

PHILOSOPHY OF SUPERVISION

Systemic Thinking

I provide supervision based on Accelerated Experiential Dynamic Psychotherapy (AEDP) and Emotionally Focused Therapy (EFT) to nurture secure learning. I foster a good supervision experience and explicitly ask supervisees what's happening now in our relationship, and how I am impacting them in the moment.

Purpose and Goals for Supervision

The dyadic supervisory relationship includes a working alliance, a "collaboration to change" with shared goals, tasks to reach those goals, and the developing relational supervisory bond (Bordin, 1983). By sharing my Supervision Disclosure Statement, completing our Supervision Contract and creating our Supervision SMART Plan upfront we immediately review our purpose, develop shared goals and tasks, and establish a working alliance.

My supervision model's purpose is to nurture trainee's growth into becoming a secure functioning therapist. To support that purpose, my short-term goal for trainees is attending weekly supervision with queued recording and questions. My supervision long-term goal to fulfill trainees' growth purpose is to adequately develop and demonstrate AAMFT's Core Competencies of Conceptualization, Perceptualization, Executive, Evaluative, and Professional. (JAMFT, 2007) and AEDP Fidelity Scale (Prenn & Fosha, 2017).

As I monitor trainees' clients' welfare I listen for therapeutic benefit occurring, and for no harm happening to client. My supervision goal that supports this purpose is trainee sharing any negative feedback from client with me.

Gatekeeping in supervision entails screening trainees for entry into the field, ensuring trainees become capable clinicians and getting whatever is needed to achieve that. It also means informing trainees if they should no longer see clients. My gatekeeping process first involves sharing my concern with supervisee, and listening to supervisee's understanding of the concern. If they do not correct it then I would go through the termination of supervision process. If they do correct it then I would follow up to check in on the corrective action until I hear a solid understanding of the corrected behavior.

Roles and Relationships

My primary supervision approach is AEDP-modeled supervision whose 7 Key Concepts are: 1) Undoing Aloneness, 2) Transformance/Privileging the Positive, 3) Affirming, Celebrating, Delighting, 4) Moment-to-Moment Tracking – Making the Implicit Explicit and Specific, 5) Metatherapeutic Processing/Metaprocessing, 6) Map of the Transformational Process – Four States, and 7) True Self/True Other Responsiveness to Need in the Moment. AEDP Clinical Skills will be tracked: 1) Experiential Skills, 2) Privileging the Positive, 3) Relational Skills, 4) Affective/Emotion-Focused Techniques, and 5) Integrative/Reflective Skills.

Since my second systemic supervision approach is EFT-centered, my role is to nurture secure functioning attachment within the supervisory relationship by compassionately helping trainees identify their vulnerable primary and secondary emotions, underlying needs, and see them within clinical, supervisory and other influencing external relationship cycles. An accessible, responsive, and emotionally engaged supervisory relationship ensures a working alliance (Bordin, 1983). Establishing a trauma-informed perspective, mindful attunement, and minimized microaggressions in supervision also helps trainees become a secure functioning therapist. As a result, a recent graduate student intern who completed his year-long internship

remarked at his farewell that he's never been in a place like this where everyone likes each other equally rather than having cliques, surely an achieved systemic supervision goal for me.

I also integrate the Discrimination model's roles of teacher, counselor or consultant, tailoring my responses to my trainee's needs as defined by Bernard and Goodyear (2004). Likewise, I keep mindful of the Hawkins and Shohet model which focuses on the therapy and supervisory system using different roles or styles, offering support and reassurance and containing the supervisee's affective responses (Bernard & Goodyear, 2004). I listen for the need to be more directive and serve as teacher especially with beginning supervisees or more collaborative as a consultant usually with the advanced supervisees, although roles are contextual and recursive. I coach case conceptualization, mentor self of the therapist and administrative standards.

The evaluative role is ongoing in supervision. I collaboratively define clear role expectations to prevent supervisee role conflict and ambiguity. I make roles explicit to cement bond and solidify goal and task agreement. Some self-disclosure supports supervisee disclosure, adherence to treatment, and allows the supervisory process to facilitate therapeutic change (Soakai 2008).

Awareness of personal and professional experiences that influence supervision

I am an effective supervisor when I am aware of how my personal and professional life experiences influence it (Lee & Nelson, 2014). Personally, I am a Hawai'i born Caucasian, Native American, heterosexual, slightly overweight, 5'6", 42 year-old female. I was born to protesting hippie counter-culture parents in poverty on welfare and drugs until 9 years-old when I was placed in a middle-class hippie-turned-yuppie foster-home. I responded to Christianity around 8 years-old, put myself through four years of college and graduate school (ability), and am now married and a mother of two young adults, in the middle class.

Professionally, I am an entrepreneur in private group practice in a middle class area of town, group President of a company contracted with over twenty-five health care insurance companies and Employee Assistance Programs who sublets or office shares nine offices to around twenty pre- and licensed clinicians and graduate students in the expanding military town of Colorado Springs. I am a passionate clinician and supervisor who loves cultivating trainees.

Being raised in Hawai'i among so many different races, ethnicities, genders, sexual orientations, ages, sizes, abilities, nationalities, religions, and economic statuses as a minority I adapted as a chameleon within different contextual and cultural environments in order to survive socially. I adopted cultural mirroring and a collective reconciliatory perspective (Siegel, 2015). As a positive result, I supervise a diverse mix of trainees of different genders, ethnicities, ages, sizes, and social economic statuses and feel comfortable doing so. However, I sometimes automatically see past differences, leading to blind spots or assumptions with trainees. At times I forget trainees' different backgrounds so I remind myself to be more intentional. Chiefly, my life experience as a foster-child founded my passion for AEDP and EFT and its powerful impact of secure attachment in systems, influencing my personal model of supervision for best.

Preferred approach to therapy, of supervision, and their connection

Although I favor AEDP and EFT as a clinician and supervisor, I may sprinkle other systemic therapies like Gottman Method Couple Therapy (GMCT) and Interpersonal Neurobiology (IPNB), in my clinical work and supervision. GMCT helps me practice ATTUNE (Awareness, Turn towards, Tolerance, Understand, Nondefensive, Empathy) and do in supervision what the Masters of relationships do (soft start, accept responsibility, appreciate, self-soothe), not what the 4 horseman of the apocalypse of relationships do (harsh start, defend,

contempt and stonewall). The IPNB approach promotes connection while honoring differences helping me make whole-brained choices like connect with supervisees before redirecting them, with a Curious Open Accepting Loving (COAL) stance (Siegel, 2015). EFT supervision is dialectically systemic and developmental so I provide a secure base and acknowledge the developmental stages of trainees akin to infancy, toddler, childhood, adolescence and adulthood while being cyclical and recursive rather than linear or chronological, ever adaptive to the current and broader context. Ultimately AEDP supervision is emerging as my core.

Sensitivity to contextual factors

The continual awareness of context including culture, ethnicity, race, sexual orientation, age, sex, gender, economics, etc. is important within my supervisory context of a group private practice setting. As an attuned supervisor I recognize potential microaggressions of microassault, microinsult, and microinvalidation could occur if not mindfully attended (Lee & Nelson, 2014). Microaggressions are "brief and common place daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative...slights and insults" (Sue et al, 2007). I liken this to GMCT's 4 horsemen of the apocalypse.

I provide a safe and challenging environment for trainees, and initiate discussions of similarities and differences of ethnicity and gender issues as recommended by Bernard & Goodyear (2004). If there's awareness of "other" I hope to foster curiosity and respect for it in supervision from IPNB's COAL stance. I value and model the dialectic of diversity, honoring unique differences while promoting similarities as accepting common humanity for trainees in supervision according to IPNB.

Preferred process for supervision

My initial process for supervision includes individually reviewing the Supervision Disclosure Statement (philosophy of supervision) (Lee & Nelson, 2014), completing Supervision Contract, creating Supervision Plan and previewing Core Competencies Evaluation. Next, I provide monthly to weekly individual supervision within an outpatient group practice. Formats include technology-assisted video and case consultation including evaluation, progress notes, treatment plans, and verbal report. My site offers trainees a client population of multicultural families in Colorado Springs and neighboring areas with children, adults, couples and families with emotional, behavioral, and relational issues.

I prefer individual supervision for more vulnerable intimate honesty and self-reflection and for private quarterly evaluation. I favor triadic supervision for cross feedback and systemic dynamics. Students present ten minute video recordings of a session demonstrating a particular theory or skill. This facilitates self-reflective activities like focusing on specific therapy techniques and how things are said (paralanguage), helping the supervisee see the relationship between process and content, and differentiating a conversational tone and a therapeutic prosodic voice (Bernard & Goodyear, 2004). I also ask for trainee's specific questions and ask others in group for their questions or feedback.

Case summaries, notes, and treatment plans help me see how experience is translated into a narrative and trainee report allows reframing. All supervision notes are safeguarded with the same confidentiality as clients'. Upon completion of supervision I ask trainees to complete the adapted Evaluation of Supervision from this class' application evaluation and an AEDP-FS post review. I answer questions about their ongoing and final evaluations and invite self-rating.

Sensitivity to ethical and legal matters

My supervision attends to ethical matters and dilemmas by cultivating an ongoing mindful awareness of AAMFT ethics and legal factors. I recognize ethical or legal matters when my Conceptualization skills of knowledge and experience of ethics and laws connect with my Perceptualization skill of listening for such issues. I help trainees learn to find, understand, and use applicable ethics and laws/regulations and develop awareness of any arising ethical or legal concern by regularly discussing ethics, laws, regulations, and state board rules and policy references and situations in supervision. I familiarize trainees before situations arise, during a concern, and review what was learned after an issue transpired or is handled. I share changes as I learn of them and the source for future reference like Office of Civil Rights' newsletters about HIPAA regulation changes and learning opportunities like free webinars. I reference Colorado's latest legal guidelines (Lane, 2016) and AAMFT's Legal Guidelines for Therapists (AAMFT, 2016) showing supervisees its location in the office. I familiarize them with Colorado Department of Regulatory Agencies' rules online. During supervision we bring up an ethic and how trainees have applied knowledge of it with clients so far or imagine doing so in the future. I frequently remind them to see me for help in the process if subpoenas happen, when to call their liability insurance, and to document the process in the clients' file, as I document it in their supervision file.

My Decision-making Model utilizes AEDP, Gottman's ATTUNE, EFT, IPNB, and Core Competencies to address ethical and legal dilemmas adapting it as needed for continual improvement. So far trainees have been responsive to this Model and process.

Integrated MFT supervision literature

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