
HUMANISTIC PSYCHOTHERAPY SUPERVISION: A Conceptual Framework

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In this article I will attempt to make some sense of the many different approaches to supervising therapeutic work. My primary focus will be the supervision of individual therapy and counselling, although many of the issues will be applicable to the supervision of other therapeutic work, such as with families, couples and groups. I will focus on the supervision of a therapist or counsellor working independently, as the issues become even more complex when the

supervisor has obligations to a team or employing organisation, and I have written about these issues elsewhere. (Hawkins 1979, 1982).

Six Modes of Supervision

Having experienced four individual supervisors, and been in several peer-supervision groups and supervised others for nearly 10 years, I have become aware of the very differing styles of supervision practised within humanistic psycho-

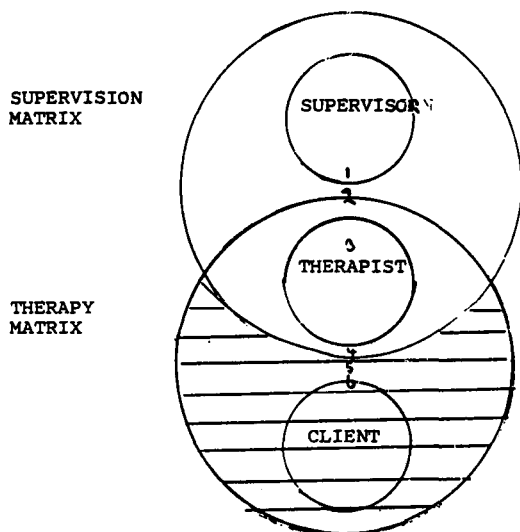


Figure 1

Shaded area is only available to the Supervision Matrix through some form of reflection.

logy, each placing its focus on a different part of the process. In a recent study day of one of these peer groups, (with Judy Ryde, Robin Shohet and Joan Wilmot), we took some time to explore the differing styles that we each had experienced. From the list that emerged, I have developed a model and a map of the varying supervision styles, categorised by where the centre of focus lies within the supervision.

Supervision minimally involves three people, the client, the therapist and the supervisor, each with their own complex processes, pathology and ways of relating. It also involves two systems of matrices: the therapy system, which interconnects the client and therapist, through some agreed contract, regular time spent together and a shared task; and the supervision system or matrix, which involves the therapist and their

supervisor, through their agreed contract, time spent together and a shared task. The task of this second matrix is to pay attention to the former matrix, and it is in how this attention is given, that supervision styles differ.

The major distinction in supervision style is between supervision that pays attention to the therapy matrix, through how that system is reflected in the here and now experience of the supervision process, and supervision that gives attention to the therapy matrix through the supervisee and the supervisor, reflecting together on the reports, written notes or tape recordings of the therapy sessions.

Each of these two major types of supervision can be further subdivided into three categories. This provides a framework as follows:

I. Focus on Therapy Process as it is reflected in the Supervision Process.

1. Focus on Supervisor Counter-Transference.

Here the Supervisor primarily pays attention to their own here and now experience in the supervision; what feelings, thoughts and images the shared therapy material stirs up in them. The supervisor uses these responses to provide reflective illumination for the Therapist.

2. Focus on the Here and Now Process.

The here and now process between the Supervisor and the supervisee is used as a mirror to reflect what may be happening in the therapy relationship. (See Mattinson J. 1975).

3. Focus on the Therapist's Counter-Transference.

Here the supervisor concentrates on what of the therapy session and the client is still being carried by the therapist, both consciously and unconsciously. The counter-transference may be of three different kinds.

i) Personal material of the therapist that has been re-stimulated by the therapy session; ii) the transference role that the therapist has been altercasted into by the client; iii) or projected material of the clients that the therapist has taken in somatically, psychically or mentally. (See Spotnitz who distinguishes between "objective and subjective counter-transference").

II. The Therapy Session is reported and reflected upon in the Supervision.

4. Exploration of the there and then process.

Here the supervisor will pay particular attention to what was happening unconsciously in the therapy session, how the session started and finished; what happened around the edges; metaphors and images that emerged; and changes in voice and posture. The main goal of this form of supervision will be for greater insight and understanding.

5. Exploration of the Strategies and Interventions used by the Therapist.

The focus here is on the choices of intervention made by the therapist; not only what interventions were used but also how, when and why they were used. Alternative strategies and interventions might then be developed and their consequences anticipated. The main goal of this form of supervision would be to increase the therapist's choices and skills in intervention.

6. Reflection on the Content of the Therapy Session.

Attention is concentrated on the actual phenomena of the therapy session. How the client presented themselves, what they chose to share, which area of their life they wanted to explore, and how this sessions content might relate to content from previous sessions. The aim goal of this form of supervision, is to help the therapist pay attention to the client, the choices the client is making, and the relatedness of the various aspects of the client's life.

It would be very unusual to find a supervisor who remained entirely in one of these six modes of supervision, and I would hold that good supervision must inevitably involve several changing modes. However, distinguishing between the modes in their pure form, has many advantages. It allows the supervisor to be clearer about his own style, its strengths and weaknesses, and which possible modes of supervision he might be avoiding out of habit or lack of familiarity and practice. It also allows a supervisee to be more aware of the choices of ways of exploring their material, and

therefore can assist them in negotiating the type of supervision they want. It can also be very useful as a tool in the review and appraisal of the supervision at regular intervals.

Supervision Methods

As the supervisors of therapy and counselling, are themselves therapists and counsellors, they draw on their therapy skills and methods to carry out supervision. A good supervisor like a good counsellor must possess the qualities of "empathy, genuineness and non-

possessive warmth" highlighted by Truax and Carkhuff (1967); and be able to use all six categories of intervention, as analysed by John Heron (1975) - "Prescription, Information, Confrontation, Catalytic, Cathartic and Supportive".

It is important to stress that the methods of facilitation used in therapy have to be adapted, and added to, in order to fit the requirements of supervision. Each of the six modes of supervision listed above requires a different range of methods and skills to carry out its focus and meet its goal.

Focus

Methods

1. Supervisor Counter-Transference

high degree of awareness of somatic changes, while paying the therapy session.

awareness of "irrelevant" thoughts images and feelings that occur while attending to the sharing.

2. Mirror Process

Attending to the changes in the relationship between the supervisee and yourself, and the atmosphere of the session, and how this might be mirroring the therapy process being shared.

3. Therapists Counter-Transference

Attending to non-verbal cues of the therapist; exploring these through becoming them, exaggerating them etc.

Eliciting the feelings of the therapist towards the client, noticing their images, comments and "Freudian slips" in reference to the client.

Asking the Therapist to do a "check" for identity, to explore who the client is reminding them of, and what unfinished business they have with that other person.

4. The Therapy Process Noticing the images, metaphors, feelings that emerge from the reported session. Inviting the therapist to describe the session in the present tense.

Empty chair dialogue, as in 3 above; in this case to focus, on the nature of the relationship.

5. Strategies and Interventions

Looking at the number, timing and style of interventions and what impact they have. Brainstorming other possible strategies and interventions.

Psychodramatically trying out different interventions. (This is often more useful done in a group supervision, where each member can try out a different way of working with the client, as presented by and role-played by the therapist. This is sometimes known as "the many ways of skinning a cat").

6. The Content of the Supervision Session

The separation of what actually happened, (the observable and hearable phenomena) from the therapist's feelings and reactions.

The sharing and discussion of the therapist's notes.

The presentation of audio-taped or video-taped material

The connecting of one session's material with material from previous sessions.

The linking of the client's content with similar client material of other clients of the therapist, supervisor, or published case-material.

Understanding the content, within a theoretical context; how does it relate to the client's stage of life, their personality type, their past patterns, family of origin etc.

Once again no method is entirely restricted to one particular style or focus, and I have merely listed them where they most commonly occur. Good supervision should be able to use any of these methods at

appropriate times. Appropriateness will be very dependent on the nature of the supervision contract, and it is to an exploration of differing supervision contracts I shall now turn.

Supervision Contracts.

The first thing that a new counsellor or therapist going to arrange supervision needs to be clear about is what they want from supervision.

In my experience new supervisees often have neither the experience nor the language to be clear about the form of supervision they require. It is therefore the supervisor's job to help them articulate their difficulties and strengths as a therapist and their supervisory needs. The supervisor then should be able to express what they see as the task and boundaries of supervision; their particular style and methods and how they see the differing roles and responsibility of the supervisor and supervisee.

My colleague Alix Pirani recently made a clear definition of the task of supervision:

"the facilitation of the therapist's ability to work responsibly and beneficially with the client, who is the focus of shared concern".

To this she added the need to "return frequently to a redefinition of the task". This is partly necessary as many supervisors and supervisees will be far more at home in therapy rather than supervision relationships, and therefore often the supervision task slides almost imperceptibly into therapy.

Recently I became aware that several of my own supervisees were half-secretly wishing to have

therapy with me rather than supervision. In exploring this further I became aware of another factor in this dynamic; that their wish for replacing the supervision of their work with the client with quasi-therapy for themselves, was partly due to envy of their clients, who they were not only giving the attention to in the therapy that they wished for themselves, but were also giving them yet more attention in supervision. Also for me as supervisor, it could seem more immediately rewarding to work deeper with the supervisee who is present, than jointly attend to a task that can feel one removed. I began to realise that this envy had to be made conscious, so the supervisee could consider for themselves what was happening in their own therapy that this envy was so present.

Kadushin (1976), makes the very useful distinction between 'Supervision' and 'Consultancy'. The former is used by Kadushin to indicate that the Supervisor carries some responsibility for the quality of the work carried out by the supervisee, and therefore, has to balance their supporting the supervisee with watching out for the interests of the supervisee's clients. Ideally these two interests should not be in conflict, but clarity about the balance of focus is important. Kadushin uses the term 'Consultancy' to indicate that the responsibility for the work done remains entirely with the consultee, who uses the consultant as a

resource, either because of their specialist knowledge, or because of their skills in facilitating exploration of one's work.

I personally find it useful, to distinguish between 'Consultancy supervision', which I offer to experienced counsellors or therapists, and 'Training Supervision' - which I offer to counsellors and therapists who although they are seeing clients are still in some form of training. The former contract clearly leaves the responsibility with the supervisee to explore whatever they feel is important in relation to their work, and how it affects them; where as in 'Training supervision', my role must encompass some oversight of the work with their clients, and some focus on the learning and development of the supervisee. This educational dimension, means that having explored some area of their work, we may proceed to looking at the theoretical issues involved, and I might suggest some useful book or paper on the subject. We might also spend more time on exploring other options in working with this particular client, and the pros and cons for each.

Inevitably 'Training supervision' is more time consuming, and to be rigorous, I have found it important to restrict the number of clients of any one supervisee that I can supervise within this form of contract. The apprentice stage in the development of any counsellor or therapist, is too important to rush

or be done without adequate support, care and caution. Many trainees need help to start with clients who they can cope with and with whom they can gradually increase their competence and feeling of professional self-worth, rather than clients who will increase their sense of inadequacy. However, this must be balanced by remembering that mistakes and failures can be the best of teachers, or as Theodore Reik put it: "any time you learn something really important about the work, it costs you a patient". (quoted in Kopp 1977).

In training supervision, it is also important to be aware that the supervision may be used by the supervisee as a model for conducting therapy, although it is hoped that supervisors can model warmth, empathy, concern and other attributes equally relevant to therapy; supervision with its different task and boundaries is never an appropriate model for therapy, and if the supervisor is aware that this is how it is being used, the issue should be surfaced and the differences clarified.

Inevitably the Supervisor will have some impact on the style of the therapist, and this should, where possible, be made conscious and overt by both parties. There is a balance to be struck between Supervision helping the supervisee develop their own style and build on what they are particularly good at and supervision that pushes the

supervisee into areas they are weaker on. Kolb and Fry (1975) call the former a "preferential mode" and the latter a "compensatory mode" of learning. They argue that in in-service training it is important to start with the 'preferential mode', until the worker has enough confidence and competence to integrate the weaker areas through a 'compensatory mode' of learning.

Each supervisor will have their own predominant mode, and their stock methods of supervision; I hope that this article may help supervisors to appraise their own supervision work, in order to gain clarity about their own style, and to increase the choices of ways of supervising open to them. I also hope that it may begin to provide a means of discussing and describing types of supervision, which is so necessary when negotiating and searching for appropriate supervision, and in describing the nature of one's

supervision to others. This last issue is of current interest to the Association of Humanistic Psychology Practitioners, and in particular their Membership board, where a key area of anybody who is undertaking a self and peer assessment, when applying for full membership is what supervision they have had, and are currently having. Most descriptions are very vague about the 'how' of this supervision, although very definite about the 'who' and the 'when'. The vagueness is normally not out of intentional defensiveness, but out of a lack of descriptive language and discriminating conceptual frameworks.

I would very much welcome comments and criticisms of this article, as I consider that we are still in the very early stages of becoming clear about what is Humanistic supervision of therapy and counselling.

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