

A Collaborative way of doing supervision

JUKKA HARMAINEN, M.A. SW, Family therapy trainer, Finland

# **TREATMENT SYSTEM CONSULTATION**

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- ✕ I. TSC - METHOD
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# I. THE TSC – METHOD

- ✗ Supervisor, supervisee(s), her/his clients (individual, couple, family, social network) and 1-3 team-members in the same room (about 1,5 hours)
- ✗ 1. Social phase
- ✗ 2. Supervisor interviews the therapist(s)
- ✗ 3. Supervisor interviews the client(s)
- ✗ 4. Team- conversation ("reflecting team")
- ✗ 5. Clients comments
- ✗ 6. Ending the session
- ✗ 7. After session feedback with therapist(s) and team (if needed and/or scheduled)

# 0. PRE-SESSION

- ✗ 1. Contract with the supervisees:
  - + Information about different ways of doing clinical supervision ( 5-7 variations)
- ✗ 2. If they choose TSC; I´ll give information
  - + A) about the method
  - + B) What and how to tell to clients ("TSC as a possibility for the therapists and client(s)")
  - + C) My wish that supervisee ´ draws some kind of picture from the people involved (family tree, social network map etc) to show in the TSC –session
  - + D) Supervisor dosn´t need any previous information about the client system.

# 1. SOCIAL PHASE ( 5 -10 MIN)

- + presenting myself, asking names and telling how and why we work as we do.
- + telling that supervision is a standard procedure in helping professions and its purpose is to evaluate together the work done and try to ensure that all our best knowledge will be used.
- + we have asked the client(s) to come along to supervision discussion in order to
  - × hear better their voices/ targets, questions, hopes, hesitations etc and
  - × to give them a possibility to hear how the professional team sees their situation by now
  - × to plan the treatment process



## 2. THERAPIST´S VIEW/NARRATIVES (10-20MIN)

I interview the therapist asking her/him to speak to me and letting her clients be in listening position

- + a brief history, what has happened, how the clienthood was constructed, what has been done?
- + what the therapist thinks/feels about the work done?
- + central themes, questions, challenges, worries, resources, therapeutic alliance etc?
- + therapist´s own targets, wishes for the future (therapeutic agenda)

### 3. THE CLIENT(S) VIEW/NARRATIVES (25-40 MIN)

[www.perhejaverkostokeskus.fi](http://www.perhejaverkostokeskus.fi)

[jukka.harmainen@pp.inet.fi](mailto:jukka.harmainen@pp.inet.fi)

- + How did the therapist`s story/description sound in Your ears?
- + Was there something that was easy to agree or disagree? Something to add/take away?
- + What is your experience about the co-operation with the therapist/treatment staff?
- + Do you feel that you have become well heard during this treatment process?
- + If you had the power, what would you change /do otherwise in treatment?
- + What is the most important topic/theme for you just now? (The client`s agenda) Etc.....

## 4. TEAM´S COMMENTS (10MIN)

- ✗ If the team is accustomed to work as a reflecting team, I ask them to speak with each others about what they heard in this discussion
- ✗ If the team is unfamiliar with reflecting team approach, I try to have a discussion with them interviewing them and sharing some my own ideas. It´s often important to take care that the team doesn´t begin to interview the client again.
- ✗ Sometimes there is no team present and I´ll have a conversation with the therapist(s)
- ✗ I try to create an athmosphere where it is easy to share ideas, questions and propositions – and to avoid mainly diagnostic discourses.



## 5. CLIENT´S COMMENTS (5-10MIN)

- ✕ After team discussion I´ll ask clients to comment
  - + What did You hear in that discussion?
  - + If there was something positive/negative (easy to share/difficult to share), what was it?
  - + Was there something interesting or useful for you?

## 6. ENDING THE SESSION (5MIN)

- ✕ I often end the session asking the client questions like:
  - + What kind of experience this was for you?
  - + Did we speak about right topics?
  - + Did you feel that it was possible for you to say those things you had in your mind before this meeting.
  - + Is there something that didn't have space enough/ at all in this discussion and you would like to talk more in next meetings with your therapist

## 7. AFTER SESSION FEEDBACK WITH THERAPIST(S) AND TEAM

- ✖ When possible (allways in training context), I try to give space to therapist´s and team´s feelings and thoughts after the client has left.
- ✖ Experienced family therapists often doesn´t need this kind of feedback discussion – it´s possible to talk enough when clients are present.

## II. TSC: BENEFITS FOR CLIENTS

- ✗ Feed-back 99% positive
- ✗ Possibility to hear how the therapist has understood my/our situation: often very surprised how much their therapist has learned and remembers about them, they feel respected
- ✗ More powerful position: treated as an expert both in relation to your own life and the therapeutic relationship
- ✗ The positions of actively speaking and listening varies constantly during the session; activates reflective processes
- ✗ Possibility to construct new ways to see oneself/our family when your situation becomes described/ reflected from many angles (activates meaning making and creates space to find new kind of agency, empowerment)



# CHALLENGES FOR CLIENTS

- ✘ Negative feed-back is very rare, directly to supervisor or afterwards to client´s own therapist.
- ✘ If the information given beforehand about the supervision-meeting is obscure or falsified, clients may be angry or distressed
- ✘ Shy persons report that the presence of many people may disturb listening and concentration.
- ✘ In acute crisis this kind of reflecting and increasing of ideas type of method is not the best possible.
- ✘ New ideas doesn´t allways emerge – may leave clients dissappointed

# TSC: BENEFITS FOR THE SUPERVISEE

- ✗ When you are interviewed about the case history, you may become more aware about your thoughts, feelings, targets /your own agenda
- ✗ The rest of the session you have possibility to sit, listen, observe and think, you need not be responsible to plan what to do or how to react next. Makes room for inner dialogue
- ✗ When therapeutic relationship becomes reflected in many ways, it often increases therapists sense of agency
- ✗ You can observe how your supervisor constructs interaction, conversation with your clients. It´s sometimes possible to learn new ways of intervening and new ideas or points of view may emerge
- ✗ It´s easier to hear client`s agenda(s) and relate it to your´s
- ✗ If your clients are satisfied to supervision it strengthens the therapeutic alliance and makes it easier to regularly intervene to this relational aspect

# CHALLENGES FOR THE SUPERVISEE

- ✖ Supervisors instructions may be obscure or insufficient and supervisee feels unsecure. It isn't easy to have an open discussion
- ✖ If supervisee doesn't have a colleague/team to bring in, reflections and new ideas may be indifferent
- ✖ If supervisor gets stuck with the client , you can't get new perspectives (but also get quite a realistic picture that this is a difficult situation)
- ✖ If supervisor is "too good", the therapeutic alliance may be endangered
- ✖ You can get excellent ideas but they don't fit to your personal repertoire

# TSC: BENEFITS FOR THE SUPERVISOR

- ✖ There is possibility to double- or triple descriptions, you are not dependent solely on supervisee's descriptions. It's easier to see if the therapeutic process is enough in touch with client's world (administrative function)
- ✖ It's possible to put in practice many central treatment principles; collaborative practice, client participation, quality of being dialogical and culturally adapted treatments
- ✖ Supervisor can increase the probability for more effective treatment by helping to study the therapeutic alliance
- ✖ It's possible to activate many kind of reflective processes for all participants (learning takes place)
- ✖ Supervisor can teach and be supportive (educational and supportive functions)
- ✖ Supervision comes a very creative process, you can learn new things in every session
- ✖ Supervisors basic task is quite clear: to create a new kind of conversational scheme and try to keep up a good, safe conversational atmosphere



# CHALLENGES FOR THE SUPERVISOR

- ✗ Its not possible to keep up a traditional expert role as a supervisor – you must just ”hop in the water and hope that you can swim” You can´t go to situations with truths, you must be genuinely interested and ready to learn in every new context; to construct different stories and create space for new meaningmaking
- ✗ Supervisor must have experience in working in different contexts, with children, adolescents, adults and elderly people.
- ✗ You must trust your capability to regulate and create constructive atmosphere
- ✗ While you create and keep up the conversational space you must remember that the client and the supervisee are the ”stars”

# TSC: BENEFITS FOR THE PROFESSIONAL TEAM

- ✗ It supports the team development; learning to know each others, special skills, orientation differences, increases openness
- ✗ Increases team's interactions
- ✗ It becomes easier to use team members consultations and working in pairs.
- ✗ Of course, doesn't fit to all teams

# III. THEORY: SOCIAL CONSTRUCTIONISM

- + We understand our life by making descriptions. Language, words get their meanings just in that social interchange they are used (Anderson, H. 1997, 2007, Shotter, J. 1993)
- + Equality, mutual learning, local knowledges
- + Multiple perspectives can enhance the learning relationship and hence strengthen the therapeutic practice
- + Social constructionism refers to the way in which meaning, truth, and objectivity are understood as discursively situated, contextualised at a specific time and place in history and thus are always available for examination and deconstruction (MacKay & Brown 2014)

# DISCURSIVE PRACTICES

- + Four questions (Wahlström, J. (1992, 1997) you can think as a supervisor (or therapist):
  - × 1. What are we speaking about?
  - × 2. How (in wich manner) we speak about what we speak?
  - × 3. Where does this way of speaking lead us?
  - × 4. Would it be possible to speak in some other ways?
- × In supervision this view means that that a variety of often contradictory views are explored in order to promote the therapist owning their own kowledge and being free to resolve their uncertainties in view of there being no correct way of understanding the case (MacKay & Brown 2014).



# REFLECTIVE AND DIALOGICAL IDEAS

- ✕ Different reflective stances promote learning:
  - + Speaking (outer dialogue)
  - + Hearing oneself to speak (self- reflexivity, inner dialogue)
  - + Listening the other who tries to reflect my speech (inner dialogue)
  - + Answering (outer dialogue)
  - + Listening comments of the audience (eg. the team) etc (Andersen, T. 1987, 1990, Haarakangas, K. & al. 2006, Lowe, R. & al. 2008)

# CONSULTING YOUR CLIENTS

- ✖ We have experince and some research that in some most difficult situations (eg. acute psychosis, child protection cases) it´s usefull to turn to your clients for help (Epston & White 1995, Seikkula& Arnkil 2003, )

# PSYCHOTHERAPY RESEARCH

- ✘ Recent psychotherapy research (eg. Wampold 2001, Kuhlman 2013) has shown that there are some important factors (eg. clients resources, positive changes during the initial phase of therapy, therapy alliance factors, especially therapist´s ability to react to clients criticism, session based evaluation etc) wich are directly related to accountability and wich should be checked in supervision,too.
- ✘ The TSC- Method at its best gives an opportunity to tie together previous theoretical ideas, therapy users point of view and some findings of the therapy accountability research

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