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## MANAGING TO PRACTICE: SUPERVISION

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Supervision is described as a set of activities comprising at least three roles - teacher, consultant, and therapist. What supervision is, why to have it, from whom to get it, when to use it, and where to find it are discussed. The basic premise of the article is that as a therapist "you deserve a supervisor." Two aspects of the use of supervision are emphasized: the role of supervision in the development of competence as a therapist; and the value of supervision to the maintenance of a practice. Legal aspects of supervision are not discussed.

This article is the first of several on managing to practice as a therapist. It is an outgrowth of presentations given at the 1986 annual conference, and discussions with Greg Johanson, Ron Kurtz, Melissa Grace, several Hakomi students from Sante Fe, and others. It is based on my own experience of being supervised, studying supervision in graduate school, and supervising beginning and practicing counselors and therapists. Through contact with the community of therapists, student therapists, and trainers that I am a part of, I have come to realize that supervision as I know it is often both misperceived and under utilized. The most common misperception seems to be that supervision is only a training technique whereby a person receives immediate feedback and suggestion during an actual or mock

session. Supervision can be, and is, something more. I won't address group supervision much here, but rather the one-on-one kind. And I won't get much into "training supervision" though I will say some about the training aspects of what might be called "practice supervision."

What? What is supervision, or the supervision of a practice, then? First, the word 'supervision' itself is just one way to say "oversee" or "watch over." The notion comes directly from the cultural division of labor in which some people do things, and other people help them do those things most effectively. Secondly, supervision as I am presenting it here is best described as a set of activities comprising at least three roles - teacher, consultant, and therapist. At different times in the supervision process these supervisor roles are emphasized more or less. The therapist seeking supervision is in the complementary roles of student, requestor, and client. Supervision of this kind usually takes place in a one-on-one interaction with the supervisor, though many professional therapists are supervised in groups.

Importantly, the activities of competent supervision vary greatly with the level of experience and sophistication of the therapist seeking supervision, and with the particular clients and issues involved. It

is a highly individual activity, as therapy itself must be, depending in large part on the nature of the relationship between the two persons involved. The crafting of supervision to suit the needs of the person requesting it is the task of the supervisor, while presentation of the needs is the task of the therapist desiring supervision. Together, the two individuals create a unique interpersonal relationship that is - or is not - satisfactory.

My own first supervision was in a university counseling center where (I thought) the teaching aspect would be central. As a student in a practicum consisting of other students, our professor, and his intern, I requested supervision from the intern. She and I worked together over the course of a semester, and my major learning was how to use supervision. In a formal setting such as the one I was in, my supervisor was in some way responsible for the results of my work. But I was responsible for doing it. I had already worked as a counselor and therapist for three years at that point without the benefit of supervision, except for occasional discussions with colleagues. The difficulty of making therapeutic choices I had struggled with alone.

Having a supervisor was a breath of fresh air - someone else with whom to discuss, imagine, plan, and share my work with clients. Most of my gains came from finding a way to describe what I was doing, not from suggestions from the supervisor. I experienced "Aha!" in that short semester's work. The teaching aspect of the supervision had mostly to do with how to work within the system in which I was working. The consultant aspect was focused mostly on conceptualizing the client, for this particular supervisor emphasized my autonomy in choosing how to approach the client, and my choices of interventions. The therapeutic aspect was not central but certainly present. In particular (and this fits with my character strategy in Hakomi terms) I worked with the belief that someone else could be trusted to support, and especially, value my approach to therapy in general. The outcome of the supervision, and all my supervision since, has been to solidify my competence and authenticity as a therapist.

Why? Which brings us to the question of why to have a supervisor. There are several important answers. The first is that (depending on the moment you ask yourself) being a therapist is the most complex and/or the simplest human activity possible. But it doesn't seem to fall in the middle. Consequently, becoming a participant/observer requires another's eyes and world view at first (a training need) and also later (a practice supervision need). How often do you find yourself musing after the fact that you "fell into the system" with that last client? For the most experienced therapist this remains an intermittent problem, and many experienced therapists resolve it with a consultation with a colleague or supervisor. Worthwhile consultation can be, however, a scarce resource. Having a competent supervisor identified, and an ongoing relationship established that allows consultation, teaching, or therapy for the therapist (if needed) is one way to obtain that scarce resource.

Another reason for having a supervisor is inherent in the cultural role of being a therapist - isolation. The therapist carries the onus of confidentiality with a number of people, may spend much of his or her time isolated in the therapy room, and may even have a spouse who either doesn't understand therapy or wants no part of hearing about it! Recall how satisfying and invigorating it is to discuss work with others at trainings and workshops and you will have an idea of the nature of this need for you. Moreover, becoming a competent therapist is like entering any other craft, for there is a guild to enter (however informal or implied it may be in structure). A supervisor can act as role model and sometimes even mentor, in the cultural sense of that role, for you in your entry into the profession.

Probably the most important reasons to seek and use supervision have to do with growth and development: personal and professional growth, and the development of skills beyond those you already possess. One of the most important skills has to do with that intangible called "presence" or "the attitude of the therapist" as Ron Kurtz often seems to refer to it. That is not something one

stumbles on. Aspects of it can be learned as skills, but essentially I believe we grow into it. Supervision can help with that. Boiling all of this down to two words, I come up with competence and security. Why have supervision? To enhance the therapist's competence and create an important factor of security for him or her. I am reminded of a friend who described the most important skill of the therapist as "being able to keep your balance in precarious places." I like his play on the word 'balance.'

Remember BURNOUT? That dreaded disease of the over-committed? Supervision is preventative, like Vitamin C. Enough said on that. Burnout is another topic for another time.

Who? Who to get supervision from is easier to answer than you might think. Start with who you wish you could get supervision from, find out what he/she/or they can provide, and arrange to get it. That may consist of anything from a regular weekly meeting, monthly meeting, or whatever, during which the two of you agree to examine your practice and your role in it. Even if it is an occasional meeting when a trainer is in town, hire them for it (if they are comfortable with the role). It is probably better than what you have arranged now. However, that is no way to run a practice, ensure your development as a therapist, and do your best work. Secondly, begin to look among people in your locality. Don't limit yourself to people who work within your particular modality, such as Hakomi therapy. The value of sharing how you are working with a client with someone who does not know your approach can be great, for you will need to examine what you do in order to share it. (What is that Feldenkrais quote? "You have to know what you are doing in order to do what you want" or something like that.) Besides, you might learn a great deal from their approach. Do those people you respect and who are open-minded about therapeutic approaches. Don't hesitate to interview several professionals before selecting a supervisor, especially since there may be an eventual therapeutic component to the relationship.

A word is in order about using your therapist as a supervisor. I prefer not to, for

several reasons. The first, not suprisingly, is that my therapeutic needs usually go beyond what is happening in my practice. Another is that the person I chose for therapy may not be a competent supervisor. Also, someone I have hired to do therapy with me is not focused on my supervision needs, though a good supervisor will be watchful for my therapeutic needs and may even refer me for therapy elsewhere if I am so inclined. Lastly, if you are surreptitiously attempting to get supervision from your therapist, you may be undermining your own therapy. What would you suggest to a client of yours who was doing that?

Peer supervision deserves serious attention. A major part of my supervision comes from discussing my work in a peer supervision group at my workplace. I respect my colleagues, learn from them every time we meet, and learn from myself when I share my struggles and accomplishments. I also learn from hearing about their approaches to clients. Fortunately for me, we represent several different therapeutic modalities. Also fortunate for me is that we have been meeting together about monthly for over two years, and that my favorite individual supervisor is a member of the group. I know whose input I will most value about a particular client, and can seek it directly. One thing missing from peer supervision, however, is the direct, focussed attention and feedback about my work that individual supervision can provide. Another problem with peer supervision is when your peers are therapists in training like yourself, if you are at the beginning of your career, or when they are not competent to address the client situation at hand for some reason. Sometimes sharing with peers constitutes a breach of confidentiality for a client that may have involvements with them. Nonetheless, peer supervision is very valuable, and far superior to no supervision at all.

When? As you can surmise by this point, my answer to the question of when to get supervision is...as regularly as possible. How often will be determined by your level of development as a therapist, and how nice you feel like being to yourself. However, I believe there is no such thing as a therapist so competent he or she doesn't deserve - or

need - supervision. Especially during early phases of your development as a therapist (the first few years) regular supervision is as useful to you as coaching is to a beginning athlete, and as necessary. After that (supposing your early supervision has done an adequate job of helping you discern when you need supervision) supervision is indicated when you need it - this is to say, regularly.

I have been a therapist for over ten years, discovered supervision about seven years ago, and have been supervised for all of those seven years. My favorite use of supervision now is the monthly peer meeting I described, and every 3 months or so I hire my individual supervisor for a session or two (when I can get her time). Sometimes I do it because I am concerned about my work with one or more of my clients (which is another good answer to "when?"). Sometimes I just go in to describe my client load, knowing I will leave with a new perspective about my clients and myself, either from her or from myself. When things are difficult in my practice, I arrange for a series of individual supervisions. Likewise, when I am learning a new modality, I arrange for supervision, preferably from a competent practitioner of that modality, while I am first applying it. I think it does a good job for me of increasing my confidence and preventing burnout.

Where? the obvious place to get supervision is where you are, and if not there then where you can find it. Supervision by phone is a pale version of good supervision, but useful nonetheless. I suggest investigating the availability of supervision in the following places, and in this order: work; peers; professional organizations; training institutions.

Work is a great place to get supervision, because you probably go there nearly everyday anyway. If you work in an agency, an institution, or even in a private practice group, good supervision might actually be next door. Often it is the least expensive source (and supervisors usually charge their typical therapy fee for supervision). Often it is the most available source. And often it is already provided by the structure of the organization. I encourage you to use it if it is, and if it fits. For the New Age

practitioner working intermittently and alone, the work-place is not such a good resource, though.

Peers come next. Whatever your work setting, you have peers, even if you only run into them irregularly at trainings or at the local health food store. They provide a couple of good resources: peer supervision can be arranged with them (which they might be really happy about for themselves); and they can help identify other supervision possibilities, perhaps their own supervisors. Either way (or both) use their help - both you and your clients deserve it.

You don't have access to all of your peers. They are scattered around the country (or the world). You have access to them through your professional organizations however. Likewise, many professional organizations for counselors and therapists can help you identify where to find supervision, whether it is in your town, or a larger nearby city, or whatever. Some organizations provide lists of persons designated for supervision in a particular modality (beware of the Peter Principle in such cases, though).

Lastly, training institutions are a good source for supervision. Keep in mind the distinction between "training supervision" and "practice supervision" when investigating this resource. Likewise, recognize that training institutions may not be geographically nearby (nor may the trainers be!). Still, the most competent practitioners of a particular modality may be gathered at a training institution, and even brief or intermittent supervision can be quite valuable.

In conclusion, supervision can enhance the competence and security of the therapist by providing a resource a) for learning new therapeutic skills (and enhancing old ones), b) for obtaining informed observations, suggestions, and conceptualizations, and c) for opportunities to deal with problematic personal issues and beliefs arising in work with a particular client. Regular ongoing supervision can be seen as solidly useful in the development of therapeutic competence, and in the maintenance of a therapy practice. Workers in the complex world of deliberately therapeutic interactions with other human beings deserve the basic necessity and the important luxury of supervision.