

# Éisteach

The Irish Journal of Counselling and Psychotherapy

Volume 13 • Issue 4 • Winter 2013



## *Developing a Supervision Policy within an Organisation*

- **The “Art” of Supervision**
- **A Reflective Wholistic Transcultural Model of Supervision**
- **Counselling Supervision**



*Irish Association for Counselling and Psychotherapy*

## Contents

<b>Tending the Soul: Developing a Supervision Policy within an Organisation.</b>	<b>4</b>
By Mary Dwyer	
<b>The “Art” of Supervision</b>	<b>10</b>
By Anne Burke	
<b>A Reflective Wholistic Transcultural Model of Supervision</b>	<b>14</b>
By Margaret O’Reilly-Carroll	
<b>Counselling Supervision</b>	<b>19</b>
By Willie Egan	
<b>Workshop Reviews</b>	<b>23</b>
<b>Book Review</b>	<b>25</b>
<b>Letters to the Editor</b>	<b>26</b>
<b>Therapist Dilemma</b>	<b>27</b>
<b>Noticeboard</b>	<b>28</b>

### Editorial Board:

Donna Bacon, Geraldine Byrne, Eithne Doherty, Áine Egan, Mike Kelly, Alison Larkin, Coilín Ó Braonáin, Maureen Raymond-McKay, Antoinette Stanbridge

### Design and layout:

Mary Fleming, Design Production.

### Co-ordinator:

Deirdre Browne.

### ISSN:

1393-3582.

### Advertising rates and deadlines:

Contact IACP for details. (Early booking essential.)

### Our Title

The word Éisteach means ‘attentive in listening’ (Irish-English Dictionary, Irish Texts Society, 1927). Therefore, ‘duine éisteach’ would be ‘a person who listens attentively.’

### Disclaimer:

The views expressed in this publication, save where otherwise indicated, are the views of contributors and not necessarily the views of the Irish Association for Counselling and Psychotherapy. The appearance of an advertisement in this publication does not necessarily indicate approval by the Irish Association for Counselling and Psychotherapy for the product or service advertised.

### Next Issue:

1st March 2014

### Deadline for Next Issue:

24th January 2014

### Scripts:

Each issue of Éisteach is planned well in advance of the publication date and some issues are themed. If you are interested in submitting an article for consideration, responding to the Therapist’s Dilemma or wish to contribute a book or workshop review or Letter to the Editor, please see ‘Author’s Guidelines’ on the IACP website, [www.iacp.ie](http://www.iacp.ie).

## From the Editors:

### Antoinette Stanbridge and Maureen Raymond-McKay

Dear Colleagues,

We are delighted to present to you our 'new-look' Irish Journal of Counselling and Psychotherapy, Éisteach.

In this edition, we hope to represent the new growth and diversity within the IACP, while maintaining the well established, time honoured traditions of Irish Counselling and Psychotherapy. This redesign has been brought to fruition by many hard working volunteers, committee members, as well as the dedicated staff at the IACP headquarters in Bray.

As always, Éisteach seeks to represent the membership of the IACP and we rely completely on articles, letters, therapist dilemmas and suggestions contributed by your good selves. Many thanks to all, particularly our writers who gave so generously of their precious time and expertise when called upon, to create this themed edition on Supervision.

In a recent membership survey, individuals revealed the high value placed on this publication; we hope that you enjoy this edition, and many more to come.

Wishing you a Joyful Christmas and very best wishes for 2014,

**Antoinette Stanbridge, MIACP**

*Antoinette Stanbridge is a therapist in private practice in Dublin's city-centre (details available on the IACP website) and faculty with P.C.I. College.*

Dear Colleagues,

This edition is themed around supervision/consultancy. The term consultancy is sometimes used to reflect the equality of the relationship where two professional therapists meet to have a conversation about their client work, to reflect on it, identify blind spots and countertransference. As "a rose by any other name is still a rose" the dual purpose of the endeavour remains the same, that is safeguarding the quality of client care, and the learning and development of the counsellor/supervisee. According to some accounts the term 'supervision' can be confusing for our counselling clients. One such account was of the client who on being told by her therapist that she was supervised, responded with 'oh I thought you were a qualified therapist'.

We are delighted with the quality and variety of the contributions we received on the subject of supervision. Willie Egan gives us an excellent overview of the role of the external supervisor, the importance of the supervision contract and lists some of the typical ethical dilemmas which turn up in the supervision room. He emphasises the absolute need for trust in the supervisory relationship for the sharing of ethical dilemmas and reminds us of Adler's quotation "that a lie has no value where the truth has no threat". Anne Burke also writes about the angst sometimes involved in making difficult ethical decisions. "The issue of ethical decision-making can be one that often intimidates the

'novice' supervisor, but even senior practitioners and supervisors can feel that intimidation and often feel frustrated."

In her article Margaret O'Reilly-Carroll explores the issues pertaining to her experience working with diverse cultures in Zambia and now in Ireland for the past ten years. She proposes a trans-cultural model of supervision for practice not only in psychotherapy but in cross-professional supervision. The term cross-professional supervision brings us neatly to Mary Dwyer's article on supervision within organisations.

Mary Dwyer is a strong proponent of supervision within organisations. Whilst the health and social care sectors have begun to realise its value she is aware "that the potential and value of supervision has yet to be valued in the wider organisational world". In her article Mary discusses what needs to be in place in order for an organisation to establish a supervision policy. The most fundamental being an understanding of what supervision is and how it works.

What better way to sum up than to leave the last word to Benefiel (2005):

"As supervisors, we begin by using our sphere of influence; listening for soul (e.g. pride, joy or passion in work); not going it alone; having patience in peril and staying the course."

**Maureen Raymond-McKay, MIACP**

*Maureen Raymond-McKay is a therapist and supervisor in private practice in Dublin.*

# Tending the Soul: Developing a Supervision Policy within an Organisation

by *Mary Dwyer*



*May the work fit the rhythms of your soul, enabling you to draw from the invisible, new ideas and a vision that will inspire.*

*John O'Donohue (1997)*

## Introduction

It is arguable that supervision within or for organisations, if indeed it is provided, can be seen as a private arrangement between supervisee and supervisor, or alternatively as a form of management. The benefits of supervision to an organisation are difficult to articulate, simply because they require openness to, and a valuing of, change within the organisation itself. Helping an organisation to appreciate the potential benefits of supervision requires engagement, and a modelling of supervision in action in developing a supervision policy.

Having worked for over thirty years in a healthcare organisation and having recently completed an M.A. in Cross-professional Supervision, I am increasingly convinced of the value of supervision within organisations. I am equally aware of the difficulties inherent in introducing it, due to various factors including a lack of understanding of its purpose, function and potential; resistance to change (Benefiel, 2010) and cultural norms.

I believe that organisations need the “Both/And” of Business and Soul. Supervision has the potential to

help organisations to reflect on their practices, to focus on process as well as content and to become dynamic, learning entities which can evolve and grow, enabling people within them to be creative, committed and valued which supports the achievement of organisational aims, mission and vision. In this article, I suggest ways that supervision can be introduced into organisations and outline its potential and relevance for today's world.

Supervision is becoming more recognised within health and social care sectors for its normative,

formative and restorative value (Inskipp and Proctor, 1993, 1995), as part of meeting clinical governance agenda (NHS, 2008) which includes quality of care, safeguarding patients/clients, accountability and performance standards, but also as a way to help an organisation to develop a learning culture (Hawkins and Shohet, 2006 p.202). However, I believe that the potential and value of supervision has yet to be realised in the wider organisational world.

Where business and outcomes override the soul of the organisation, the impact on employees can include: lack of meaning/ job dissatisfaction; poor work relationships; stress/burnout/ compassion fatigue; workplace bullying; defensive practice; reduced standards, poor work practices, poor outcomes and increased staff turnover.

In the recent HIQA Report on Patient Safety Failures (Oct 2013, p. 23), recommendations included the following:

“Every health system must ensure that, both nationally and at a local

*Where business and outcomes override the soul of the organisation, the impact on employees can include: lack of meaning/ job dissatisfaction; poor work relationships; stress/ burnout/compassion fatigue; workplace bullying...*

level, there exists the ability to learn when things go wrong and ensure that errors are not repeated wherever possible, and also to learn from the best available evidence nationally and internationally to ensure that clinical practice and models of care are safe, effective and up-to-date”.

“At the heart of the ability to learn is the culture and leadership within an organisation that actively seeks out ways to continually improve the quality and safety of services for its population in an open and transparent way with clear accountability and responsibility arrangements to do so. The achievement of this must be an aim for all healthcare providers.”

The central concerns of supervision mirror and extend these recommendations, in areas such as reflective and reflexive practice, learning organisation and culture, ethics and accountability, best practice, openness and transparency.

In the business world, there is increasing recognition of the need for “investing in physical, emotional, mental and spiritual energy of employees; eliciting people’s core values; identifying what people do best and enjoy most; allocating time and energy to work, family, health, service to others” (Schwartz and McCarthy, 2007).

The culture of an organisation is its atmosphere or ethos, reflective of its soul, as John O’Donohue (1997) states: “Presence is the soul texture of the person. When we speak of this presence in relation to a group of people, we refer to it as atmosphere or ethos. When the ethos is positive, wonderful things can happen”.

### How to Begin

In developing a supervision policy within an organisation, Hawkins and Shohet (2006, p. 209) suggest that it is important in the first instance to create an appreciative enquiry into what supervision is already in place; awakening an interest in

developing supervision practice and policy; initiating some experiments. They posit that resistance to change issues can emerge and they recommend on-going development and learning processes for supervisors and supervisees and an on-going audit and review process.

### Setting the Scene:

The rationale for a supervision policy should ideally reflect the vision and mission of the organisation. Supervision is not always applied organisation-wide and culture can vary across departments (Copeland, 2005 p. 125). Where possible it is important to contribute to the rationale through dialogue, education and review, with those who know, who care and who can (Garratt, 2000, p.60) within the organisation, suggesting that it include some or all of the following:

#### Benefit to Clients:

Supervision provides a forum for reflection, accountability and experiential learning (Carroll and Gilbert, 2011, p.20) and helps practitioners to deliver better services to clients.

#### Benefit to Practitioners

Supervision provides normative, formative and restorative functions (Copeland, 2005 p. 30;105) which develop practitioners’ skills and practice and address self-care issues.

#### Clinical Governance

Supervisors act as gatekeepers (Bernard and Goodyear, 2004 p. 14) for the professions and provide evaluative and ethical accountability which contributes to the maintenance of high standards of care. (Borders and Brown, 2005 p. 88).

#### Organisational Benefit

Supervision:

- manufactures uncertainty and facilitates reflection
- is time out from organisational movement

- helps in learning the language of the organisation
- works with the emotions within the organisation
- remains neutral, neither collusive nor bystander
- focuses on what is good for the organisation
- focuses on the individual within the organisation. (Carroll, 2001 p. 52-62)

Supervisors are in a unique position to observe, with an outsider’s perspective, what is and isn’t working in an organisation (Copeland, 2005).

### Considerations in developing a Supervision Policy for an Organisation:

Checking out the motivational aspects underpinning an organisation’s request for development of a supervision policy is important. Davys and Beddoe (2010, p. 81) note that self-protection can be a particular motivator at a time when society is concerned with risk which could result in the role of supervision being misunderstood and undervalued. However, even if its potential is not fully realised initially, supervision can have organisational influence.

In order to address any obstacles that might arise, a number of questions can be posed at the outset and issues addressed through dialogue and collaboration, ideally with potential supervisees and leaders. Organisational leaders can be helped to see the potential impact that supervision can have through regular reviews. Resistance to change needs to be honoured and underlying needs met (Hawkins and Shohet, 2006 p. 213). Supervision of executive teams and other experimental groups could be introduced to provide experiential learning which may open up the potential of supervision within the organisation. (Ibid. p.210). Questions to be posed would include:

*Who is requesting the policy and why?*

This will elicit the background to the identified need and identify relevant clinical/supervisory rhombus aspects to be included in the policy (Eckstein and Wallerstein, 1972; Copeland, 2005 p. 69).

*What are the expectations regarding the policy?*

The policy may reflect the espoused organisational culture while the reality may be what determines the value, frequency and priority given to supervision (Hawkins and Shohet, 2006, p. 194). System dynamics such as defensiveness, fire-fighting, scapegoating and the addictive organisation can affect supervision (ibid.). If potential difficulties are explored without apportioning blame, systemic thinking may be facilitated (Egan, 2013). It is important to tease out contractual details as these should be a part of the policy and help to clarify expectations and reporting issues.

In any policy, the form or forms of supervision to be provided would need to be clarified. Carroll (2001, p.61) outlines four different types of supervision: Individual; Team/Group; Executive Team; Organisations themselves. In addition, DeHaan (2012, p. 67) suggests that there can be three different contracts or relationships: Organisation consulting, Shadow consulting or Peer consulting.

*Supervision has the potential to be an agent of change within an organisational culture. Change can be anxiety provoking and supervisees can be helped to “hold anxiety long enough to learn its lessons”.*

*Who will have access to supervision and how frequently?*

Even with a supervision policy, Davys and Beddoe (2010, p. 72) argue that the reality can be that supervision is not happening or is under pressure. It is important to have “buy-in”, even if initially it is motivated by risk management issues, so that the benefits of supervision can begin to be felt in an organisation.

*Is supervision provided internally, externally or a mixture of both?*

External supervisors may exert more expert authority and may focus more on professional rather than systemic issues, while internal supervisors may exert more formal authority, considering the system imperatives as well as the practitioner’s needs (Itzhaki, 2001). External supervisors could have a three-way contract with the supervisee and the organisation to ensure that learning gained benefits the supervisee’s practice and the organisation. However, as Itzhaki argues this may lead to role ambiguity and role conflict (2001, p. 83).

Organisational culture, the “social glue” (Baker, 1980), can impact internal supervision. Ethical dilemmas can arise where the supervisor acts as both the administrative and the clinical supervisor. (Copeland, 2005, p. 132). Therefore clarity is important with respect to expectations and responsibilities of internal supervisors (ACES, 1993: 2.09).

*How is confidentiality being understood and managed?*

Confidentiality is an important aspect of a supervision contract and should also be included in a supervision policy. Ideally supervisors can influence organisational culture without identifying supervisees (Copeland, 2005, p. 52); however this may be difficult unless the supervisor works with a number of supervisees within the organisation.

Limits to confidentiality must also be outlined.

*Is there an organisational interest in themes that arise from supervision?*

Supervision has the potential to be an agent of change within an organisational culture. Change can be anxiety provoking and supervisees can be helped to “hold anxiety long enough to learn its lessons”. (Carroll, 2001, p. 54). Immunity to change can be particularly difficult to overcome (Benefiel, 2010, p. 113). However, supervision has the potential to contribute to a learning culture within an organisation and can cause the organisation to critically reflect on its assumptions (Mezirow, 1990). Factors contributing to work stress (Brown and Bourne, 1996 p.13) can be communicated if the organisation is favourable to addressing such problems. Parallel processes within organisations can be surfaced within supervision and the supervisee can be helped to manage these (Carroll, 1999, p. 151), while organisational leaders can be alerted to this phenomenon.

*Has the introduction of supervision been negotiated with employees or is this being imposed?*

Where there is partial buy-in, but not an organisation-wide openness to supervision, it is arguably still a good idea to introduce it – this could be done on a pilot basis in a particular area, which can be evaluated as it develops and the evidence gathered in relation to the changes it is making. Such incremental steps may be more effective than an “all or nothing” approach.

*Is the organisation looking for answers or is it willing to be brought into the uncertainty and anxiety of learning edges?*

Van Ooijen (2003, p. 221) suggests that the culture of the organisation needs to be favourable for supervision to work well. Organisational change (Benefiel,

*It is important to avoid collusion with supervisees and to provide a neutral standpoint, which helps supervisees to work in the organisation, keeps communication flowing and works at the interface between the individual and the organisation.*

2010 p. 115) happens by pointing out the change that is needed, surfacing hidden assumptions and serving to help bring about the change. The restorative aspect of supervision can be highlighted and utilised when change is difficult.

*What about unconscious dynamics and shadow aspects of the organisation?*

Shadow aspects, “significant activities and arrangements that remain unidentified or, for whatever reason, un-discussed in some decision-making setting of the company or institution” (Egan, 1994, p. 5) can arise. It is important to avoid collusion with supervisees (Copeland, 2005, p. 172) and to provide a neutral standpoint, which helps supervisees to work in the organisation, keeps communication flowing and works at the interface between the individual and the organisation (Carroll, 1999, p. 144). Alerting organisational leaders to these aspects can be helpful, notwithstanding that Benefiel (2010 p. 113) argues that seventy percent of organisation change efforts fail, due to the collusion factor. The shadow side of the organisation may mean that emotions are denied. Benefiel, (2010 p. 112) in the Soul of Supervision: “Supervisors can help organisational leaders encounter their shadows so that the people who dwell in their organisations can experience more light.”

*What about the Learning and Development Needs of Supervisors and Supervisees?*

It is important that supervisors are suitably trained and have ongoing professional development and their own supervision. It is

equally important that supervisees’ learning needs be met. This helps with the supervision process and contributes to the credibility of supervision within organisations. Carroll outlines supervisor skills needed for good supervision, in and for organisations, in managing the following aspects: Process, healthy relating, connections, emotions, pain, agenda focus and facilitating change. (1999, p.62).

### **Program for Supervision Policy Development**

Taking into account all of the consultations above, it is clear that the development of a supervision policy within an organisation is a dynamic, evolving process and the resultant policy should be reviewed regularly once it is in place. The program is summarised in graphic form in Appendix 2.

### **Potential of Supervision**

As a Supervisor, I am inspired and challenged by Weld (2012) who suggests that Supervision’s potential is in: Supporting Resiliency; Being Agents of Change; Instilling hope; Using Strengths-based practice principles: Increasing responsibility for activities; Supervisors as Practice Leaders; Modelling Transformational behaviour and Critically Reflecting on Practice; Aiming beyond ourselves

*As a Supervisor, I am inspired and challenged... Aiming beyond ourselves and always for the betterment of others – the release of human possibilities, helping others to break free of their limits.*

and always for the betterment of others – the release of human possibilities, helping others to break free of their limits.

In her book, “The Soul of a Leader” (2008), Margaret Benefiel presents many instances of leading with soul and its challenges including the forces of entropy and Bottom-line thinking. She suggests ways to put people first in organisations by: articulating people’s personal values and ensuring company values are derived from them; practicing those values; having a commitment to ongoing development and having regular Supervision.

### **Summary**

A supervision policy can clarify its function and its place in the organisation. Dialogue, education and collaboration at the initial stages of policy development are vital. It is also very important to build in reviews and feedback mechanisms which feed into HR policies, and professional practices which can effect change, based on the learning gained from supervision. Emphasising the nature of supervision, its objectivity and its contribution to organisational development, and highlighting the benefits of providing the optimum climate for supervision policy to exist can help to elicit maximum benefit for the organisation.

As supervisors, we begin by: using our sphere of influence; listening for soul (e.g. pride, joy or passion in work); not going it alone; having patience in peril and staying the course (Benefiel, 2005). ☺

*May you cultivate the art of presence in order to engage with those who meet you.*

*John O’Donohue (1997)*

**Appendix 1:**

**Steps to developing Supervision Policy and Practice in Organisations:**

- Step 1 – Create an appreciative enquiry into what supervision is already happening.
- Step 2 – Awaken the interest in developing supervision practice and policy.
- Step 3 – Initiate some experiments.
- Step 4 – Deal with resistances to change.
- Step 5 – Develop Supervision Policies.
- Step 6 – Develop on-going learning and development for supervisors and supervisees and the organisation.
- Step 7 – An on-going audit and review process. (Hawkins and Shohet, 2006 p. 209-216)

**A Supervision Policy should include:**

1. Purpose and function of supervision;
2. How supervision contributes to the agency’s overall aims;
3. Minimum standards for the content and conduct of supervision;
4. Minimum requirements for supervision contracts, to include frequency and agenda setting;
5. A statement on anti-discriminatory practice;
6. How supervision will be recorded and status of supervision notes;
7. Explicit statement of the relationship between supervision and appraisal;
8. Rights and responsibilities of both supervisee and supervisor;
9. Methods for resolving disagreements and/or breakdowns in the process;
10. The type of confidentiality expected and guaranteed;
11. A clear statement of how “poor performance” will be dealt with and “good performance” acknowledged.

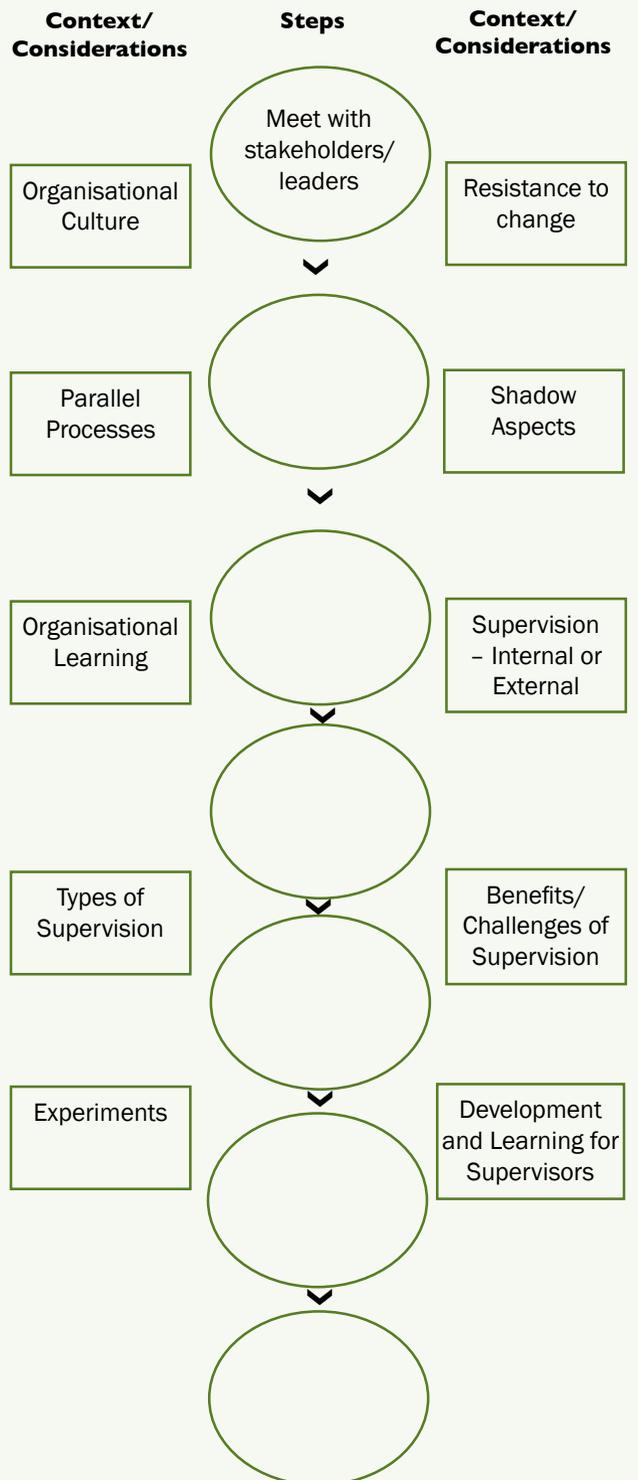
Kemshall (1995)

Hawkins and Shohet (2006, p. 214) add to this list:

- What supervision should focus on;
- What priority supervision should be given in relation to other tasks.

**Appendix 2:**

**Program for Developing a Supervision Policy within an Organisation**



## References:

- Association for Counsellor Education and Supervision (ACES) (1993) Guidelines for Ethical Supervisory Behaviour in Gregoire, J. and Jungers, C.M. (2007) *The Counselor's Companion: What Every Beginning Counsellor Needs to Know*. New Jersey: Lawrence Erlbaum Associates, Inc. p.p.94-95.
- Baker (1980) in Hawkins P. and McLean A. (1991) *Action Learning Guidebook*. U.K.: Bath Consultancy Group.
- Benefiel, M. (2005) *Soul at Work: Spiritual Leadership in Organisations*. Dublin, Veritas.
- Benefiel, M. (2008) *The Soul of a Leader: Finding Your Path to Success and Fulfillment*. U.S. The Crossroad Publishing Company
- Benefiel, M. (2010) *Immunity to Change: Supervision, Organisational Leadership, and Transformation*. In Holton, G. and Benefiel, M. (Eds.) *The Soul of Supervision: Integrating Practice and Theory*. New York: Morehouse Publishing.
- Bernard, J.M. and Goodyear, R.K. (2004) *Fundamentals of Clinical Supervision*. 3rd Edition. U.S. Pearson Education Ltd.
- Borders, L.D. and Brown, L.L. (2005) *The New Handbook of Counselling Supervision*. New Jersey: Lawrence Erlbaum Associates, Inc. p.p.94-95.
- Brown, Allan and Ian Bourne (1996) *The Social Work Supervisor*. Buckingham and Philadelphia: Open University Press.
- Carroll, M (1999) *Training in the Tasks of Supervision*. In Holloway E. and Carroll, M. (Eds.) *Training Counselling Supervisors: Strategies, Methods and Techniques*. London: Sage Publications.
- Carroll, M. (1999) in Carroll, M. and Holloway, E. (1999) *Counselling Supervision in Context*. London: Sage Publications.
- Carroll, M. (2001) *Supervision in and for Organisations*. In Carroll, M. and Tholstrup, M. *Integrative Approaches to Supervision*. London: Jessica Kingsley Publishers.
- Carroll, M. and Gilbert, M.C. (2011) *On Being a Supervisee: Creating Learning Partnerships*. (2nd. Ed). London: Vukani Publishing.
- Copeland, S. (2005). *Counselling Supervision in Organisations: Professional and Ethical Dilemmas Explored*. East Sussex.: Routledge.
- Davys A. and Beddoe L. (2010) *Best Practice in Professional Supervision*. London: Jessica Kingsley Publishers.
- DeHaan, E. (2012) *Supervision in Action: A Relational Approach to Coaching and Consulting Supervision*. Maidenhead, Berks.: Open University Press.
- Egan, G. (1994) *Working the Shadow Side: A Guide to Behind-the-Scenes Management*. San Fransisco: Jossey Bass.
- Egan, K. (2013) *Supervision in an Organisational Context*. Unpublished paper. Dublin: All Hallows College
- Ekstein, R. and Wallerstein, R.S. (1972) *The Teaching and Learning of Psychotherapy*. New York. International Universities Press.
- Garratt, B (2000) *The Learning Organisation*. U.S.: Harper Collins Business
- HIQA Report (2013) *Investigation into the safety, quality and standards of services provided by the Health Service Executive to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital Galway, and as reflected in the care and treatment provided to Savita Halappanavar*. © Health Information and Quality Authority 2013
- Hawkins, Peter and Shohet, Robin (2006) *Supervision in the Helping Professions* 3rd Ed.; U.K.: Open University Press.
- Inskipp, F. and Proctor, B. (1993) *Making the Most of Supervision*. Twickenham: Cascade.
- Inskipp, F. and Proctor, B. (1993) *The Art, Craft and Tasks of Counselling Supervision*. Part 1. (1993, 1995) *Making the Most of Supervision*. Part 2 (1995) *Becoming a Supervisor*. U.K.: Cascade Publications.
- Itzhaky, H. (2001) *Factors Relating to "Interferences" in Communication between Supervisor and Supervisee: Differences between the External and Internal Supervisor*. *Clinical Supervisor*. Vol. 20, Issue 1. The Haworth Press, Inc.
- Kemshall, H. (1995) *Supervision and Appraisal in the Probation Service*. In Pritchard, J. (Ed.) *Good Practice in Supervision: Statutory and Voluntary Organisations*. London: Jessica Kingsley Publishers
- Mezirow, J. and associates. (1990) *Fostering Critical Reflection in Adulthood: a Guide to Transformative and Emancipatory Learning*. California, U.S.: Jossey-Bass.
- New Economics Foundation (2011) *Five Ways to Wellbeing* (2011) <http://www.neweconomics.org/projects/entry/five-ways-to-well-being> Accessed 12.10.13
- NHS (2010) *Clinical Supervision Policy* <http://www.nhsdirect.nhs.uk/About/FreedomOfInformation/FOIPublicationScheme/~/>
- O'Donohoe, J. (1997) *Anam Cara: A Book of Celtic Wisdom*. U.S.: Harper Collins
- Proctor B ( 2001) *Training for the supervision alliance attitude, skills and intention*. Chapter 3 in Cutcliffe J.R., Butterworth T., Proctor B. *Fundamental themes in Clinical Supervision*. London. Routledge.
- Schwartz, T. and McCarthy, C. (2007) *Manage Your Energy, Not Your Time*. *Harvard Business Review*. [www.hbrreprints.org](http://www.hbrreprints.org). R0710B
- Van Ooijen, E. (2003) *Clinical Supervision made Easy: The 3-Step Method*. U.K. Elsevier Churchill Livingstone.
- Weld, N. (2012) *A Practical Guide to Transformative Supervision for the Helping Professions: Amplifying Insight*. London: Jessica Kingsley, 2012

## Mary Dwyer

Mary Dwyer holds a Master of Science in Counselling Psychology (Trinity College) and a B.Sc. (Hons) Psychology (Open University). She has recently completed an M.A. in Supervisory Practice (DCU) focussing on transformational learning and cross-professional clinical supervision.

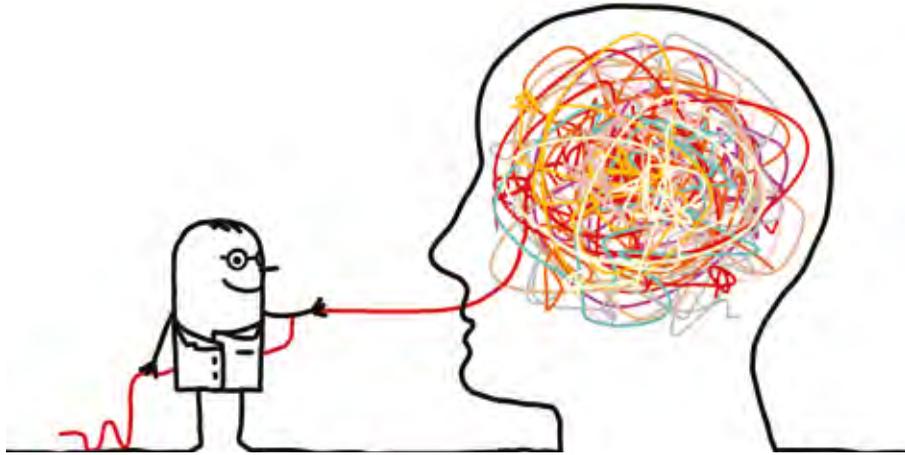
In her career with the HSE, Mary developed, managed and delivered an EAP service for over 6,500 healthcare staff, provided psychotherapy services with the HSE National Counselling Service and more recently, worked with the HSE Psychology Department within Child and Family Services, providing assessments and intervention, family therapy, courses and workshops.

Mary currently works in private practice.

email: [marydwyerpsychologist@gmail.com](mailto:marydwyerpsychologist@gmail.com), 086-8157274

# | The “Art” of Supervision

by Anne Burke



## Introduction

I received my accreditation as a Supervisor with IAHIP back in November, 2012. As a recently trained and accredited supervisor I wanted to share some of the things that I learned on the course about Supervision and what in my view could be considered as the “Art” of Supervision. During the course of my Gestalt Training as a Supervisor, there were many areas of Supervision that were explored; some of these were of great interest to me and I am going to discuss some of the key areas for me in this article. The areas of particular interest to me are: themes that arise within supervision; how we use them within the context of supervision and how they can impact on the supervisory relationship and the therapeutic relationship. Ethical dilemmas are something that will arise throughout the course of therapy and I will also be looking at why there is a need for good support and structure when dealing with an ethical dilemma, which could provide much needed support and containment for the therapist. I will discuss some important points to consider in how this can be achieved. Lastly, I will be exploring the collaborative way of working which I think is essential for a Supervisory Relationship between therapist and supervisor.

As therapists and as supervisors we all work in our own unique way. Although we may be influenced by different theoretical styles, we will also be influenced by our personality, cultural background, life experience and professional experience that we have gained over the years. One of the themes that arose for me while training as a supervisor was being able to work with therapists who had “different styles” of working or different orientations. When supervising we are also going to meet therapists who have particular needs and wants from supervision; we need as supervisors to be able to explore those needs and see if we can, or how we can, work at

meeting those needs in order for the relationship to provide the support that is needed. This is referred to as the “Art of Supervision” by Maria Gilbert & Kenneth Evans in their book *Psychotherapy Supervision*; they discuss the areas of support and challenge within the supervisory relationship. Gilbert & Evans acknowledge and discuss how some supervisors will be closer to the supportive end and some will be closer to the challenging end. This can also depend on the experience of the supervisee and it may differ from the level a therapist is at in their profession, for instance the student therapist, who may be attending supervision and has an

assessment need attached to it with a report which will be given

*The developing supervisor will be met with the challenge of creating an open and honest environment in the supervisory relationship, where the supervisor can be honest about their feedback and the client honest and open about their client work. The “Art” is how to develop a way of integrating the support and the challenge within this relationship.*

into the college as part of this assessment. We also need to take into account the therapist who is working towards accreditation, who has left the support of the college and is looking at a new supervisory relationship, and the therapist who has been working for many years as a professional and brings with them their many years of experience to supervision. At some level, there will be similarities in the support needed but there will also be a difference in how supervision is approached and the requirements will be different. The developing supervisor will be met with the challenge of creating an open and honest environment in the supervisory relationship where the supervisor can be honest about their feedback and the client honest and open about their client work. The “Art” is how to develop a way of integrating the support and the challenge within this relationship. (Gilbert & Evans, 2000: p 113)

“The supervisor who is high on support and low on challenge will be warm and accepting sometimes at the expense of providing guidance and parameters for practice. The supervisor who is high in challenge may find that supervisees become scared and avoid openly discussing their difficulties.” (Gilbert & Evans, 2000: p 113)

In much the same way as the therapeutic space needs to have safety in order for the client to explore all aspects of themselves without judgement, the supervision space needs to provide the safety for the supervisee to be able to explore all different aspects of his/her work, without fear of being judged or shamed. If the supervisee feels shamed or is overly controlled by an authoritarian approach to supervision, it will block the learning and the work may become fabricated. It is also noted that the role of the supervisor does bring with it extra responsibility and with

*Some supervisors will be closer to the supportive end and some will be closer to the challenging end.*

that responsibility there will always be a degree of tension; however the supervision needs to be able to provide a space that will enhance skills and develop knowledge and learning.

### **The Question of Ethical Decision-Making in Supervision**

In our profession we will at some stage have the inevitability of being faced with an ethical dilemma and this can present the therapists with many questions and uncertainty and it can be a very stressful time within the work. With any ethical dilemma the first thing I think is to be able to sit down and take time to think about what is happening; to consult our organisation’s code of ethics and to seek help through supervision. If an organisation is involved it can be useful to know what their policies are. I also think a full and frank discussion with the supervisor, possibly with the client depending on the ethical dilemma, where information can be gathered and reflected upon in order to work out an informed and responsible decision. Having had my own experiences of Ethical Dilemmas over the years and knowing the stress that they can cause, what I would like as a Supervisor is to be able to offer a therapist who may present with a similar difficulty or indeed any other dilemma that may present itself, is the space to get the support they need when dealing with something like this. It is all too easy to get caught up in the stress or the panic that these situations can carry with them.

Maria Gilbert & Kenneth Evans (2000) in the book “*Psychotherapy Supervision*” dedicated a chapter to “Ethical decision-making in supervision”. It is an informative chapter and one which I think is of use to bear in mind while thinking

about the whole concept of ethical decision-making within the field of psychotherapy. They mention that the issue of ethical decision-making can be one that often intimidates the “novice” supervisor, but even senior practitioners and supervisors can feel that intimidation and often feel frustrated when trying to resolve ethical dilemmas because the issues may not be so black and white.

“Spinelli acknowledges that throughout life the many dilemmas we are confronted with are not principally concerned with questions of right versus wrong but about the choices we make between actions, that in themselves, contain elements of both “right” and “wrong” (Spinelli 1994: 124 cited Gilbert & Evans, 2000: 131).

Gilbert & Evans debate the many things that they feel at the moment are lacking in the guidelines of ethical decision-making within the psychotherapy organisations, feeling that too much time is spent on the area of complaints, rather than engaging and establishing guidelines in response to the many difficult areas and challenges in the field of psychotherapy. They talk about a five-stage model and their suggestions for these are as follows: “legal issues, moral values, ethical codes, multicultural factors and unconscious processes”. They believe that all five areas are present at all times during the process of ethical decision-making but that

*The issue of ethical decision-making can be one that often intimidates the “novice” supervisor, but even senior practitioners and supervisors can feel that intimidation and often feel frustrated.*

*One of the many things lacking in the guidelines of ethical decision-making within the psychotherapy organisations - too much time is spent on the area of complaints rather than establishing guidelines in response to the many difficult challenges in the field of psychotherapy.*

certain areas will be more significant than others at certain times during the process. (Gilbert & Evans, 2000: p 132)

What Gilbert & Evans go on to discuss are four core areas that a supervisor will require when making an ethical decision; these are as follows.

1. *Informed:* The supervisor should be informed of relevant aspects of the law, and have a good understanding of this with respect to the profession of psychotherapy, for example confidentiality and dual relationships. Supervisors need also to be informed and aware of multicultural issues. Supervisors should also be aware of their organisation's code of ethics and be aware of unconscious processes, countertransferences and parallel processes.
2. *Reflexive:* Supervision requires the supervisor to have the ability to critically reflect on issues in relation to self and other. Because of the influence of one's culture, a supervisor and therapist need to be able to reflect and identify basic assumptions that we may have, thus enabling both parties to be able to challenge these in order to be able to truly make an ethical decision without prejudices.
3. *Collaborative:* All practitioners regardless of experience and seniority need to consult and seek support from other supervisors in order to reflect on the process of issues and

exploring the dynamics of power within any relationship; this happens in conjunction with the environment, paying attention to the law, moral values, ethical codes and multicultural factors.

4. *Emotional Literacy:* This involves personal and professional maturity and emotional literacy (Steiner 1984). What emotional literacy means is that the supervisor has a capacity to sustain vulnerability and has the capacity to sustain ambiguity and live with the consequences of ethical decision-making action. This may not be easy as sometimes this may mean going against what might be considered ethical within an organisation and people who have had the experience of oppressive regimes can testify to this. I think this area also includes being aware of unconscious processes and countertransference which may not get much understanding in areas such as law. (Gilbert & Evans, 2000: 135 – 138)

These four stages and the previous five areas that have been discussed in this chapter have really given me a greater understanding of the skills needed for therapists and supervisors when faced with an ethical dilemma. These five areas specify things that I need to address such as confidentiality, what one's legal obligations are as a therapist, how one might collaborate with the client on this issue, in turn how might one deal with the organisation who has referred a client to you, and last but not least, adhering to

all guidelines within our accrediting organisations. As any process begins to be worked through, certain elements undoubtedly will emerge and I think it is important that, while we may feel a certain amount of vulnerability at a time like this, it is important to respect what Gilbert & Evans (2000) describe as the supervisor's "capacity to live and stand by one's own decisions". The Therapist will be working hard to pull all the different pieces together, making sense of what is happening, understanding the implications and having the patience to follow through the process and come to a decision that they are able to stand by, while respecting one's own integrity.

### **Supervision: The Collaborative Model**

Michael Carroll & Margaret Tholstrup (2001) verbalise in many ways the learning that I have experienced on the Gestalt Supervision Course. They discuss in their book *Integrative Approaches to Supervision* the various different factors that they would see as important within supervision. The two main areas that they discuss here are "the supervisory relationship" and "the learning process", with the focus being primarily on the quality "of service to the client", which they would describe as "the ultimate goal of supervision". (Carroll & Tholstrup, 2001: 43)

*The supervisory relationship works best when there is a truly "collaborative" working relationship... where the learning is for both the supervisee and the supervisor, a truly joint venture, which needs a degree of "transparency" and a more focused approach to the developing relationship.*

*It is important to respect what Gilbert & Evans (2000) describe as the supervisor's "capacity to live and stand by one's own decisions".*

They draw reference to the fact that there is not much literature to-date on the supervisory relationship, which they would describe as puzzling as there is so much emphasis on the therapeutic work with clients, and the quality of the therapeutic relationship being the one thing that can account for the effectiveness of the therapy. Taking into account that many professionals would be aware of the concept of "parallel process", I would be in agreement with Carroll and Tholstrup that it seems slightly confusing that the literature on the supervisory relationship does not focus more on things like transference or a "supervisory alliance".

Carroll & Tholstrup (2001) go on to discuss further how they see the supervisory relationship working best when there is a truly "collaborative" working relationship. This is a relationship where the learning is for both the supervisee and the supervisor, a truly joint venture, which needs a degree of "transparency" and a more focused approach to the developing relationship. There is research to suggest that when the learner is truly involved in the process that motivation increases and that it will provide the opportunity to co-create a truly engaging learning experience. (Carroll & Tholstrup, 2001: 45)

### Conclusion:

In conclusion, I believe that to have a truly fruitful and nurturing supervisory relationship it is important that we are able to work collaboratively to identify and develop the supervision required to meet the needs of the therapist. The Supervisor without doubt carries an extra responsibility in taking on the role of supervisor and with that

there are two very important points to consider; how to offer support to the therapist but also not to be afraid to challenge the therapist when it is warranted. Ethical dilemmas can be very stressful for both the supervisor and the therapist. However if we can have a good structure that helps us manage and gain some understanding of the questions we need to ask, I believe that it can alleviate the stress that an ethical dilemma may otherwise cause. It will also provide some containment for the work to be processed in a relatively calm and professional manner. This would bring me to the last point that I have talked about in this article regarding the "collaborative" working relationship within supervision, I believe that when we are given the opportunity to learn, to be nurtured and ultimately to work with some "transparency", we can enrich the quality of the supervisory relationship which will also in turn, hopefully, enhance the therapeutic relationship you will have with your client. Supervision is a truly joint venture and all of the above are essential in creating the palette for *The "Art" of Supervision.* ☺

### References

- Carroll Michael & Tholstrup Margaret, (2001) *Integrative Approaches to Supervision*, Jessica Kingsley Publishers
- Gilbert C. Maria, Evans Kenneth, (2000), *Psychotherapy Supervision and integrative relational approach to psychotherapy supervision*, Open University Press

### Anne Burke

Anne Burke is a Director of the Johnstown Therapy Centre Director, Accredited Psychotherapist/Counsellor & Supervisor - M.Sc. (Psychotherapy Studies), B.Sc. (Psychotherapy & Counselling), MIACP, MIAHIP, MEAPA, MIAPPC, and is a Practitioner of Therapeutic Play

Anne works with individuals, couples, adolescents & children and also runs Group Therapy and workshops from the Centre. Anne uses an existential-humanistic and integrative approach, which incorporates other modalities such as; Psychodynamic, Gestalt, CBT, Expressive Arts Therapy & Therapeutic Play Skills.

Anne is a Lecturer & Tutor at PCI College Dublin, teaching on the following Certificate Courses; Suicide Studies and Child & Adolescent Counselling & Psychotherapy.

Contact details: Anne Burke, Johnstown Therapy Centre, 35A Johnstown Road, Dun Laoghaire. phone: 086-2400329 email: [anneb@johnstowntherapy.com](mailto:anneb@johnstowntherapy.com)

# A Reflective Wholistic Transcultural Model of Supervision

by Margaret O'Reilly-Carroll  
MIACP



## Introduction

This article explores the issue of transcultural supervision. Drawing on the work of the major theorist Mezirow on transformational learning and other theorists in supervision, the author proposes a model of reflective wholistic transcultural supervision for practice not only in psychotherapy, but in cross-professional supervision. It addresses issues such as identity, power, privilege and language, with examples from her personal practice of supervising and being supervised. The inter-cultural space is addressed in the context of transcultural sensitivity and competence. It challenges all supervisors to reflect on the issue of culture with a deeper awareness of self, awareness of our own cultural understanding, our biases, beliefs, our values as well as our prejudices. The theme throughout focuses on what it means to offer a wholistic model of supervision including the physical, psychological, social and spiritual context of the relationship and the work of supervision as we face the “unknown”. (Names and details in the vignettes have been changed to maintain confidentiality)

Michael presented as a well educated and confident young man. I was nervous. He was my first client in this cross cultural setting. As he entered the room, he looked surprised. In my greeting and introduction, I indicated that I was aware of his surprise. He nodded in agreement. I enquired if he was aware that I was not Zambian. That was “no problem”. I wondered if he had known that I was white and European. Again, this was “not the problem”. Finally, I asked directly about his surprise.

After a long pause and looking downwards, Michael shared that he thought I was a “Mama”, meaning “older woman” in his language. In his culture, a young man would normally discuss personal issues with an “elder” male. However, since a male counsellor was not available, he agreed to work with a “Mama”. Clearly, his assumption about my age was an issue that challenged him (personal clinical experience in Zambia, 1999).

Bringing this and other issues of my cross-cultural encounters to my supervisor (who came from yet another different culture) was the beginning of an important transformative learning experience for me. Transformational learning may be defined “as learning that transforms problematic frames of reference to make them more inclusive, discriminatory, reflective, open and emotionally able to change” (Mezirow 2000:22). I was living between two cultures

*The strength of using Mezirow's theory for supervision in cross-cultural encounters lies in the value of empowering the supervisee and supervisor to collaboratively reflect and find meaning in working with new frames of reference and different world-views.*

in Zambia and Ireland during this experience.

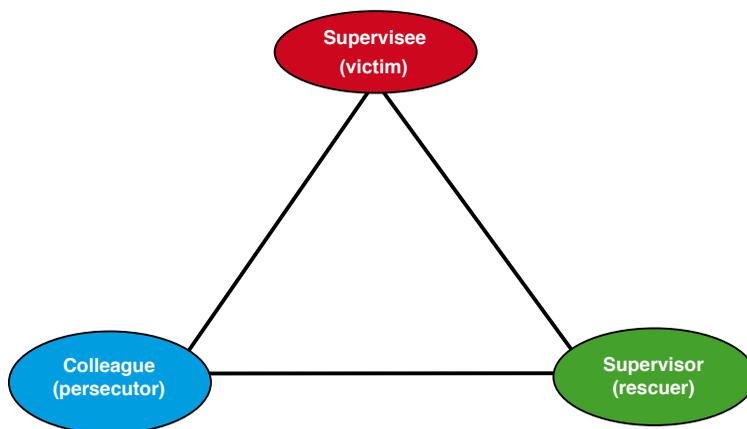
In supervision I engaged with issues such as age and gender difference, lobola (bride price), initiation ceremonies, witchcraft and health taboos in relation to HIV/AIDS infection. My experience as a supervisee in this cross-cultural context evolved and became "an intuitive, creative and emotional process" (Grabov, 1997:90). It was an exciting place to explore the complex cross cultural issues which took me out of my comfort zone while working with a diverse population.

As I continued to work in a multicultural context back home in Ireland over the last decade, I felt constantly challenged by my clients' experiences of racism, post migratory isolation, loneliness and deep soul pain in their cultural bereavement. The work challenged my beliefs and

Figure 1



Figure 2: Adapted from Karpman's Triangle '68.



frames of reference which according to Mezirow are "structures of assumptions and expectations on which our thoughts, feelings and habits are based" (2000:22).

The strength of using Mezirow's theory for supervision in cross-cultural encounters lies in the value of empowering the supervisee and supervisor to collaboratively reflect and find meaning in working with new frames of reference and different world-views. It provides a safe and secure context for the supervisee to reflect on his or her work practice. It facilitates the supervisee to articulate intense feelings and emotions, while maintaining professional boundaries and confidentiality in their own learning and the services they provide.

Looking through a multicultural lens as a student supervisor, with emphasis on cross-professional supervision, I recall the image of a tree which I saw in the park recently. I saw it from a cross sectional view, down to the deepest roots. It was a powerful visual picture of the concepts and ideas that I had been exploring and reflecting on as a framework for transcultural supervision (fig. 1).

*Early in my practice as a supervisor, a male supervisee (from a different culture and professional discipline), disclosed that he felt*

*"bullied" in his workplace. His work colleague, who differed from him in colour, race and gender, was very helpful at times, but he felt disempowered and undermined in his work in a very subtle way on a daily basis.*

I brought this experience to my own supervision. I acknowledged that the developing trust and working alliance with my supervisee was in the early stage. "And how would you see this supervisee if he was your client?", wondered my supervisor. I responded immediately. "I would see him as a victim of bullying by his work colleague and his agency". As I said these words, I became aware of what was happening for me in the moment.

This supervisee was not my client. As supervisor, I fell into the trap of becoming the rescuer, identifying with the supervisee as victim. I related to the work colleague and agency as persecutors in this triangle (fig. 2).

I reflected on my role as supervisor. I was trying to fix it for the supervisee, reverting back to my role as therapist. I neglected the collaborative nature of supervision where the supervisee is listened to and empowered to reflect on his experience. He needed space to unpack all of the issues in this clinical rhombus including: difference



Figure 3: A Reflective Wholistic Transcultural Model of Supervision.

- Skills (Process / Language / Power / Interpreter / Verbal / Other Modalities)
- Knowledge (Multicultural Issues / Models)
- Our Feelings Towards Others
- Awareness of Other (Cultural Context)
- Worldviews (Ethnicity / Religion / etc.)
- Self Awareness
- (Culture / Biases / Beliefs / Values / Prejudices, etc.)

in culture, race, gender, awareness of his own power, awareness of his work colleague and agency.

In my reflection and learning, I questioned what was the supervisee expecting of me, what was I expecting from my supervisor or what if my supervisor tried to rescue me creating yet another level of triangulation?

As the competent midwife guides the mother to breathe during labour, as opposed to stop pushing, my supervisor was aware of the power of taking a meta-stance position. As I reflected on my action I became aware of a new perspective for action in future sessions with my supervisee. Using Carroll's model of supervision, I viewed my supervisor acting as the hawk circling over the supervisory space, connecting with all the seven tasks of good supervisory practice (Carroll 1996).

*What we see in viewing the tree depends on where we stand in relation to it. We may see only the trunk, branches and leaves, or we can take a longer detoured journey, to view the deeper roots and 'beyond'.*

### **Transcultural sensitivity and competence:**

What happens when supervisor and supervisee meet in the cross-cultural supervisory process? If all interactions are multicultural (Bernard and Goodyear 2009:), what is different when the supervisee is from another cultural context to the supervisor?

If as supervisor, I only wish to understand the supervisee, then no real meeting occurs according to Hawkins and Shohet, since "we ourselves are absent" (2006:105). I need to become the transcendentalist as supervisor in meeting the supervisee. This means that I recognise that we both have vast cultural experiences which deeply influence our world-views and our behaviour (Coleman in Holloway and Carroll 1999). Then I can begin to work with transcultural sensitivity and competence as I enter the supervisory space as an intercultural space.

This intercultural space comes to life when both individuals from different cultures are rooted in their own culture and show openness and curiosity to other cultures (Sheehy, Naughton and O'Reagan 2007:22). The image of my tree represents a good model of transcultural

supervision as it is real and living. It is a wonderful metaphor for understanding culture, since culture is salient and changes over time as we acknowledge that we all come from multiple cultural contexts as we journey through life. What we see in viewing the tree depends on where we stand in relation to it. We may see only the trunk, branches and leaves, or we can take a longer detoured journey, to view the deeper roots and 'beyond' (fig. 3).

In supervision, the supervisor or supervisee may view the 'other' only in the context of the trunk, branches and leaves (skills and knowledge) above the ground. It will take longer and require a more reflective space as well as an effective working alliance to attempt to go below the surface. But only when this time and space is facilitated, can we begin to explore the roots and beyond in the deeper and more complex issues. These include: our attitudes and feelings which sometimes surface above the ground, our own cultural awareness as well as of the other, respecting their world-views, ethnicity, religion, and their socio-political context.

This process of shifting in our movement above and below the ground with the supervisee, helps

*As supervisor I learnt to understand the issue of power. This is often played out in the room in supervision or other helping relationships and comes from the deeper and often unknown parts of both supervisor and supervisee.*

new growth for us as supervisor in a deeper awareness of self, awareness of our own cultural understanding, our biases, beliefs, our values as well as our prejudices. This is wholistic supervision including the physical, psychological, social and spiritual context of the relationship and the work of supervision as we face the “unknown”.

### **Identity, Power, Privilege and Language in transcultural supervision:**

*“A young male client indicated in the first session that he could easily get angry and aggressive. While working in our second session, he said that he felt very comfortable and could freely talk to me. I was surprised at this as it was so early for me in the therapeutic alliance. I felt something strange inside me” (supervisee).*

As I worked with this supervisee, I used the contemplative approach (Conroy 2010) by asking her to stay with “the something strange” inside. In reflecting and getting in touch with the bodily experience in the session, she was able to access that something as fear: fear of not being able to provide the client with what she thought he expected. She felt quite overwhelmed with her own “internal movements” (Conroy 2010:92-106) at the time, but in the supervisory space she was able to go beneath the somatic feeling to a place not only of fear but anger.

With anger now in the room with her supervisee, she interpreted this as her own. She wondered what her client expected from her. She felt angry that he was often late for his sessions. She was angry that he had disclosed the issue of his anger and aggression. What could she expect if this happened in a session?

What about transference and countertransference in this session with her client?

In her tears and reflection, she became aware of her fear. While she did not disclose the personal details (as she was processing this in her personal therapy), she was now aware of her own issues as they surfaced in the therapeutic space. This fear and reflected issues around her own cultural values, beliefs and life experiences and the “unknown” about her client. The shadows of cultural difference in the therapeutic or the supervisory relationship include race, identity, power, status or rank and need to be acknowledged and processed.

This particular session was a transformative learning for both the supervisee and for me as supervisor. I learnt to value my own intuitive self as I stayed with the affect, slowing the process for the supervisee as she frequently worked at a cognitive level. By acknowledging the emotional impact, she immediately accessed the strong “internal movements” in her somatic energy, which she perceived as the feelings of anger, fear and sadness. These emotions all inter related to her personal experience and the experience with her client. Batts refers to this process as working with personal level tools in transcultural supervision, to include the cognitive, affective and behavioural context of the supervisee (Batts 2009:73).

This process shifts the power dynamic in the supervisory relationship to one where the supervisor and supervisee are learning together. It facilitates a better understanding of the supervisee’s relationship to a

given client with a different cultural background. The power dynamic plays a major role in the cross cultural encounter. This complex dynamic includes: role power, cultural power and personal power. Either supervisee or supervisor may act out of any one or all power roles resulting in the abuse or effective use of their power in the supervisory relationship.

In my own supervisory space, I explored and processed the supervisee’s experience as outlined. I learnt that the supervisee struggled with her personal power in her anxiety and fear, as well as her power as therapist. She appeared to have been challenged by the cultural power of the client in the context of gender and ethnicity. I acknowledged my intuitive power as supervisor, while trusting my personal power of compassion and support for the supervisee in her vulnerable and wounded self.

In returning to the tree metaphor, both the supervisee and I were working right down from the leaves at the top, to the deeper roots below. Our supervisory relationship deepened and our working alliance strengthened. In turn the supervisee was able to continue working with her client, by reclaiming her own personal power and respecting and including their differences in the therapeutic dialogue. This acknowledged both the client’s and supervisee’s cultural power. In turn the supervisee was able to honour her power in the role of therapist and further explore what she perceived as the client’s view of her privileged life experiences.

*As the competent midwife guides the mother to breathe during labour, as opposed to stop pushing, my supervisor was aware of the power of taking a meta-stance position.*

*While the tree represents language above the ground, it shifts between the visible and the invisible... “words have many layers of meaning”.*

As supervisor I learnt to understand the issue of power. This is often played out in the room in supervision or other helping relationships and comes from the deeper and often unknown parts of both supervisor and supervisee. As Bernard and Goodyear highlight, it is not difference that matters, it is “the power and privilege assigned to that difference” (2009:147).

In the same discussion, the authors refer to identity development as key in multicultural supervision and of greater importance than identification with a particular cultural group. Just as all individuals have multiple cultural identities, supervisors working in cross-professional supervisory practice must engage in a model of preparation that enhances their personal and professional identities.

Conroy offers a wise contribution to the issue of competency in supervision as she describes the supervisor’s need “to possess a fine-tuned ability to sift through their own and others’ interior movement, a keen self-awareness, and a growing self-knowledge” (2010:97-99). I view this “inner readiness” as the supervisor learning to work from the roots of the tree and beyond as she fosters self awareness and knowledge of her own identity, as well as awareness of how she is in her relationship with the other. The outer preparation referred to by Conroy includes adequate theoretical knowledge, skills processed in workshops and training in transcultural supervision.

While the tree represents language above the ground, it shifts between the visible and the invisible, the known and the unknown. Based

on Bakhtin’s theory of language, Finnegan views words and utterances to be “many voiced” and asks that the supervisor be aware that “words have many layers of meaning” (Finnegan 2010:135).

Using an interpreter in supervision or in the therapeutic space raises very complex and real dilemmas in practice. However, there is no reference to this in the literature on supervision that I reviewed. But it poses many questions. How effective is the therapy or supervision when conducted through a third person where the nuances may be lost? How do supervisors working in across-cultural context address this in practice?

Weld comes close to acknowledging this complex issue of meaning and understanding as she explores transformative learning in the context of being in relation with others. “It is through our interactions with others that we learn a great deal about ourselves, other people, and the world that we share” (Weld 2012:11). This captures the real life of the tree and its representation of the transcultural model of supervision. The tree is whole, just as a transcultural model is whole and the visible and invisible overlap, just as the known becomes ‘unknown’.

## References

- Batts, V. 2009. *Developing trans-culturally sensitive theory and practice*. IN: Henderson, P. (ed.) *Supervisor Training, Issues and Approaches*. GB: Karnac.
- Bernard, J. and Goodyear, R. 2009. *Fundamentals of Clinical Supervision*. (4th ed.) New York: Allyn and Bacon.
- Carroll, M. 1996. *Counselling Supervision: Theory Skills and Practice*. London: Cassell – Faber.

Carroll, M. and Holloway, E. 1999. *Counselling Supervision in Context*. London, UK: Sage.

Conroy, M. 2010. *The Ministry of Supervision: Call, Competency, Commitment*. IN: Benefiel, M. and Holton, G. (eds.) 2010. *The Soul of Supervision: Integrating Practice and Theory*. New York: Moorhouse Publishing.

Finnegan, J. 2010. *Dialogue and Theory in Clinical Supervision*. IN: Benefiel, M. and Holton, G. (eds.) *The Soul of Supervision: Integrating Practice and Theory*. New York: Moorhouse Publishing.

Grabov, V. 1997. *The Many Facets of Transformative Learning Theory and Practice*. IN: Cranton, P. (ed.) *Transformative Learning In Action: Insights From Practice*. *New Directions for Adult and Continuing Education* No. 74. San Francisco: Jossey-Bass.

Hawkins, P. and Shohet, R. 2006. *Supervision in the Helping Professions*. 3rd ed. Glasgow: Bell & Bain Ltd.

Karpman, S. 1968. ‘*Fairytales and script drama analysis*’. *Transactional Analysis Bulletin* 7, 26, 39-44.

Mezirow, J. and Associates. 2000. *Learning as Transformation: Critical Perspectives on a Theory in Progress*. San Francisco: Josey and Bass.

Sheehy, M., Naughton, F., and O’Regan, C. 2007. *Partners Intercultural Companion to Training for Transformation*. Dublin 6. Partners Training for Transformation.

Weld, N. 2012. *A Practical Guide to Transformative Supervision for the Helping Professions. Amplifying Insight*. London: Jessica Kingsley.

## Margaret O’Reilly-Carroll

Margaret O’Reilly-Carroll MA (Hons) Supervisory Practice is a qualified Psychotherapist, Supervisor and Trainer with a background in Nursing/Midwifery. She has extensive experience (over ten years) in Health/Psychotherapeutic care in several African countries. Margaret is presently working as part of a multidisciplinary team in the national centre (Spirasi) for refugees and asylum seekers who have suffered trauma and torture. She provides training with various health professional groups in the areas of wholistic health care and cultural competence.

# Counselling Supervision

by Willie Egan

## Introduction

Thankfully much research literature is now available regarding Counselling Supervision from varying theoretical and philosophical perspectives; hence a simple a “cut and paste” approach from the many splendid books and papers on the subject would have in itself made this article a very interesting read.



But that would have been far too easy for my “experiential” brain and in my opinion of little use to the readers. Rather I feel it’s better if the readers research such books and articles themselves, should they find this article interesting. What this article hopes to focus on is an experiential “on-the-ground” introduction to the counselling supervision process from the

perspective of the writer who is an experienced supervisor and a lecturer on Counselling Supervision. Some of the practical issues explored here are: what is the purpose of supervision, what is the role of the supervisor... and what might a typical supervision session agenda look like? Other issues explored are: is supervision the same as training? Is it the same as counselling? What makes it different? These are just some of the questions with which I hope to engage the reader as I highlight the crucial role of counselling supervision and promote the wonderful comfort, enlightenment and security it can bring to supervisees.

## Counselling Supervision in Practice

### • Purpose

Supervision is quite a specific piece of work, with an equally specific purpose. There are many different theories (see Reference List below), models (Seven-Eyed Model, Cyclical Model, Tasks Model etc.), formats (“one-to-one” or “group”) and forums (Private Practice/ Organisation) of supervision. The purpose of supervision can vary therefore depending on which model, formation or clinical settings are being used. But my favourite generic understanding of the term Counselling Supervision is the one I have chosen as the foundation for this article: “Supervision is a working alliance between two professionals where supervisees offer an account

of their work, reflect on it and receive feedback... and guidance where appropriate” (Inskipp, F and Proctor, B, 1993).

The purpose of counselling supervision could be viewed therefore as a clinical practice whereby a supervisee(s) attends a supervisor on a regular basis as an “apprenticeship”, wherein the less-experienced therapist(s) attends a more experienced, qualified and accredited supervisor to gain fresh insights, to be guided, to be affirmed, supported and hopefully excited by this unique post-graduate continuous learning process.

Whereas in therapy the primary focus is on the relevant aspects of the client’s world as dictated by the therapist’s philosophy of counselling, the focus in supervision

is on therapeutic work itself, the feelings of the counsellor about the client(s), about him/herself and his/her sense of competency in the particular piece of work in focus, a review of the therapist’s strategic approach to the piece of work, what’s happening in the therapy sessions... and about the self-care attitude/ approaches of the therapist with particular emphasis on continuous professional development. This is achieved through the supervisor’s

*Counselling supervision could be viewed therefore as a clinical practice whereby a supervisee(s) attends a supervisor on a regular basis as an “apprenticeship”.*

knowledge, experience and ability to skilfully and seamlessly blend theory and practice.

#### • **Role**

Counselling Supervision has many roles, which will to a large degree be determined by the format or forum within which the supervisor is practicing. But in general, the role can be collectively defined thus: to bring objectivity to what can be a very subjective experience for the supervisee, to bring structure to what at times seems like a pretty unstructured process that is therapy, to bring clarity to what may be unclear and to bring kindness, support, strategies and vision to the inevitable isolation and self-doubt suffered by most therapists at some stage of their careers.

If counselling supervision has a clear purpose and role, it equally promotes and encourages an equally clear vision of the role of the counsellor, whatever school of therapy is being practiced. As an experienced supervisor, I have found that whereas most counselling training colleges have an appropriate focus on relevant theories, skills and personal development, there still seems to be a deficit of focus on the precise nature of the role of the counsellor, often leading to counsellors taking on other roles ("consultant" being the most common) not conducive to good therapy. It is therefore one of the key supervisory roles to establish what the therapist's understanding is of their role in any given piece of client-work in which they are engaged.

Professional Supervision training is the key to empowering would-be supervisors to identify and modify such ambivalence and resultant confusion for supervisees and their clients. The Irish Association for Counsellors and Psychotherapists (IACP) in their wisdom mandated such training some years ago and this has resulted in many training

*The role can be collectively defined thus: to bring objectivity to what can be a very subjective experience for the supervisee, to bring structure to what at times seems like a pretty unstructured process that is therapy, to bring clarity to what may be unclear and to bring kindness, support, strategies and vision to the inevitable isolation and self-doubt suffered by most therapists at some stage of their careers.*

colleges taking up this mandate and bringing a whole new level of consistency to counselling supervision.

#### • **The Supervision Contract**

The Supervisory Contract is one of the fundamental foundations of the practice. The contract will vary depending on which of the above formats of supervision is being contracted for.

However for ease of understanding, this section of the article will focus on a one-to-one format in private practice. I say this, as in an organisational setting, the contract for a one-to-one forum will probably vary considerably from a similar forum in private practice in terms of stakeholders and accountability.

In the hands of a suitably-trained and experienced professional supervisor, the Supervision Contract removes all potential ambivalence through initial dialogue and agreement (containing the key element of Informed Consent) wherein the supervisor very clearly sets out exactly what the dual responsibilities are in terms of professional expectations... note-taking consistency, accountability, support, feedback, challenge, ethical decision-making responsibility - sharing, self-care monitoring, CPD updating and monitoring, etc.

Equally the supervisee in that initial dialogue sets out his/her expectations, hopes, fears, potential transference issues re authority figures, etc. Such an initial meeting is seen as an essential ingredient

for a successful and long-lasting professional relationship.

The cornerstone of supervision lies in the forming of a warm but professional relationship between the supervisor and the supervisee. Trust is the key to this relationship. Anxiety caused by role ambivalence, referred to by Michael Carroll as a psychological contract (Carroll, 1996), can have no part to play in the supervision process. The contract will securely and effectively enshrine the relationship between you, leaving no room for supervisee disadvantage or dis-empowerment caused by confusion, authority or fear.

Neither is it helpful if the supervisor tries to direct the supervisee to be some form of "clone" of him/herself. If we simplistically view the counsellor as a product of Theoretical Training, Skills Training and Ethical Training, then in theory we should all be the same... but in doing that we omit the key ingredient of each counsellor, i.e. the "Self". It is this Self which ensures that, despite the consistency and monitoring/evaluations of all training institutes regarding theoretical understanding and skills, all therapists will be different in the therapy room. This Self component is potentially the best attribute of the counsellor but also potentially the worst if key personal development training has not brought unconscious issues to light such as transference, counter-transference, projection, mirroring and Blind Spots. Equally the supervisor must be aware of the Self in his/her own role, in terms

of the potential shadow side of the need to control, communication efficiency, feedback style and other potential blind spots which s/he may have.

So rather than wanting the supervisee to clone the supervisor, the supervisor's role is to monitor, evaluate and regulate all aspects of the supervisee's practice. In the writer's opinion, a good supervision macro-management model would be Hawkins & Shohet's 7-Eyed model (Hawkins and Shohet, 2000) while a suggested model of supervision micro-management would be a combination of Michael Carroll's Tasks of Supervision and his Model of Ethical Decision-making (Carroll, 1996)

#### • **In the Supervision Room**

So we are beginning to form a clearer picture of the supervision process. Whereas the supervisee brings themselves and their client-cases, the supervisor brings experience, insight, clarity, guidance, structure and support. But the supervisor also is entrusted with the key role of ethical "watchdog", representing the best interests of the many stakeholders involved, most notably the supervisee's clients, parents (where the client is a minor), legal guidelines (e.g. Children First), Agency Policy where relevant, the profession of counselling and Civil Law). In this potentially contentious role, conflict between supervisor and supervisee may occur and the relationship may be tested, but in this oft-difficult ethical decision-making arena, whereas agreement is the preferred supervisory position, in its absence the supervisor will be the final arbitrator.

But in principle, when we speak of the supervisory role, supervisee development and empowerment must be at the heart of this relationship. In matters ethical, the supervisor may ultimately hold sanction, but in all matters pertaining

to the ongoing development of the supervisee, perceived lack of hierarchy is the best way forward. And, again while there is anecdotal evidence of the shadow side of power in supervisors, this issue is not always of the supervisor's making; whereas power is sometimes "taken" by an unprofessional supervisor, it is equally often "bestowed" without question by the supervisee. This perhaps can be best explained by adapting a quotation by the New York psychotherapist and noted author, Sheldon B. Kopp, as he refers to such potentially-hierarchical relationships:

"The wish to satisfy someone greater than the Self, to be found acceptable, to belong at last, is a struggle familiar to many practitioners. In their therapy practice they waste themselves on wondering how they are doing, on trying to figure out the expectations of others so that they can become someone in the eyes of others. They try to be practical, to be reasonable, and to figure it all out in their heads. It is as though if only they could get the words straight in their heads, if only they could find the correct formula, then everything in their practice would be magically straightened out. They are sure there is a right way to do things, though they have not yet found it. Someone in authority must know..."

Therefore s/he will not have it any other way but that I (as his supervisor) am bigger, stronger, and wiser than he is. I must rescue him, instruct him and teach him how to practice. But Lord help me if I try. He will show me that in the long term my efforts have not been sufficient, that he is not satisfied" (Kopp, 1972).

Hence one of the core principles of a good supervisor must be to encourage and support the development of the internal supervisor within the supervisee (Stoltenberg, McNeill, and Delworth,

*In matters ethical, the supervisor may ultimately hold sanction, but in all matters pertaining to the ongoing development of the supervisee, perceived lack of hierarchy is the best way forward.*

1998). Examples of this would be as follows: to facilitate the supervisee to write up their own session agenda, i.e. increase their own ethical awareness, identify their interpretation of what the supervision issues are in the cases they are bringing to each supervision session: to empower the supervisee to share their current understanding of the named issues, i.e. to encourage the supervisee to share their own vision of the ethical way forward with this issue rather than solely relying on the supervisor to do this. The supervisor may have a deeper, more experienced understanding of the issue but it's important that the supervisee is enabled to explore the potential solutions in the first instance, rather than supervision becoming merely a dis-empowering authoritative process wherein the supervisee brings problems and the supervisor gives direction. When the supervisee is encouraged to become an active part of the supervision process on a regular basis, their internal supervisor grows ever stronger and the supervisor's interventions in time become more supportive than prescriptive.

#### • **Typical Issues Raised in Supervision**

Let's take a brief look at the type of ongoing ethical issues which typically require supervision support and guidance:

- The supervisee's client of 10 sessions (private practice setting) wishes to bring her husband in for the next session.

- The supervisee's client (also private practice setting) has lost his job as a decorator/painter; he wishes to continue counselling but is offering to paint the counsellor's office in lieu of payment.
- A separated mother wishes her 15-yr-old son (who lives with her) to attend counselling with the supervisee (private practice); however the boy's father refuses to give consent and there is no formal legal custody arrangement in place.
- A 25-yr-old female client has revealed to the supervisee (private practice) that as a child she was abused by her uncle; though he is still alive with current access to other children, the client says she only wants therapy and has no interest in causing problems for the extended family. As such she absolutely refuses to even contemplate any reporting of these incidents to the proper authorities.
- A woman has approached the supervisee (private practice) requesting counselling for her aging and infirm mother in the mother's own home due to transport difficulties.
- The client, who works in an organisation, is being directed to carry out other duties within that agency which risk serious breach of boundaries and risk of dual relationship contamination for many of her clients within the organisation.
- In Session 8, it becomes alarmingly clear to the supervisee that he personally knows the married person with whom the client is having an affair.

This gives the reader a flavour of the type of situations wherein the

supervisor must have a clear model of ethical decision-making to be effectively able to support and guide the supervisee in any of the above situations.

Such examples immediately highlight the absolute need for trust in the supervisory relationship to facilitate the sharing of such ethical dilemmas. Such trust can only thrive in an atmosphere of safety and bring Adler's great quotation to mind: "A lie has no value where the truth holds no threat" (Adler, 1992).

It also highlights the skills required by the supervisor to manage this information in such a professional way that the supervisee will feel anchored and supported.

For all of these reasons the supervisor's role is responsible, caring and exciting all in equal measure... but it's also a beautiful role, wherein s/he can have an enormous influence on supervisees... with enormous job satisfaction.

Why don't you train as one? 

## References

- Inskipp, F. and Proctor, B. (1993) *Making the Most of Supervision*. Twickenham: Cascade
- IACP *Code of Ethics and Practice for Supervisors of Counsellors and Psychotherapists*
- Carroll, M. (1996) *Counselling Supervision: Theory, Skills and Practice*: London: Cassell
- Hawkins, P. and Shohet, R. (2000) *Supervision in the Helping Professions*. Milton Keynes: Open University Press 2nd Edition
- Kopp, Sheldon B. (1972) *If You Meet the Buddha on the Road, Kill Him: The Pilgrimage of Psychotherapy Patients*
- Stoltenberg, C.D., McNeill, B and Delworth, U. (1998) *IDM Supervision: An Integrated Developmental Model for Supervising Counsellors and Therapists*. San Francisco: Jossey-Bass.
- Adler, Alfred (1992) *Understanding Human Nature* Guernsey Press: Channel Islands

## Willie Egan

Willie Egan, the author of this article, is a Core Lecturer on the supervision course provided by PCI College under the excellent stewardship of the Course Leader, Germaine Morrissey.

## Workshop Review

### PSYCHIATRY AND PSYCHOTHERAPY IN IRELAND TODAY: AN UNEASY ALLIANCE

Presenter: Ivor Browne  
Date: 5th October 2013

Reviewed by: Seamus O’Kane IAHIP  
Venue: City Hotel, Derry City

‘There was music there in the Derry air...’ when, at the end of the day Ivor took a penny whistle from his pocket and played a few tunes. Of course I could also say that the whole day was music for the soul of psychotherapy.

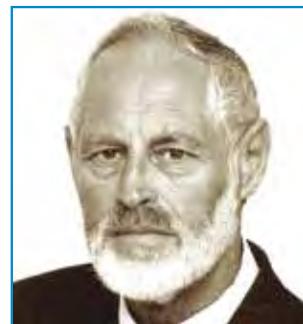
A group of around 60 gathered to listen to one of Ireland’s longest serving practicing psychotherapists, someone who had witnessed and been instrumental in major changes in how we view and treat mental illness. Psychotherapy is a relatively young profession in this northerly part of Ireland. For many years, people’s greatest need here has been to keep physically safe. Only more recently have needs for psychological and emotional well-being, come into focus. So, for those of us working in this youthful field it was really good to have an elder of the profession amongst us. Ivor was introduced to the group by Marina Sweeney, herself a long standing servant of psychotherapy here in Derry. Congratulations to her and the other members of the Northern Region of the IACP for organising this day.

Central to Ivor’s theme were the different forms of thinking that underpin the medical and psychotherapeutic professions. The former uses reductionist thinking. Ivor traced this back to Louis Pasteur and others who discovered the influence of micro organisms on our health. Reductionism breaks things down into their component parts. Fixing the part so as to fix the whole has been beneficial not only in medicine but also in technology, science and industry. Psychotherapy, on the other hand, favours systemic thinking – i.e. viewing the organism as more than the sum of its parts.

Ivor’s outline of these core differences explains much to me about my frustration at some decisions by psychiatrists and others from the ‘medical model’. I realise how they see the world differently from me. However, I am still left with the question as to what to do about this. Whilst he outlined the differences very succinctly, Ivor did not offer any suggestions as to how we as a society might integrate these two sides. As a supervisor I am aware that seeing life from different angles can be very beneficial. As a psychotherapist,

I often have to hold opposing and different elements in a non-dualistic way. So, how could psychiatry and psychotherapy find a way to talk to each other and utilise the wisdom that both possess? I think I held some hope that Ivor, who himself has lived and worked in both of these camps, might have found a way to integrate these two sides. Perhaps that is for a different day and a hope for the future that psychiatry and psychotherapy might work together for the good of people.

Overall what I valued most from the day was being with someone who still holds such passion and enthusiasm for the work and who still sees clients at 84. Like many octogenarians he has a freedom from fear of what people think of him. He is outspoken, almost blunt. In a profession that can easily be crippled by fear, by the expectations of funding agencies and professional bodies, by the threat of litigation and insurance claims, it is re-assuring to meet someone who doesn’t give a \*\*\*\*.



*Thank you Ivor and to those who organised this day.*

## Workshop Review

### COMPASSION FOCUSED THERAPY WORKSHOP

Presenter: Dr. Chris Irons

Date: 12th of October, 2013

Reviewed by: Johanne DeLagrave-Kenny, MIACP, IAHIP

Venue: PCI College, Burgh Quay, Dublin 2

Dr. Chris Irons spoke briefly and eloquently at our National Counselling & Psychotherapy Conference organised by PCI College last summer and I was going to move hell and high water to attend the longer version scheduled for Saturday 12th October. CFT (Compassion Focused Therapy) is a practice and a concept researched and developed by Dr. Paul Gilbert, whom most of us are familiar through his book of "Overcoming Depression". He has been researching CFT for the last 30 years. My thoughts were somewhat contaminated with the question "Is CFT the new CBT?"

Within 15 minutes into the delivery of the content, I was hooked! What triggers a surge of interest in me is seeing the core work in our profession around unconditional positive regard, combined with scientific evidence. That recipe makes me dance!

Dr. Irons explained clearly the three parts of the brain that influence our feelings, emotions, behaviour and physiology and how various phases of evolution developed different stages of our brain: Firstly, the reptilian brain (the oldest part of our brain) which is approximately 500 million years old, where the freeze, fight or flight response is stored, as are anger and anxiety. CFT calls this the red system. Secondly, the paleomammalian brain (the 2nd oldest part of the brain) which is approximately 120 million years old, and holds the nurturing, caring, calm and soothing. This part evolved when mammals emerged. We'll refer to this as the green system. Thirdly, the neomammalian brain, (the newest part of our brain) approximately 2 million years old, where the wanting, pursuing, achieving and consuming is contained. We'll call this the blue system.

These systems are types of emotion regulation systems and release various hormones. The red, associated with anger, anxiety and disgust, is connected with serotonin; the green, associated with safeness, kindness and calming releases. The blue, paired with incentive/resource, focus and activation, releases dopamine. These regulating systems are interacting with one another, and if we were to illustrate them with arrows going to and from

each other, it demonstrates an image that is easy for clients to understand about themselves. Bringing the science of the mind into therapy in this way diffuses the shame.

Dr. Irons suggested that compassion is often misunderstood or poorly defined. It can be seen as soft, woolly, or as pity. A helpful definition is: "*Compassion is a sensitivity to the suffering of self and others with a deep commitment to try to relieve it*". That, to me, sums up why I do what I do!

Compassion Focused Therapy is linked to two different psychologies:

- 1) the ability to be *sensitive to*, and *engage* with, suffering and distress.
- 2) The desire and motivation to *alleviate* suffering, uproot its causes and seek to prevent suffering in the future.

In the first psychology of compassion, it is important to be open and receptive to the suffering and help our client to move towards this engagement and not to avoid or shut it out. In the second psychology, we seek to help people to learn specific skills to build their inner resources so that we can effectively alleviate suffering.

Blood tests and MRIs have shown that after the introduction of compassionate thoughts in the brain, there were physical haemoglobin differences in subsequent tests in as short as six week intervals. Further research has shown that in relationships, people with high levels of Self-Compassion are reported by partners to be more caring, higher in acceptance and allow greater autonomy (Neff and Beretvas, 2012). Those low in SC are reported as more detached, domineering, controlling and verbally aggressive.

To conclude, this workshop was filled with scientific, practical, informative and compassionate theories and practices. Dr. Chris Irons delivered the content with contagious passion, humour and interaction.

## Book Reviews

Title: *Understanding and Treating Sex Addiction: A comprehensive guide for people who struggle with sex addiction and those who want to help them.*

Author: Paula Hall

Published: 2012

ISBN: 0415691915

Reviewed by: Orlagh Gahan



in an effort to more clearly illustrate the complexity of sex as an addictive behaviour from other addictive behaviours such as food, gambling and drugs.

Throughout the book the author explores and defines with ease related behaviours such as human sexuality, sexual desire, fantasy, sexual dysfunctions, paraphillias

***'Sex addiction is a devastating condition that affects many millions of innocent people' (Hall 2012:191).***

On the threshold of an age where Sex Addiction and Pornography Addiction is becoming increasingly recognised and acknowledged as an addictive behaviour, predominantly as a result of an absence of research in the field, the recent publishing of Paula Hall's *'Understanding and Treating Sex Addiction: A comprehensive guide for people who struggle with sex addiction and those who want to help them'* could not have come at a better time. Paula Hall, a registered Psychotherapist specialising in the field of Sex Addiction, and founder of The Hall Recovery Course, leaves the reader in no doubt through valuable new research and clinical experience, the first of its kind in the UK and Ireland, that Sex Addiction is not only prevalent but a real and growing problem silently thriving in society, leaving us under no illusion that those suffering are struggling with an array of complex emotions and challenges. "In a nutshell, all addiction is used to manage emotional pain" (Hall 2012:57).

Much anticipated, and both refreshing and encouraging, this book gives clear insights into many aspects of sexual addiction. It explores trauma and attachment induced addictions, assessment criteria and is based on new findings in an area where, to date, there has been a total absence of such, a key factor in the misunderstanding of sexual addiction. Hall introduces new insightful theories such as the Six-Phase Cycle, which explores addictions, which remain 'dormant'.

Hall breaks through common misconceptions about sexual addiction and clearly illustrates the difference between it and other misinterpreted behaviours often associated with sexual addictions such as hypersexuality and sexual offending. She challenges popular terminology specific to addiction such as Co-addiction,

and, uniquely, issues specific to the LGBT community, providing the reader with a strong overall view of areas which often coincide or relate to sexual addictions. She builds a strong introduction to the neurochemistry of addiction as a contributing factor in the progression of addiction and identifies various addiction cycles and theories of progression. She has divided it into an easy-to-reference chapter form and provides a good balance of theory, research and clinical and personal experience.

Until now, publications on sex addiction have been predominantly based on US studies, typically by male theorists, and this latest publication by Paula Hall introduces a fresh, honest perspective on sexual addiction and a sincerity that treatment and recovery, whilst challenging, is possible. A most informative Hall draws on an array of research and mounting evidence from renowned experts in the field of sexual addiction such as Patrick Carnes and Robert Weiss and also on *Addiction and Sexuality*, providing insights into current studies being undertaken in the field. One of the key themes throughout *'Understanding and Treating Sex Addiction'* is Hall's clinical research based on 350 people struggling with sexual addiction, some of who have gone through therapy. She provides first hand accounts and case studies from those suffering from sexual addictions and a rich insight into the psyche of the sexual addicts. Hall identifies how her research parallels and compares on many levels to US-based research and how this helps identify issues specific to the UK.

The author explores as a common theme the impact of an 'unprecedented explosion of the internet and ever-growing availability of pornography' (Hall 2001:i) and identifies how this has contributed to the increase of those suffering from sexual addiction and the impact this explosion may be having on, in particular, our younger generation. She identifies how the 'availability'

## Book Review continued

of Pornography and an array of sexual activity has given way to an increased prevalence of 'Opportunity Induced Addiction' and clarifies how treatment and recovery differs from Trauma or Attachment Induced Addiction. Through continually identifying similarities with other addictive behaviours such as food, you can easily re-associate and align how sex addiction impacts those struggling with it.

Hall's open and articulate style of writing de-sensationalises and demystifies the issue of sexual addiction. She does so in an empathetic and compassionate manner throughout the book, as she offers scenarios and associations, which easily encourage the reader to relate on a personal level to rationalisations, concepts and issues which arise as a result of sexual behaviour and emotional distress.

With great emphasis on recovery, this book provides an overview of support and resources available to those seeking treatment and recovery in the UK and Ireland.

As a Psychotherapist, I enthusiastically encourage and recommend this book to those who want to understand more about Sex Addiction or begin recovery, and indeed to anyone interested in gaining a good understanding of addictive behaviour overall as it easily and cleverly flows into other areas of addiction in order to help the reader gain a more rounded understanding. From a professional perspective, 'Understanding and Treating Sex Addiction' provides those in the therapeutic field with a strong understanding of sexual addiction, identifies clear assessment criteria and related material, along with signs to watch out for in clinical practice which may ordinarily be missed or unspoken. As Hall suggests, "for many people it's too painful or risky to talk about their sexual acting out so instead they will seek help for the consequences without openly acknowledging the cause" (Hall 2012:18).

*Orlagh Gahan is a Psychotherapist at The Centre for Sexual Addictions, Dublin, Ireland, [www.centresexualaddictions.com](http://www.centresexualaddictions.com). She is a member of ATSAC and completed a Thesis titled 'Sexual Addiction, Treatment & Support Service in Ireland'. Email: [orlagh@centresexualaddictions.com](mailto:orlagh@centresexualaddictions.com)*

## Letters to the Editor

Éisteach welcomes members' letters or emails. If you wish to have your say on either the contents of Éisteach or on an issue that concerns you or you feel strongly about, please send your views to:

e-mail: [eisteach@iacp.ie](mailto:eisteach@iacp.ie) or

Éisteach, IACP, 21 Dublin Road, Bray, Co Wicklow.

We hope the 'Letters to the Editor' section will become a stronger feature in each edition of Éisteach. For that to happen we need your comments and views. We look forward to hearing from you.

Dear Editors,

I would like to express my full support for the excellent Position Paper on Statutory Regulation, and the difference between Counselling and Psychotherapy, recently published by the IACP.

It is a thoughtful and thorough document which deserves to be given serious attention by all the relevant decision-makers.

I certainly have never felt that the IACP supported, or should support, the notion that there is any substantive distinction between "Counselling" and "Psychotherapy".

Yours etc.,

*Eoin Stephens, MIACP*

## Therapist Dilemma

Research with our readers showed that one of the main sections you enjoy is our Therapist Dilemma. So it is now officially back by popular demand. We are eager for your involvement, your ideas and thoughts, and replies to these dilemmas.

Below is a response to last issue's Dilemma and a new scenario for you to consider...

Send your Dilemma and / or replies to this issue's Dilemma to:

Dialogue, Éisteach, 21 Dublin Road, Bray, Co Wicklow or eisteach@iacp.ie

want shared in couple sessions. This would again create another drama triangle and more secrets in the counselling room.

*Mary Beirne,  
MIACP,  
Ashbourne,  
Co Meath*

### New Dilemma:

Dear Editor,

Concerning some clients who attend my office at the behest of a spouse or partner, I have found them to be less than forthcoming as to the issues affecting their relationships. A typical scenario is that of a man 'sent' to therapy because he is supposedly drinking too much. However, as described by the client, his drinking appears to be within Irish social norms.

I used to be patient with such dilemmas and simply wait for a more complete picture to emerge. However, I have begun to invite the client's partner to attend the second session, in order to obtain a more balanced view of the problem. Generally, my understanding of the client's difficulties is greatly clarified by this method.

However, I have doubts. In so doing, am I compromising the therapeutic relationship by, in effect, not trusting my client's perspective? If I am true to my humanistic principles, should I not bide my time and wait for the client to develop his insight and discover his own truth? On the other hand, information from third parties does tend to speed up the process and lead to positive outcomes. I am curious to hear opinions on this dilemma.

*Cóilín Ó Braonáin*

### Dilemma from Autumn 2013 Issue:

Dear Editor,

I have been counselling two individual clients over the past two years. Each has primarily been dealing with issues concerning their childhood but in recent months both have started to deal with issues surrounding their current relationships.

At their last individual sessions both clients asked if I would see them with their partner for couple counselling. I graciously refused their requests citing good ethical practice. However upon further discussion I became aware that in their view a conflict of interest would not arise as I had been counselling them both.

I have a busy practice and the initial referrals for counselling had come from different sources and I did not make a connection between the two individuals.

I am left with a feeling of betrayal and wonder if I played into the drama triangle they have created over the past two years. It has also led me to question the efficacy of the interventions that I have worked through with each individual?

### Response:

Dear Editor,

I am at a loss to understand how a therapist can work with a client for 2 years and remain unaware of the details of their significant partner relationship. Even though these two clients may have come to explore childhood issues, the initial history taking at first assessment or the use of genograms should have alerted the therapist to the possibility that the two clients were connected.

Regarding the efficacy of interventions used with both clients; there seems to have been no conflict of interests up until a few months ago as each person was dealing with issues that were separate from the couple relationship. However when both clients coincidentally started to then focus on their relationship knowing that they were seeing the same counsellor, it would seem beyond belief. I too would feel a sense of betrayal if both clients were holding this secret from me in the therapy room. I would feel a need to address this with both so as to understand their reasoning for keeping me in the dark.

I agree that it would be good ethical practice to refer this couple to another counsellor. The therapist may already be in possession of information that either client may not