About supervision

SUPERVISION OF TA AND INTEGRATIVE PSYCHOTHERAPY

TO WHOM: STUDENTS OF PSYHOTHERAPY, COUNSELLORS

My philosophy of supervision:

Gilbert and Evans (2000, p.1) wrote: »Generally, there is agreement that supervision is a learning process in which a psychotherapist engages with a more experienced practitioner in order to enhance their skills in the process of their ongoing professional development. This, in turn, promotes and safeguards the well-being of their clients.« My philosophy of supervision is firmly based upon the integrative relational approach (Gilbert and Evans, 2000, Safran and Muran, 2000). With the term »relational«, I want to stress not only the importance I attribute to the supervisory relationship, but also the relational context of supervision as the basis, and main tool, of successful supervision. With the term »integrative«, I would like to acknowledge that I see supervision as a discipline which reaches beyond any one school of psychotherapy. Nevertheless, as a supervisor, I see myself being firmly grounded within the TA theoretical and organisational model.

1.   Therapeutic and supervision relationship

I understand the psychotherapeutic relationship as a two-way alliance between the client and the therapist, who develop their relationship based on joint expectations for reaching the agreed goals. I believe establishing a good initial rapport with the client is of crucial importance for the entire psychotherapeutic relationship, since it allows a working alliance to develop (Clarkson, 1997). I have found that methods of an Integrative Transactional Analysis can be applied to great effect in establishing contact with the client and nurturing the therapeutic relationship. Inquiry is useful in assisting the client to expand their awareness, to increase means acting in resonance with the client; it is a process of communion and unity of interpersonal contact which goes beyond empathy. The client senses my Involvement through my acknowledgement, validation, normalisation and presence in therapy (Erskine and Trautmann, 1997; Erskine, Moursund and Trautmann, 1999). For therapists, it is important to stay committed to the premise that each client strives to be the best they can be, and that the client's problems and pains have developed out of a set of beliefs and decisions, acquired over time, that constrict and distort their way of being-in-the-world. In order to understand the nature of therapeutic action, I observe to what extent I am involved in the therapeutic process. I have found Stark's (2000) conceptualisation of modes of therapeutic action to be of great help. Widdowson (2010) connects this model with TA, and agrees with Stark that effective therapists ought to be fluent in all three approaches (one-person, one-and-a-half-person and I-Thou relationship or a two-person relationship), and able to tailor their therapy to suit the individual client.

Although one cannot freely equate the therapeutic relationship with the supervisory one, we can, nonetheless, observe many similarities between them. Not only can the methods of an Integrative TA be successfully implemented into the relationship with the supervisee, the three types of relating can be observed within this kind of relationship as well. The difference seems to lie in the fact that supervision occurs in a specific relational context, which includes the supervisor, the supervisee and the client

concerned. However, they are all interconnected and in this regard, supervision is a co-creation of all persons involved.

Supervision must be performed in accordance with the level of development of the supervisee. Erskine (1982) describes three main stages of the trainee's development: beginning, intermediate and advanced:

- In the beginning stage of training the aim of supervision is skill development. The focus is on gaining information, techniques and finding a solid theoretical base for clinical interventions. This can be done in a number of different formats: supervision of audio or video recordings of therapy work, descriptions of the client, role-playing a client with supervisor, another trainee, or self as the therapist. The aim is on connections between clinical observations and theory and development of treatment plan.
- In the intermediate stage, supervision is aimed at building an identity as a therapist and refining the therapy approach. Supervisor can ask trainee for self-evaluation, discuss theory used and ask for summary. There is a goal to integrate their sense of self and to work on their emotions in order to understand and solve any personal difficulties that might create obstacles to their contact with clients.
- In advanced stage (multi-theoretical), the aim is in developing trainee's flexibility and integration of multiple theoretical frames of references. Trainees must also pursue self-supervision and learn to distinguish between observations of behaviour and theorising about observations.
- It is important to take developmental stages into consideration, as well as the fact that each individual progresses at their own pace and with their own rhythm of learning (Gilbert and Evans, 2000, p. 23).

2. Therapeutic and supervision relationship

If we take developmental stages into consideration, as well as the fact that each supervision is something special, it may be helpful to our supervision if we implement Mazzetti`s operational model (2007), which slightly modified Clarkson`s checklist (1992). Mazzetti's model defines seven aspects of supervision:

1. Establish a clear and appropriate contract: The contractual discussion is a procedure for understanding and explicating, that is, putting words to the supervisee's needs, which leads to the establishment of a joint direction. Most frequently used are interrogation and specification, sometimes confrontations and/or explanations may also be useful. Statements are being made in positive terms, being understood, specific, and being framed in terms of a result that can be observed and achieved. When faced with a double request, it is generally more effective to invite the trainee to choose one to begin with and then to address the other issue later. The contract must not become too rigid. It is a direction one takes initially, not a one-way street. This is where the co-creation of relationship and the co-construction of meaning begin, as mentioned by Gilbert and Evans (2000, p. 16). In doing so, we must be aware of the importance of respectful relationship and phenomenology. For example, we may explore together with the trainee what something means, thus becoming »co-researchers«. Furthermore, Gilbert and Evans (p. 76) point out supervisor contracts, suggesting we ask supervisees to provide us with a comprehensive list of their caseload, and then ask them for a regular review. The other requirement is that supervisions are regularly.

2. Identification of key issues: Mazzetti suggests that discount matrix is useful for identifying key issues and this is a specialty of TA supervision. With beginning therapists, discounting will more frequently occur in the upper left quadrant (i.e. the existence and significance of stimuli and problems), so we can often identify areas of risk. The greater the trainee's expertise, the greater the likelihood that discounting will occur in the lower right quadrant (i.e. the person's ability to solve problems and the person's ability to act on options).

3. Effective emotional contact with the trainee: Good emotional contact is a precondition for good supervision. Emotions are part of the supervision – it is necessary to recognise them, name them and understand them in order to develop effective awareness, even though the aim is not to change the trainee's script as is done in therapy. Emotional issues experienced in supervision may trigger insights and have strong transformational efficacy, especially with advanced trainees who have greater self-awareness (Pope and Sonne and Greene, 2006).

4. Protection of both trainee and client: One must be especially careful with supervisees who are just beginning their training. As was pointed out with regard to identifying key issues, new trainees may discount at a high level and thereby underestimate the dangers for their clients. Protection of trainees is also essential in this beginning stage. Enthusiasm linked to their new professional activity, together with an as yet incomplete knowledge of oneself and one's limits, may induce the trainees to take on commitments that exceed their abilities, take on too many clients or take on clients with problems that are too difficult for their abilities. It is up to the supervisor to be on the alert and if necessary to confront the trainees about such potential difficulties. In the intermediate stage of training, such risks tend to decrease. However, as the trainee's professional engagements increase, aspects that had remained hidden may now emerge, such as unresolved script issues that the therapist may transfer to clients. In the advanced stage of training, the risks are greatly reduced, but it is necessary to remain alert.

5. Increasing developmental directions: Each trainee needs the supervision to end with developmental prospects for the specific case and long-term growth directions to follow. This can be new options for intervention in a particular case, as well as discoveries made during supervision. It can also mean understanding how to stimulate trainees' cultural growth and their long-term professional passion.

6. Increasing awareness and effective use of parallel process: Mazzetti suggests that a parallel process in supervision—that is, the therapist acting with the supervisor as their client acts with them—is the expression of a deep knowledge or understanding of the client. In other words, to be able to act like their client, the therapist must have a deep and thorough understanding of that person. Relational model assumes that there are many connections and influences between a therapy and a supervisory relationship (classical parallel process, top down and bidirectional process (Safran and Muran, 2002)).

7. Develop an equal relationship between supervisor and supervisee: Based on the TA assumption that each person is OK, we need to accurately distinguish between what the other "is" and what the other "does." In supervision, at times we need to give negative conditional recognition to trainees. It may be worthwhile to bear in mind that refraining from giving conditional negative strokes, when it is appro

priate, is a way of discounting the trainees' OKness and their ability to accept confrontations that will be useful for their professional growth. An equal relationship is also fundamental in modelling the process, because the outcome of any transaction is determined at the ulterior or psychological level. Therefore, the most effective way of supervising is through modelling the desirable process. For the process of supervision, the above-mentioned I—Thou relationship is very important.

As a supervisor, I find it important that I am in my own regular personal therapeutic process and in supervisory process for the benefit of my clients. Furthermore, I attend supervision of supervision sessions. I am aware that I have my own blind spots, that my personal themes will continue to pop up both in the psychotherapeutic and the supervision process, but above all, that I will need professional support if I want to provide good supervision to my trainees and grow in supervision myself.

References

1. Clarkson, P. (1992). Transactional Analysis Psychotherapy. An Integrated Approach. London and New York: Routledge.
2. Erskine, R. G. (1982). Supervision for Psychotherapy: Models for Professional Development. Transactional Analysis Journal, 12, 314– 321.
3. Erskine, R. G. and Moursund, J. P. and Trautmann, L. R. (1999) Beyond Empathy: A   Therapy of Contact-in-Relationship. New York, London: Routledge.
4. Gardner, H. (2006). Multiple Intelligences: New Horizons in Theory and Practice. USA: Basic Books.
5. Gilbert, M.C. and Evans, K. (2000) Psychotherapy Supervision. Open University Press. Buckingham, Philadelphia.
6. Mazzetti, M. (2007). Supervision in Transactional Analysis: An Operational Model. Transactional Analysis Journal, 37, 93– 103.
7. Pope, S.K., Sonne, J.L. in Greene, B. (2006). What Therapists Don`T Talk About and Why: Understanding Taboos that Hurt Us and Our Clients. Washington, DC: American Psychological Association.
8. Smith, M. K. (2001) 'David A. Kolb on Experiential Learning. Retrieved on 11 July, 2012, from The Encyclopedia of Informal Education from http://www.infed.org/b-explrn.htm
9. Stark, M. (2000). Modes of Therapeutic Action. Nothvale, New Yersey, London: Jason Aaronson.
10. Widdowson, M. (2010). Transactional Analysis: 100 Key Points and Techniques. London and New York: Routledge.