Some Observations about Supervision/Consultation Groups

Nancy McWilliams, PhD

I have never considered myself a professional group leader; given my fascination with individual differences and dynamics, I prefer to see one client at a time. Yet the best training for individual therapy I ever received was in a supervision group. For many years, I belonged to a countertransference-focused group in New York City led by Arthur Robbins (e.g., 1988); in fact, if the commute from Flemington were not so daunting, I would still be a member. I found that participation in this intensive experience expanded my knowledge, kept me honest about my struggles and blind spots with patients, reduced the loneliness characteristic of private practice, and extended my range as a therapist by allowing identifications with other professionals.

Currently, I find myself leading five ongoing supervision or consultation groups composed of professionals of varying degrees of experience. (While most people refer to them as supervision groups, except for my graduate-student group and instances of aspiring licensees counting group hours toward supervision requirements, they are actually consultation groups in that the treating therapist retains legal responsibility.) My four private groups consist of seven licensed therapists who meet regularly for 90 minutes to talk about cases. One group meets weekly, one three times a month, and two every other week. Membership is fairly stable. The oldest group formed in 1978 and still contains an original member. The newest began in 1997 as a seminar on personality organization for practitioners and became an ongoing group when several participants wanted to continue meeting and learning. Gradually, membership has come to be predominantly female, perhaps reflecting the feminization of Psychology as a field or the greater disposition of women to continue their professional education after licensure, or both.

My other group, for advanced doctoral candidates at the Graduate School of Applied and Professional Psychology at Rutgers, has been running since 1982. I try to keep membership down to nine, but in order to make the experience available to all interested individuals before they graduate, I have sometimes admitted up to twelve students. We meet weekly during the academic year for an hour and a quarter. Once admitted, students may stay as long as they wish. Some have remained three or four years, but there is significant turnover annually as people graduate or leave for internship.

Aims

The chief purpose of a supervision group is to increase the therapeutic skills of members. It offers fringe benefits in friendship, networking, comparing notes on professional issues, and learning for its own sake. It provides a rare kind of sanctuary, a place where therapists–who suffer self-conscious concern about their impact on others to a greater extent than any other professionals I know–can let their hair down, kvetch, laugh, compare experiences, and find consolation. Members report that belonging to a group helps them contain their most problematic feelings when working with difficult patients because they know they can vent later to a sympathetic audience. In a group they can also build on their strengths, increase their facility in giving feedback, try out their own supervisory style, and develop a realistic appreciation of their capacity to make helpful contributions. “I found my own voice here,” one participant recently reflected.

Methods

Group members are invited to present cases, especially challenging ones, with the exception of anyone they know to be recognizable to another member. They are also encouraged

to bring up professional issues (e.g., fees, cancellation policies, conferences, insurance headaches, legal and ethical issues, resources for patients with special needs) about which other group members may have knowledge. They are asked to voice concerns about how the group is going and especially to mention any problems that interfere with their comfort in presenting their work.

Role of Members

The role requirement of a member of a supervision group is to attend regularly, to talk as honestly as possible about transactions between self and clients, to be sensitive to other members and to the ethical complexities of talking about patients, and to comment on any indications of a reluctance to present. In these groups of professionals and aspiring professionals, I rarely have to bring up group process issues. Participants, many of whom have better training in group dynamics than I do, are alert to the manifestations of common problems such as feelings of being criticized by each other, ambivalence toward new members, reactions to the loss of a member, and unfinished emotional business from the previous meeting. They are quick to address any impediments to a sense of safety.

Role of the Leader

At their best, supervision groups provide a deeply intimate, emotionally satisfying kind of learning in which members reveal their most painful misunderstandings and mistakes so that they can understand them, rectify them if possible, and avoid repeating them. My experience with Art Robbins was profoundly self-exposing, but when I started leading groups for colleagues, I knew that his rather penetrating style was a bad fit with my own personality. And my circumstances were different. Most members of a Robbins group come with years of psychoanalytic immersion,

as patients and students. They attend meetings expecting to explore the nooks and crannies of their own psychologies, sometimes with intense affect. In contrast, my groups seem to appeal to many people *without* much psychodynamic background; frequently, members join to add that perspective to their professional repertoire. They have not signed up to bare their souls and would probably feel invaded and exposed if I were to probe into their dynamics. Especially in the GSAPP group, given the unequal status of student and faculty member, I am careful not to push members to disclose beyond their comfort level.

I seem to have a dual function in leading educative groups for clinicians. First, members expect me to provide knowledge, to speak as a seasoned therapist and to refer them to literature that can illuminate their work with clients. Second, once they have identified a group dynamic that interferes with their freedom to learn, they look to me for leadership in resolving the problem. There seems to be an ebb and flow peculiar to each group as to how much of each is called for. In the GSAPP setting, where participants are burdened with the status of students under constant evaluation, there seems to be a greater need for me to address dynamic issues such as competition for my approval, insider/outsider themes (often presenting as old member/new member issues), and inhibitions about giving me negative feedback. At the same time, these groups are particularly hungry for content. Consequently, I find that striking a balance between providing knowledge and processing dynamics is hardest there. Often the tension in the group between wishes to be taught and wishes to discuss group issues in a more participatory way is expressed as a split between those who ask me to speak more conceptually about the case being presented and those who want to address the interpersonal currents in the group. The students have intense and complicated relationships outside the group, and I rarely know much

about their personal attachments. Thus, they often have to bring up relational dynamics that are not always visible to me.

Also at GSAPP, my own efforts to accept criticism without defensiveness seem particularly vital to the professional growth of participants, who are relieved to learn that telling the truth in this context is not dangerous and that therapeutic authorities can admit to and apologize for mistakes. Although more dramatically evident there, blundering and copping to blundering may be critical therapeutic processes for any leader. As Kohut (1977) and others (e.g., Casement, 1985, 2002; Maroda, 1991, 1999; Wolf, 1988) have pointed out, the therapeutic effect when a person in authority admits to and explores the effects of an empathic failure can be worth the pain of the mistake. Therapists tend to have perfectionistic defenses that are reinforced by regular admonitions about appropriate behavior and professional responsibility. They need models and mentors who can keep their self-esteem despite acknowledged limitations and who concede that some clinical situations are inherently defeating, regardless of good intentions and proper training.

Group Process and Nature of Interactions

In a typical group meeting, one patient is presented in detail. The group listens to the presenter's clinical dilemma, tries to understand the psychology of the client and its current effects on the therapist, and offers feedback that includes hypotheses about case formulation, resistance, transference, and countertransference. They also give moral support, share comparable experiences, suggest interventions, and report emotional reactions that are assumed to parallel a process going on between client and therapist (Ekstein and Wallerstein, 1958).

There is a recurrent tension in supervision/consultation groups between wishes for

cognitive mastery and wishes to express and explore the complicated affects that the client and/or group process evokes. Although the contract in such groups is not for treatment, the in-depth learning that may occur there has therapeutic effects, and some members explicitly pursue these. Sometimes the tension between intellectual and emotional levels of discourse is embodied by different group members. One person complains, “We stay too much in our heads,” and urges deeper exploration of personal countertransferences, while another wants me to “teach more.” At other times, this dynamic emerges as a shared group ambivalence. Members become aware of both wanting and not wanting to expose the dynamics in themselves that have become activated by a patient’s psychotherapy.

I address this tension proactively, stating that I will try to foster an atmosphere in which emotional intimacy will naturally evolve but that I will respect individual differences in willingness to disclose. I cherish intimate revelations in these groups because I believe they deepen the learning process (probably by activating the brain’s right hemisphere), but I attempt to err in the direction of deference to members’ personal boundaries. It is exposing enough to present one’s work to seven colleagues, especially when admitting confusion or error, and people can tolerate only so much exposure without undue shame. In my training I once felt emotionally violated by a group leader, an experience that needlessly delayed my progress in trusting others with my innermost thoughts. It would be hard to overestimate the vulnerability felt by therapists, especially newer therapists, when describing their work.

In order to encourage self-revelation without intruding on members’ privacy, I tend to express my own feelings frequently, associating to clients who have activated particular dynamics in me, lamenting the affective stresses of the work, and naming the emotions that a

clinical portrayal is evoking. When a presentation seems stilted or intellectualized, I may ask the presenter to role-play the client, with me or a volunteer as therapist, so that the affective tone of the work can be more present without the presenter's having to "own" the countertransference alone.

Resistance in supervision/consultation groups may be manifested by members' absence, repeated lateness, or "not having anything to present." The last situation, however, may not always indicate an unconscious obstacle to learning. As groups mature and members get more clinical experience, there is usually a shift from "I don't know what I'm doing with this client!" to "I guess I could present someone I think I'm working okay with, but whom I'd like to understand better." Therapists, who tend to have both characterological and learned tendencies to put the needs of others ahead of their own, may hesitate to present if someone else is seen as "needing the time more." Frequently, group members are amused by the reaction-formation with which their colleagues handle competitive situations: "You go ahead and present; I presented recently." "No, *you* present; you have a more pressing issue."

Sometimes I intervene when I feel a member is being excessively generous and not claiming a fair share of air time (see McWilliams and Stein, 1987, for a discussion of women's defenses against competition in groups led by women). In my longest-running (and all-female) group, members have decided to present cases in a regular rotation, suspended if someone has a crisis, because it has become rare for members to feel a beginner's urgency about getting help. Whereas such a decision might be addressed in a therapy group as a defense against spontaneity and competition or as a heavy-handed effort to legislate fairness, in an educative group for mature professionals it seems to be an adaptive arrangement.

The more voluntary is a person's membership in an educative group, the fewer resistive dynamics seem to appear. Members who are accruing hours toward licensure have typically been more ambivalent about belonging. Interestingly, more than one such member has dropped out upon being licensed. In one instance, a woman who had left after passing the oral exam returned after two years, commenting that her experience of the group was radically different now that supervision was no longer "required."

Concluding Comments

Let me conclude by noting that the wish to learn and grow is a deep, compelling feature of human psychology. When respect is maximized and shame minimized, most professionals open themselves eagerly to learning. As they grow as therapists, there is visible improvement in their patients, and nothing could be more reinforcing to their commitment to group participation. I feel privileged to have witnessed the clinical maturation of so many talented and conscientious practitioners in the context of experiential/educative groups. I have learned from them as much as I have taught, and I appreciate the opportunity to reflect on the experience here.

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