reflecting and questioning from within that model. They will also benefit from exploring how their client interventions, as revealed in video or live sessions, do and sometimes do not reflect EFT. The supervisor facilitates the supervisee's learning by highlighting examples of the supervisee's interventions that reference attachment affect, meaning and significance.

Throughout this paper, the terms supervisee, trainee, and therapist in training are used synonymously without regard to one's licensing status or level of experience.

### **Earlier Influences in the Development of My Approach to Supervision**

Many personal and professional experiences have influenced how I now supervise or consult with other therapists in training. A major influence was my having received consultation from nine primary supervisors in various outpatient, inpatient psychiatric, civilian, military, addictions and EAP settings over a ten-year period, prior to launching my full time private practice. Some supervision in those employment settings was more effective than others. In retrospect, both kinds of experiences taught me about effective supervision. In these clinical settings I learned about the limits of my skills, about coping with times of uncertainty as to how to proceed with clients, and I discovered how important it is to receive supervision that is grounded in a positive, affirming manner. I also became introduced to certain themes essential to establishing secure therapeutic relationships in which healing can take place. Foremost among these themes is that clients are unique individuals. Thus it is important for the supervisee to listen carefully, to assess, and to meet clients where they

are. This also suggests that we do not seek to make the client fit our model. If the client does not seem a fit my model or the supervisee's model, it is important to adjust our approach to meet the client's need or to consider referring the client. While I learned many crucial principles during my years of supervised practice, these are themes that have continued as notable influences on my service as a supervisor.

My initial experiences of providing supervision occurred when I led supervision groups in the supervised practicum for masters' degree students at the University of Santa Monica. This was the final two semester course for therapists in training who were seeking licensing as Marriage and Family Therapists. As I was a fledgling at providing supervision, I based my approach on the best of the supervision that I had previously received. I was also influenced by the training and experiences I had as a therapist. I gave it my best and I availed myself of consultation with more experienced colleagues.

For several years I have received case supervision and supervision of supervision, as part of my training in Emotionally Focused Therapy. A particular focus from this supervision, which has strongly influenced my supervisory style, is the experiential integration of self of therapist issues into supervision. While most of my hours of supervision and supervision of supervision focused on my ways of understanding and responding to my clients and supervisees, some of the more significant moments have involved the processing of strong emotions around my competency, around clarity with the client's process, and around the accuracy of my supervisory assessment of a supervisee's readiness for certification. My EFT supervisors' skills with

processing my self of therapist issues have provided me invaluable modeling for how to incorporate self of therapist issues into supervision sessions.

Some of my earlier post-graduate education included three years of training in Gestalt Therapy. The Gestalt approach afforded me a new training experience with working in the here and now. My EFT training and the EFT supervision I have received have held a pointed focus on here and now experiences, which have further influenced my bringing the benefits of this therapeutic approach to those who I supervise.

### **My Philosophy of Supervision-How My Values and Assumptions Inform My Approach**

My philosophy of supervision is based on my studies of various theoretical approaches to therapy and supervision that I studied in my graduate and post-graduate education as well as my experiences in giving and receiving supervision and in receiving supervision of my supervision. In addition, my philosophy has been informed by personal values formed throughout life.

The most important aspects of my philosophy of supervision are:

1. Creating a supervisory relationship based on empathy, emotional safety and security. This is done in part by demonstrating caring for my supervisees' clients as well as the supervisees' skill development, and through unconditional positive regard and empathy so they feel my caring for them even when they present their works in which mistakes are made. This also involves assessing if I am a good fit for a particular therapist in training.
2. As with clients, meeting the supervisee where they are. It is important for supervisors to recognize supervisees' strengths and weaknesses in light of

their respective stages of development and to allow the supervisory relationship to be developmental. In other words, one size does not fit all. As supervisors and therapists, it is not our prerogative to make people fit into our models.

3. Supporting the supervisee in strengthening their capacity for emotional self-regulation, including their tolerance for managing clients' emotional reactivity. This in turn supports the supervisee's ability to support clients with emotional regulation and co-regulation. Both features support clients in developing a more cohesive sense of self.
4. Maintaining an isomorphic nature to the supervisory relationship. This involves periodic replication in the supervisory relationship, of certain elements of the supervisee's therapeutic framework with his/her clients. Because isomorphism is a cherished value in the EFT training and supervision model, it will be utilized more often with supervisees engaged in the practice of EFT than with supervisees engaged with other therapeutic frameworks.
5. Promoting the development of best therapist self and of professional identity. This includes supporting supervisees with the developmental task of trusting their own internal supervision. This strength-based approach supports therapists in developing confidence in their skills and in trusting their own clinical judgment. It also prepares therapists for independent practice after their supervisory period ends.
6. Maintaining a curious, non-expert stance and the importance of collaboration. This assists developing therapists in approaching clients collaboratively.
7. Acknowledging the essential role of client responsibility
8. Utilizing a present moment focus

9. Maintaining a process rather than a content orientation
10. Recognizing and appreciating supervisees' awareness and tolerance of differences
11. Addressing self of therapist issues.
12. Making use of supervisor's self-revealing disclosures
13. Assessing and communicating supervisee progress

In the upcoming sections I will be choosing some of these key assumptions to discuss. I will also be relating these assumptions and approaches to key elements of the models that I have studied and describing how I apply them in supervision.

Among the key principles that I bring to my practices of therapy and of supervision are the basic qualities of empathy and unconditional regard, as espoused by Rogers, 1995. These essential qualities pave the way for establishing genuine caring in the supervisory relationship. This suggests that people don't care how much you know until they know how much you care. Just like clients, supervisees need to experience the genuineness of the supervisor's valuing of the person as well as the caring for their development as therapists. When the caring is palpable, supervisees are supported through vulnerable moments of self-doubt, through the stages of learning, and through the inevitable anxiety which accompanies one's professional development; Frantz, 2010.

In my view, therapist skill development occurs throughout our entire careers. Just as all humans move through developmental stages in becoming adults, supervisees move through stages of skill development on their way to coming into their own, or becoming their own best therapist self. I am reminded of Hogan's, 1964 comments to the effect that supervisors as well as supervisees are

vulnerable to anxiety and self-doubt as we move through our respective developmental tasks. Well timed supervisor disclosures to supervisees, of my own struggles, past or present, while expressing myself in an open, revealing manner with them helps them to experience this illustration of isomorphism in a way that is encouraging and validating to them. It also supports the non-expert stance as well as promotes safety for the supervisee as we learn together. This underscores the crucial objective of co-creating secure supervisory relationships.

From my early days as an intern, I internalized another principal that is fundamental both to effective therapy and to effective supervision: *Meet the client/supervisee where they are*. Implicit in this is, don't try to make the client fit the model. Instead, it is necessary to adapt one's working model in order to serve the client or supervisee. I have come to value how this principle holds true in the client/therapist relationships and the client/therapist/supervisor/supervisor of supervision relationships. As previously stated, throughout most of this personal philosophy paper, I am primarily articulating my philosophy of providing supervision specifically within the model of Emotionally Focused Therapy, or EFT. Yet when there is a need to offer consultation to a therapist who is not specifically requesting the EFT focus, I see it as my responsibility to become as familiar as possible with that supervisee's choice of therapeutic models. This fulfills two of my principles: 1) of meeting the supervisee where he/she is and 2) One size does not fit all. This enhances my development as a supervisor and places me in a better position to understand the supervisee within their own frame of reference. Some of this understanding of the supervisee's choice of therapeutic models will come directly from inquiry of the supervisee during the initial interview. Further understanding and clarification occurs during ongoing case consultation. When presented with this opportunity,

I draw on my past clinical experiences and training experiences that oriented me to numerous schools of psychotherapeutic thought. Additionally I have the option to arrange consultation with colleagues who are more familiar with a given supervisee's chosen theoretical orientation.

Another principle of my approach involves assisting supervisees in developing their skills for supporting their clients with emotional regulation.

It is particularly important that supervisees experience their capacity for and limitations for supporting couples and families with co-regulation. This capacity allows therapists to support clients through moments of emotional dysregulation (disturbance, distress and/or reactivity) so that couples and parents can increase their abilities to help each other regulate when they find themselves dysregulating. With time and practice, these couples and parents enhance their abilities to self-regulate and to co-regulate. As supervisees increase their own capacity for emotional self-regulation in the face of client reactivity this supports their increasing capacity for steadier emotional holding with their clients. This in turn supports their clients' growing abilities for self-regulation and co-regulation with their partners. The supervision setting is an excellent place to examine and process supervisees' moments of distress and dysregulation in response to interactions with clients. The degree of resolution which occurs as a result of this in-session processing can add greatly to the supervisee's regulating capacities.

As these regulating processes integrate into the psyches (Greenberg, 2002), greater self-organization occurs which supports the evolving and ongoing construction of the self. When supervisors identify and support supervisees in accessing affect during their vulnerable supervisory moments, experiential

learning takes place which results in the supervisees' greater self-regulation and greater ability to support clients with emotional regulation.

During my internship I discovered how respectful inquiry and how a collaborative non-expert stance pave the way for supervisees finding their way through the deep and sometimes troubled waters of early practice. By treating supervisees as professional colleagues they begin to grow in their professional identity, which relates to my objective of promoting best therapist self and supporting the emergence of professional identity. Loganbill, C., Hardy, E., & Delworth, U., 1982 discuss the importance of supervisor support as therapists in training address crucial issues as they move through developmental stages.

Another primary assumption useful in effective supervision is that clients' choices and decisions are their responsibility. One of the ways that supervisors support the skill sets of our therapists in training is to help them discover how they best can support their clients, *while remembering that clients themselves hold the ultimate responsibility for their choices and actions*. This delineation of responsibility, a corner stone to effective therapy and supervision, is a necessary ingredient in order for any psychotherapeutic model to fully serve as an effective long term change agent. As supervisees integrate this principle of client responsibility, they develop a more empowering approach to their clients. They are better supported with integrating this principle when the supervisor promotes this point of view.

EFT's focus on present moment processing draws upon the salient feature of the Gestalt Therapy method of "working in the here and now." I now draw upon this present moment focus in supervisory sessions. The slowing down of

processing within a present moment focus generally leads to clearer understanding of the therapist's clients' experiences and this results in more empathy for them. In some sessions, the present moment focus is especially useful in dealing with self of therapist issues. Isomorphically this supports therapists in training in becoming more effective with the moment-to-moment processing of their clients affect when the clients are struggling emotionally and teetering on dysregulation.

### **What I Have Learned from Other Models of Supervision**

Several models of clinical supervision have clearly delineated crucial elements of effective supervisory relationships and how they foster the emerging identity of "therapist self. " In this section I am highlighting seven contributors whose key elements resonate with one or more of my own key assumptions and values.

One of the profession's earlier and more detailed models for supervision was developed by Logan bill, Hardy and Delworth (1982). These authors proposed a supervisory model detailing eight critical issues which all supervisees face as they go through three developmental stages with two key transition points. As skill development advances, therapists in training inevitably face issues of identity, competence, emotional self awareness, self-directedness, tolerance of others and respect for individual differences, the search for therapeutic direction with clients, and issues of personal motivation and fulfillment in the practice of therapy. Regardless of the theoretical orientation of the therapist in training, the struggle and resolution of these issues contribute greatly to the development of ones sense of self as a therapist. Supervisors actively support trainees through these passages. As stated in my discussion of values and assumptions, I believe

that when supervisees experience supervisory relationships as sufficiently emotionally safe, encouraging, and positively affirming, they can more easily and confidently self-examine as these developmental issues inevitably emerge.

Hogan, 1964 highlights the inevitable anxiety present in training environments. The anxiety is inherent in the complicated developmental tasks, which have both cognitive and emotional components. The initial task involves the management and resolution of insecurity that comes from being primarily technique oriented early in one's skill development. As confidence grows, therapists in training discover the conflict between their desires for autonomy yet feeling their dependence on supervisors. Through time and experience this conflict diminishes and the developing therapists discover a more collegial relationship. Concurrently, developing therapists experience the task as requiring a shift in their clinical work that Hogan describes as experiencing their person as foreground and method as background. This maturation culminates with an even stronger level of autonomous work, a greater tolerance for one's insecurity, and more willingness to confront one's struggles. As Hogan points out, supervisors themselves are involved in these same evolving developmental tasks. From my perspective the supervisor's ability to engage in co-regulation with the trainee supports the trainee in managing this anxiety so that the trainee can proceed with the mastering the primary tasks at hand. Additionally, this speaks to my assumptions about developing emotional regulation and about supporting each supervisees' best therapist self.

Within systemic therapy, much has been written about the importance of collaborative systems and the non-hierarchical stance of therapists and supervisors. Adding to Rogers' definitions of the necessary and sufficient conditions for therapeutic change, I see the collaborative model as calling

therapists' attention to the necessity of the respect and valuing that clients internalize when met by a therapist with a non-hierarchical presence. Similarly, supervisors' attention is being called to the awareness that supervisees experience our valuing of them when we engage them with non-hierarchical presence.

During supervision, exploring with the therapist how their clients' dynamics reflect relational patterns leads to the therapist's understanding of their clients' intersubjective experiences, or the shared meanings that the clients co-construct during their interactions with each other. In order to understand their clients' meanings, the therapist in training must approach them with a curious and inquiring manner. Practice and experience with this approach supports a therapist in training with developing a collaborative systems way of thinking. Todd and Storm's The Complete Systemic Supervisor, 2002, offers valuable support for the supervisor's task of supporting supervisees in developing a systemic way of thinking. In particular, Todd and Storm support the development of cultural and contextual sensitivity and encourage therapists in adopting collaborative, non-hierarchical stances. The trainee's development of these sensitivities is amplified by supervisor empathy and acceptance of the trainee's uniqueness and by the supervisor engaging the trainee in a curious collaborative manner. This in turn increases the likelihood that the trainee will incorporate and bring these qualities into their client interactions.

In their 2002 text, Lappin and Hardy discuss family therapy's eclectic origins. They develop the perspective that "as contextually sensitive practice becomes more prevalent and the notion of diversity begins to include more and more thinking from other fields, couple and family therapy has the opportunity to, while maintaining its roots, create yet another paradigm shift and a whole new

aesthetic.” Said in different words, *one size does not fit all*. Clients must be uniquely understood through the lens of their own experiences, which include their cultural backgrounds. Supporting therapists in training with becoming comfortable with cultural and personal differences will greatly expand the therapists’ abilities to connect with, support, and bond with a wide variety of clients.

Palmer and Johnson, 2000, identified four key assumptions of EFT. As the supervisor integrates these assumptions into their supervision approach, the supervisee is in a stronger position to feel safe in that relationship and to thus integrate course corrective feedback that will result in more model congruent therapeutic work with their clients. These four key assumptions are as follows.

1) The therapeutic alliance needs to be as egalitarian as possible. Congruent with post-modern attitudes, we take the non-expert, collaborative path. We are helping the supervisee discover their experiences, just as they help their clients discover their experiences, the meanings ascribed to the experiences and we especially utilize emotion as the conduit for the exploration.

2) EFT therapists embrace a non-pathological stance. Congruent with the humanistic movement in psychotherapy, we see individuals, and thus couples and families as being in the process of growth and as Rogers, 1961 stated, fully possessing the internal capacity for change. It is empowering to supervisees when supervisors hold a focus on the supervisees’ innate resourcefulness and on their clients’ innate resourcefulness.

3) EFT therapists focus on process, not ignoring content but being careful not to become caught in a content focus. This requires a delicate dance involving leading and following then highlighting and reflecting the process.

4) As EFT therapists we are steadily at work promoting clients' possibilities for more secure attachment or connection with ones partners or family members. Our view of healthy dependence or interdependence is a marked departure from how dependence has sometimes been seen in other therapeutic circles.

The effective EFT supervisor not only monitors that the supervisee is progressing in these directions but seeks to integrate these assumptions into the supervisory interactions. This integration occurs experientially and in a collaborative manner.

Palmer-Olsen, Gold and Woolley (2011) have developed a detailed research based model of supervision within the context of Emotionally Focused Therapy. This supervisory model elaborates on the supervisory relationship as a secure base and it illustrates the isomorphic nature of supervisory and therapeutic relationships. This model was derived from a study that defines the key variables in effective supervision and it serves as the most current, state of the art supervision model that places the secure relationship itself into the very center of supervision's efficacy. The six key variables that emerged from this study are:

- 1) the use of a workbook or treatment manual. This supports the theoretical grounding of the model under study.
- 2) the use of therapeutic interventions modeled by the supervisor.
- 3) the time for trainees to practice the interventions modeled by the supervisor
- 4) direct observation of the trainee's work, either live or by video
- 5) clear expectations for the supervision
- 6) acknowledging the power inherent in the supervisory relationship

These variables point to the effectiveness of balancing cognitive theoretical understanding with experiential supervision that is at times very emotionally oriented, especially for the supervisee. The variables also underscore the

learning potential in training environments structured with a sequence of theory, modeling, practice, and then processing the practice in order to ground the learning. The EFT supervision method fosters a training environment organized around this sequence.

Additionally, those authors cite Mead, 1990 who demonstrates that supervisees more readily develop their confidence and capabilities when they experience their supervisors as approachable, respectful, and genuinely concerned with the supervisees' welfare. By modeling these qualities, supervisors support supervisees in developing and sharing these qualities with their clients. This again speaks to the isomorphic nature of therapeutic relationships and of supervisory relationships.

One of the lesser-known contributors to the body of ideas about effective supervision is British social worker Patrick Casement. His 1961 text, Learning from the Patient offers valuable discussion of the development of one's own internal supervisor, which will be discussed later in this paper.

### **Practical Methods Incorporated into Supervision**

Based on my theoretical approach, I begin each supervisory relationship with a number of objectives. They are:

- 1) To co-construct a relationship in which the supervisee will be comfortable being their self, sharing not only their successes but sharing also their work which reveals their mistakes and missed opportunities. Establishing a climate of safety is crucial in order for the supervisee to grow in confidence as a therapist and to deepen their trust in their own therapist self. This includes providing encouragement, reassurance, and validation and at times

clear course corrective feedback when a supervisee seems off track with a client or has lost direction in the treatment.

- 2) To oversee that client needs and client safety are being maintained.
- 3) To set up the relationship which has clear expectations. Not all therapists in training arrive with the same needs or goals. Clarifying the supervisee's supervision needs is more effectively completed when approached in a collaborative manner.
- 4) To provide ongoing assessment of supervisee's strengths and weaknesses.
- 5) To gradually foster independent critical assessment and case formulation; for example, "How do you understand the clients' issues? How do you understand the couple's reactive cycle?"
- 6) To support supervisees in conceptualizing their client dynamics from a relational and systems perspective.
- 7) To attune to the supervisee's level of client acceptance and tolerance for differences.
- 8) To address the supervisee's self of therapist issues as needed. This supports the development of the supervisee's best therapist self as well as their confidence in their ability to self-regulate. In turn, supervisees' readiness for independent practice is enhanced.
- 9) To assess the supervisee's functioning within professional and ethical boundaries. When supervisors attend to this during the supervisory period, therapists in training are much better prepared for independent practice
- 10) To support clients in balancing a process focus with due attention to content.

I fulfill these objectives by applying a number of practical methods that I describe below.

One foundational element of effective supervision is the joint development of a contract for the supervision. This action supports both parties in remaining focused on the supervisee's goals and needs. Whether by written or verbal agreement, it is crucial that supervisor and supervisee be in accord as to the supervisee's goals for consultation, the appropriate frequency of meeting, how to measure the supervisee's progress toward their declared goals, and in accord about clear agreements regarding the financial arrangements.

As noted above, it is important to have a method of reporting supervisees' progress to them, which is agreed upon by the supervisor and supervisee. I accomplish this verbally, informally, with the supervisees, as the period of supervision progresses. However this can be provided in writing, should a supervisee request it or should a given employment setting specify the report in writing. There is a wide range of the elements of progress that can be reflected to the therapist in training. With beginning therapists, this includes basics such as adhering to standards of confidentiality, child abuse reporting, completing sessions in a timely manner and sufficient documentation. More advanced therapists are often seeking reflections of their progress in light of model congruent interventions, how to more fully attune to their clients' needs and how to remain steady with ones empathic holding with clients who present more challenges to the therapist's self-regulation.

Establishing a climate of emotional safety is crucial in order for the supervisee to grow in confidence as a therapist and to deepen their trust in their own therapist self. Establishing this safety includes providing much encouragement, frequent reassurance, and validation. In all relationships, security results from cumulative experiences of emotional safety. Thus secure supervisory

relationships develop from repeated interactions in which our supervisees discover that they can be themselves, make mistakes, take risks, and still find supervisor acceptance, affirmation, and encouragement. In all likelihood the supervisory relationship will at times evoke some nuances of attachment security: tolerance of uncertainty, ability of the supervisee to rely, in a stage appropriate way, on reassurance from the supervisor, not only for factual information and explicit direction but also for affirmation of the supervisees progress. Supervisees also need to experience the supervisor's acceptance of the supervisee, independently of the supervisee's skills and to perceive that the supervisor is genuinely concerned with the supervisee's well being (Mead, 1990).

At times clear course corrective feedback will be needed, when a supervisee seems off track with a client or is giving signals that they may have lost therapeutic direction in the treatment. This feedback is received beneficially and with a minimum of defensiveness when the foundation of the relationship is one of prizing, validation, and acknowledgement of what is being done skillfully.

Depending on the supervisory setting and the level of experience of those being supervised, certain legal and ethical considerations will play either a small or a large role in the supervision being provided. Therapists in early training for example, need tools and guidance regarding informed consent, limits of confidentiality, facilitating releases of information, setting fees, and making referrals. Specific documents for making preliminary client assessments are useful. The supervisor's attention to these basic elements provides structure for the supervisee and ensures the likelihood that clients' needs are addressed. The prudent supervisor, early in the relationship, gathers basic information about the

experience and readiness that a supervisee has, for assessing and managing client crises. Supervisor support when crises emerge is one of the ways that therapists in training find the necessary confidence for managing crises. In this way the supervisor is also attending to client physical and emotional safety.

Most therapists in training will inevitably gain exposure to diverse cultures, religious and spiritual affiliations, sexual orientations, ethnic backgrounds and clients of varying ages. At times supervisees need support for cases involving issues of diversity. When this occurs, assuring that the supervisee understands the diversity at hand is crucial to ensure that effective therapy is being offered. I see it as my role as a supervisor to help illuminate these issues and to help guide the supervisee. This task is accomplished in part by supporting supervisees in being aware of their own issues of diversity. Roberto, 1997 discusses the individual reality of each person, who has a specific set of values, life cycle issues, personal metaphors, developmental challenges and gender and cultural filters that shape the supervisee's goals and style of learning.

In the practices of therapy and supervision, part of what I value is the opportunity for exquisite attunement to supervisees' and to clients' meanings. At times reaching for the meaning seems like de-coding and translating what people are saying. Supporting the supervisee with moment to moment processing is a key way to arrive at others' meanings. This leads to the experience of feeling understood, for both clients and for therapist in training. In the practice of Emotionally Focused Therapy with couples, we say that as clients begin to feel understood and accepted, that their reactivity can fall away and thus safety and security can come into, or return to the relationship. Something very similar occurs in an effective supervisory relationship. Finding

the supervisee's meaning and the values at play are crucial. As the supervisor supports the developing therapist in more clearly identifying what they mean to be saying and how they context their interventions in model congruent ways, more safety develops between supervisor and therapist in training. Particularly with video based supervision, there is an opportunity to slowly examine the therapist's and the client's processes and to discover the client's meaning and its attachment significance. Exploring the therapist's meaning, particularly with respect to a given intervention leads to clarification, understanding, validation, and to greater model congruent ways of intervening. Similarly when a therapist in training is experiencing conflict in his relationship with a client, there is the opportunity to discover the therapist's inner experience which will at times lead to a fruitful exploration of self of therapist issues.

Consider the plight of a heterosexual male intern who receives an assignment to counsel with a gay couple in an agency setting only to discover that he feels he simply cannot do this, given his value driven context of homosexual relationships "as just plain immoral." Great sensitivity and attunement are required by the supervisor to support both the clients and the developing intern in better serving the clients.

Systems issues such as these occur on various levels. In such a situation, multi-level implications exist, not just between the couple and the therapist but also between the agency, perhaps the agency's sources of funding and the philosophy and values of those funding sources, the culture of the local community, and the existing trust between supervisor and therapist. This calls for a respectful exploration of the supervisee's self of therapist issues and possibly, how, when, and whether to refer the intern for personal therapy to address the self of therapist issues at a depth which exceeds what supervision can ethically and

practically be expected to accomplish and at a depth which exceeds what the supervisee can comfortably and tolerably address in supervision. Great sensitivity and discernment are also required in evaluating whether the clients at hand would be better served by assigning them to a different therapist.

Most if not all therapeutic schools of thought recognize the importance of attending to self of therapist issues. In some schools this is also identified as counter transference issues, which, from a relational perspective can simply be viewed as co-transference issues. This language is somewhat more egalitarian and it seems more congruent with the principle of non-hierarchical supervisory relationships. Certainly much of this exploration can be accomplished in individual supervision, and in some cases accomplished within group supervision, if sufficient interpersonal safety has evolved within the group. How much of the supervisee's personal material/issues is it ethical to bring into supervision and when does the prudent supervisor recommend personal therapy instead? As Aponte, 1994 has said, "The question of where to draw the line between training and therapy is sufficiently complex that it is unlikely that anyone can develop a simple boundary that will win universal agreement." Again we see that one size does not fit all and here the value of respectful collaboration between supervisor and supervisee again becomes important. My value and assumption of providing a safe and secure supervisory relationship supports processing these self of therapist issues in supervision, case by case, to the depth that it seems prudent. These situations are examples of contextual variables that a supervisor might from time to time experience and address. For supervisors in training, making the right call on a choice of whether to refer for therapy, underscores the usefulness of receiving supervision of one's supervision.

Supporting supervisees in developing a process orientation is another key element of supervision. Therapists early in training are sometime vulnerable to becoming overly focused on the content of client material. Indeed, the client disclosures can be fascinating. Exploring with the therapist in supervision how the client dynamics reflect relational patterns leads to the therapist's understanding of intersubjective experience or the shared meanings constructed by people in their interactions with each other. Doing so supports therapist development of systemic thinking. One example of this is the focus and orientation to clients' negative interactive cycles, as taught in EFT.

Whether conducting a live supervision session or through an internet interface such as Skype, or through a recorded video session review, I almost always organize the session around the use of one or more of the supervisee's video clips of their own client sessions. While examining the film, we identify what the supervisee is most needing with the particular client or about the session under review. Video based supervision can also reveal, whether the therapist in training is operating from a systems perspective. For example, this affords the supervisor a close look as to how therapists understand the relational complexities of couples' negative interactive cycles. Reviewing recorded sessions also reveals how clearly the therapist in training explores clients' intrapsychic experiences and how those experiences filter into dyadic interactions. These recorded reviews also reveal how clearly the therapist understands clients' views of self and other. While reviewing recorded client sessions I offer encouragement and appreciation for the supervisee's interventions that were made in model congruent ways and offer suggestions for improvement. Supervisees find this very validating. Providing positive reinforcement for things that are done well reflects my assumption that people

learn more readily in a positive affirming environment. This promotes a safe and secure supervisory relationship. I find that when offering feedback to supervisees, it is imperative to balance the feedback between what was done well and also what could be done more effectively in any given intervention. Palmer-Olsen, Gold, and Woolley, 2011 add support for approaching supervision from a strength-based approach. They cite Liddle, Breunlin, & Schwartz, 1988 who assert that the effective supervisor should be a “strength detective.”

Another supervisory technique that I highlight is modeling of one or more of the same interventions used in therapy sessions. For example, in the EFT model, *RISSSC* refers to repeating clients’ words and clients’ imagery, softly, slowly, and simply in order to make better use of clients’ words and expressions. In supervision, responding to the supervisee with empathy, repeating some of their exact words, simply, and doing so at times softly and slowly can go a long way to model the model. In supervision, as in therapy, this application of *RISSSC* can clarify meaning, deepen affect and convey empathy. In both settings this enhances emotional safety.

Role-playing during supervision provides a powerful affective contribution to the learning process, particularly when combined with theoretical information, modeling and processing the role-playing. This points to the experiential nature of supervision, especially when conducted within EFT’s attachment framework. The supervisor or supervisee will frequently pause the tape and discussion of a particular therapeutic concept will follow. Teaching or reviewing a concept, followed by the supervisor’s modeling of how to apply it, along with immediate supervisee practice, often in role-play, is a highly effective use of supervision time. Processing the practice experiences integrates these preceding steps, with heightened attention to the supervisee’s moment-to-moment emotional

experience. This moment-to-moment sequencing replicates the momentum toward “present moment” processing which takes place within EFT therapy sessions. Doing so in the supervision prepares the supervisee for further attunement to their clients’ internal experiences in subsequent sessions. Experience with moment to moment processing, and the supervisor’s modeling of this, adds to supervisee preparedness for co-regulation with clients.

Occasionally I make use of a video of my own client sessions or draw from a master library collection of an EFT trainer facilitating a client session. Periodic exposure to the work of other clinicians, especially when I, or a trainer on film, addresses their own challenged moments, helps normalize many of the supervisee’s concerns about their own effectiveness. Again, this form of supervisor modeling of personal transparency and vulnerability, especially if the supervisor’s own film is shown in a group setting, validates and normalizes many concerns which supervisees experience. Again, as Hogan, 1964 emphasized, there is inevitable anxiety in training environments. The supervisor’s ability to engage in co-regulation with the trainee supports the trainee in managing this anxiety so that the trainee can proceed with the primary learning tasks at hand.

### **Closing**

As this paper demonstrates, attending to emotional safety and security is essential to the supervisory relationship. Monitoring supervisees’ progress with their chosen therapeutic model under study and reflecting their progress to them strongly support their development. These are hugely important facets of supervision. At the same time one of the most formative experiences which

developing therapists have is the development of their own *internal supervision*, which becomes authentically available to them, through practice and through time. In its earlier stages, the internal experience is often the voice of the *internalized supervisor*, Casement, 1991. For example, supervisees early in training will periodically report on challenging moments in a session and they proclaim to supervisors, "I heard your voice speaking or coaching me on just what to say." To be sure, this can be reassuring to the supervisee and it is evidence of learning how to respond therapeutically to their clients.

However, as time passes, it is to be hoped that there is less of the internalized supervisor's voice that is heard by the supervisee and more of the voice of their own *internal supervisor*, their own therapist-self. As supervisees progress through developmental stages, they integrate what they are learning experientially. What results is a synthesis of their studies, of supervision and of their own experiences in therapy. This synthesis emerges as a confident and authentic *knowing* or at least a *perceiving* of just how to respond to their clients, especially in key moments. It involves listening, deeply, not just to the client, but to the therapist's own inner attunement, which can sometimes seem to come from one's own unconscious and at times to come from having bridged to the client's unconscious. Attuning to and hearing this voice is the experience of *internal supervision*. This level of attunement is akin to what Hogan, 1964 described as the "deeper artistry" of the developing therapist and also akin to what he describes as therapeutic work done from the transcendent level, where intuition comes into play. In order for therapists to attune and respond from this level, there must be a willingness to confront our own struggles in living, including developing a security that is forged from acceptance of our own limitations and acceptance of our own insecurities.

Clearly, the development of these aspects of one's therapist self is ongoing, filled with trial and error, moments of painful self-doubt and moments of shining confidence. Supporting the development of our supervisees' internal supervision is one of the most important contributions that supervisors make.

### **Acknowledgements**

The experience of writing this paper has called me to a clearer and more specific focus of what I actually do in supervision and how I see it supporting the development of supervisees' best therapist selves. With respect to my seven year involvement with EFT I acknowledge and deeply appreciate the mentoring and encouragement I have received from Drs. Lisa Palmer-Olsen, Rebecca Jorgensen and Scott Woolley. They have helped me keep faith during my moments of struggle to be a better EFT therapist and supervisor.

It is with great gratitude and optimism that I look forward to expanding my supervision skills as yet another way of making a contribution to the therapists who consult me, and through them, the individuals, couples, and families whom they serve. It is highly fulfilling to me to participate in the profession in this leveraged way.

### **References**

- Aponte, H. 1994. *How personal can training get?* Journal of Marital and Family Therapy, 20, 3-15.
- Casement, Patrick J., 1961. The Internal Supervisor in *Learning from the patient*. London: Guilford.

Frantz, Tad G. *Developmental Stages in Supervision: Implications for Supervisor and Administrators, Practical Applications in Supervision*, California Association of Marriage and Family Therapists, 2010.

Greenberg, Leslie S. (2002a). *Emotion-focused therapy: coaching clients to work through their feelings*. Washington, DC: American Psychological Association.

Hogan, R.A. (1964). Issues and approaches in supervision. *Psychotherapy Theory: Research and Practice*, 1(3), 139-141. *The Counseling Psychologist*, 10(1), 3-42.

Johnson and Palmer, 2000: unpublished paper. ICEEFT, Ottawa, Canada

Lappin, Jay and Hardy, Kenneth, 2002. Keeping context in view/the heart of supervision, in Todd, Thomas and Storm, Cheryl. *The Complete Systemic Supervisor*. 2002. New York: Author's Choice Press.

Liddle, H., Breunlin, D. C., & Schwartz, R. C. (Eds.,) 1988. *Handbook of family therapy training and supervision*. New York: Guilford.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: a conceptual model. *The Counseling Psychologist*, 10(1), 3-42.

Mead, D. E. (1990). *Effective supervision: A task oriented model for mental health professions*. New York: Brunner/Mazel.

Palmer-Olsen, L., Gold, L., & Woolley, S., 2011. Supervising emotionally focused therapists: a systematic research-based model. *AAMFT Journal of Marital & Family Therapy*.

Roberto, L., 1997. Supervision in the transgenerational model, in Todd, Thomas and Storm, Cheryl. *The Complete Systemic Supervisor*. 2002. New York: Author's Choice Press.

Rogers, Carl, 1961, 1995. *On Becoming a Person*. Houghton, Mifflin Harcourt, New York.

Todd, Thomas and Storm, Cheryl. *The Complete Systemic Supervisor*, 2002. New York: Author's Choice Press.

