

A Model For An Experiential Supervision Group

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When problems arise in supervision, the basic assumption is that the therapist is bogged down by either a lack of knowledge, or is struggling with **his or her** own unresolved problems which have been stimulated by **the** client(s). Providing concrete suggestions typically helps to resolve the former problems. The authors believe that the latter problem is of a counter-transferential nature and can be best dealt with in a group setting. Although most supervision is on an individual basis, the authors prefer a group setting because it provides support, encouragement, and an opportunity to see how others struggle with clients who are difficult for them.

Another essential aspect of supervision is to help supervisees make interventions which are congruent with their own personalities. This approach helps to integrate the supervisees' educational, life and supervisory experiences. In the presence of supervisees of different orientations, each supervisee widens **his or her** range of interventions and is able to become more accepting of differences in their own and others' feelings and approaches. As supervisees become more congruent and flexible in their interventions, they become more at ease with deeper layers of emotional conflict and expression and therefore more effective in dealing with individual clients, couples and participants in group therapy as well as their colleagues.

The Model

This experiential group supervision format uses the Redecision Therapy Model (Andronico and Dazzo, 1991; Andronico and Dazzo, 1996; Goulding and Goulding, 1979). The basic assumption in a rededecision model is that when people are stuck or

fixated at points of unresolved conflict, the origin of the conflict typically occurred during their childhood. The work is aimed at identifying the present day triggering mechanisms or stimuli for regression which leads the individual back to the point of the original unresolved conflict. This regression is usually beyond the individual's awareness and stimulates responses that are often inappropriate and ineffective for the present situation. Through therapeutic intervention, usually Gestalt empty chair work, a real or symbolic scene of unresolved conflict emerges. The decision that was made at that time in response to this conflict is then discovered and clarified. At this point the therapist helps the client make a more realistic, updated, and appropriate decision or "redecision" that differentiates between the present situation and the past conflict. This redcision is then anchored to maintain the redcision and the positive feelings and enabling motivations associated with it.

Application of the Model

During the first session there is the typical go-round of participants introducing themselves and their goals followed by a video tape of Bob and Mary Goulding giving both a theoretical orientation, and a demonstration of Redcision Therapy, followed by a discussion. The second session continues the discussion and one of the participants presents a clinical situation where [she or he is](#) stuck. Through discussion, it is first determined if the problem is of an informational nature. The group participates in exploring and clarifying issues. If this appears to be a counter-transferential issue, the supervisors themselves work with this supervisee and the group processes this work and their own feelings towards it. In the ensuing sessions the supervisees eventually work with each other in front of the group with everyone participating in the follow up

discussion of feelings and didactic suggestions.

It is important to stress here the leader's emphasis on establishing a supportive and positive atmosphere in the supervisory group that facilitates the supervisees in their work. When other supervisees see that the group responds to those who self disclose in a supportive and positive manner, they feel better that they are not alone in their feelings (universality), and that their fears of being ridiculed and competitively put down are not realized. As in a therapy group, the members typically respond to those who present their work in front of the group with support, encouragement, and admiration. This leads to an increased willingness to become vulnerable themselves when presenting their own countertransference issues. As Altfeld (1999) points out, negative responses to a supervisee's work stimulate shame, humiliation, and anxiety which, in turn, diminish the atmosphere of safety in the group. Therefore the supervisors' attitudes of compassion and empathy and the setting of a positive tone in the group is essential. This positive tone contributes to strong bonding among the supervisees which helps them to surface and reduce their feelings of jealousy, insecurity, and competition among themselves. Even though these feelings are dealt with similarly to those occurring in a therapy group, the focus of the supervisors is upon how these feelings interfere with the supervisees' work with their clients. Constructive suggestions often follow these interactions and discussions.

Most, if not all, supervisees give an unconscious demonstration of the difficult aspects of the case they are presenting since they themselves are struggling with similar issues which, for them, are also unresolved. Unconscious indications of regression, such as change in intonations, and other regressive signs (Andronico, 1985) are usually seen

by the other group members, but not realized by the presenting supervisee. The typical style of the individual work in the beginning supervisory sessions is to have one of the co-leaders act as a facilitator for the supervisee's work. After a few sessions, supervisees take turns in the role of the facilitator. Occasionally supervisees may ask for another group member to role play a problematic client instead of role playing this client themselves. This then becomes more of a psychodrama than a Gestalt intervention. As the person playing the supervisor's role picks up and responds to these unconscious messages, the supervisee tends to regress to his or her own childhood conflicts which resulted in getting stuck. Once this is accomplished (at least partially) and resolved in the moment, then the applicability of this resolution to the work with the client(s) is taken up and that piece of work completed.

For example, one supervisee, Josh, presented his conflict of wanting to allow an adolescent male client to proceed in therapy at his own pace, while simultaneously wanting to push him to move more quickly. During the empty chair role playing dialogue with this client, Josh experienced a strong surge of feelings from his own childhood when he saw his father in the chair he was occupying while role playing the therapist. With the supervisor's helping Josh to follow this process, Josh entered into an intense emotional dialogue with his father. This centered around Josh's sadness that he was "never able to please" his father, and his rage at his father for always demanding the impossible from him. Following a deep expression and exploration of his feelings, Josh stood up and looked down at "his father" and was able to forcefully assert himself in the role play, taking his present day strengths and applying them in ways he felt unable to when he was an adolescent.

Because this was supervision and not therapy, the work continued beyond this point, with Josh as the therapist now returning to his original role playing scenario with his adolescent client. The process work allowed him to exercise clearer clinical judgment between his client's needs and Josh's father's unrealistic demands. What typically follows an experiential individual piece of work like this is a group go-around in which the other supervisees have an opportunity to discuss their own feelings and countertransferential issues which were stimulated by the work. For example, the group responds much like a "Greek Chorus" supporting, validating, and expanding upon Josh's work with comments such as: "If I had a father like that, I'd also have trouble with those kinds of clients," and "I'm relieved to hear you talk about this, Josh, because I always felt angry and resentful that my father never seemed interested in my performance, and now I can see that I achieved what I wanted to without the extra pressures that you endured." This illustrates the value of an individual's work, highlighting and focusing a group on an issue that is common for everyone, and how the group, in turn, can support and encourage the acceptance and resolution of an issue that has both individual and generic importance. Those who are initially reluctant to self-disclose temporarily hold back their thoughts and feelings.

As they become secure in the group setting and trusting of other participants they are more comfortable sharing personal reactions and clinical issues. All supervisory sessions are, of course, not as simple and dramatic, but for the reasons mentioned above, more of this kind of work does happen in these experiential supervisory groups than it would in an individual session.

Advantages of Co-Leadership

The group environment provokes feelings of being in a family environment. The utilization of co-leadership furthers this transference tendency which has leaders as parents and other supervisees as siblings. Issues such as competition, sibling rivalry, and shame intensify regressive content when dealing with psychotherapy. The group atmosphere which provokes these feelings also provides an opportunity to reduce or resolve many of the unresolved conflicts which supervisees bring to their supervision group. The presence of two leaders (male and female) allows for a wider variety of transference issues to arise, and for more flexible interventions than would be the case with a single leader. If one leader is working individually with a supervisee, the other can be monitoring the reactions of the others in the group. In some situations involving intense transference reactions to one but not the other leader, the less involved leader can facilitate the work by helping to clarify what is happening in the interaction between the other co-leader and supervisee, thus reducing the anxiety and fear of the participant doing the work. The presence of a co-leader often allows a leader to take more of a risk with a supervisee, knowing that the other co-leader can serve as a mediating or balancing agent if necessary.

As in good parenting, it is essential that the co-leaders demonstrate an effective and caring relationship. Understanding, support, and confidence in each other needs to be observable in the group, as well as a willingness to respectfully disagree without being hostile or competitive. When the co-leaders are male and female, gender role expectations are evoked. As Schoenholtz-Read (1996) points out, expressing different points of view is particularly important to allow for varying reactions according to an individual's experiences. Co-leaders do not necessarily demonstrate stereotypical

male/female responses, but rather allow for the complexities of reactions within each gender.

In Conclusion

The authors' approach to supervision is to help each supervisee to think through [her or his](#) intervention strategies and to deal with anxieties about areas of uncertainty. The supervisee is helped to recognize that every professional has [his or her](#) own view of personality dynamics. They also have their own ideas as to what intervention is usually most helpful at specific times. One of the most crucial aspects of supervision is to help the supervisee to make interventions which are comfortable with his/her style. For example, a similar intervention can be made in several different ways depending on the therapist's choice [of](#) when and how to intercede. As supervisees become more confident in their own unique way of intervening, they become more confident and competent. They can adhere to a "school" of psychotherapy, while maintaining and refining their specific application of the principles of that "school." In addition, they have expanded their perspectives and intervention skills through the supervision group experience.

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