

An abstract graphic featuring a dark, rounded rectangular shape in the center. Above this shape, several yellow speech bubbles of various shapes and sizes are arranged. Some bubbles contain black arrows pointing in different directions (right, left, up, down). One bubble contains a plus sign, and another contains a minus sign. Dotted lines connect some of the bubbles, suggesting a flow or relationship. Below the dark shape, two stylized human faces are visible. The faces are rendered in a simplified, geometric style with large eyes and a small mouth. The faces are colored in shades of brown and orange, with a red base at the bottom. The overall composition is layered and visually complex.

**SHAPE-ing competent therapists:**

**Working effectively with emotion in  
clinical supervision**

Eric Morris, PhD

Sonja Batten, PhD

# Objectives

At the end of the workshop participants:

- Will be able to describe several supervision frameworks that promote flexibility and functional perspectives
- Will be able to practise experientially responding to a supervision scenario involving flexibility toward emotion, either as experienced by the supervisor or the supervisee
- Will be able to utilize reflection and execution of flexible perspective-taking as a supervision approach

# Our task as supervisors

Creating a space in supervision:

- For the supervisee's own personal acceptance
- where the supervisee can openly discuss and experience their thoughts and emotions, both as they relate to the process of therapy and of supervision

It is hard to be accepting with clients when you are not accepting with yourself.

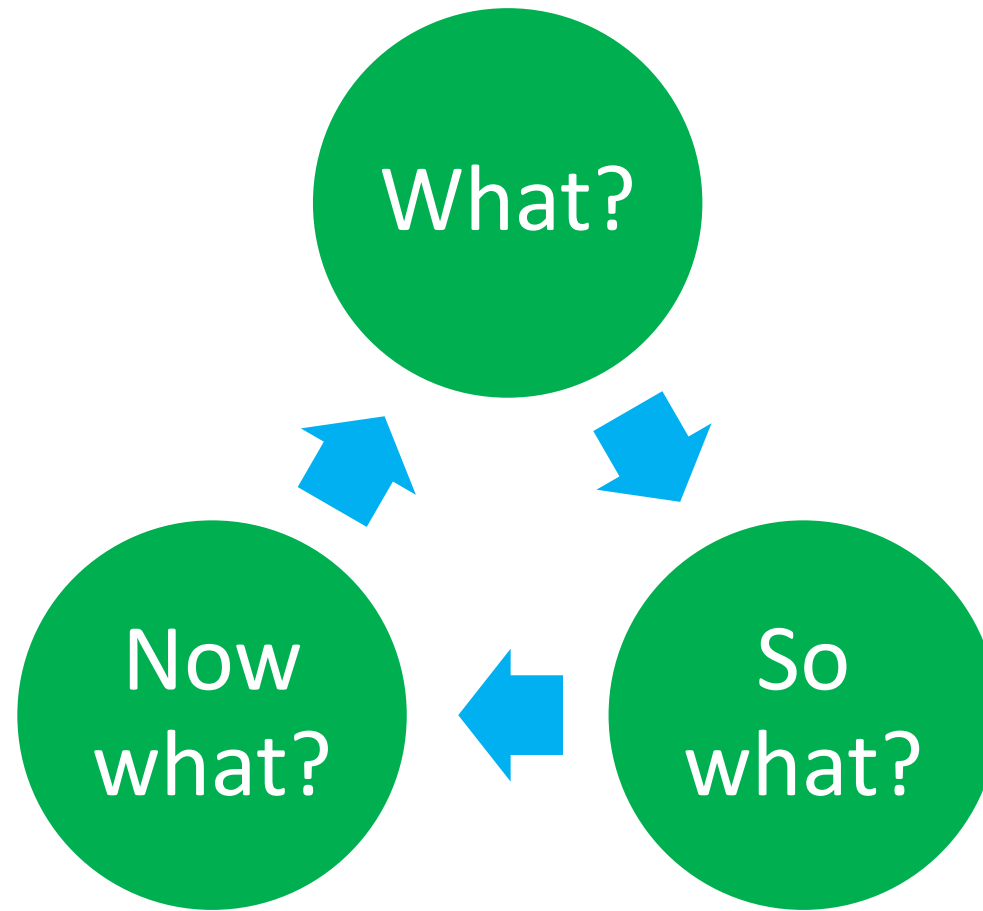
# Reflective Practice

Aim: to increase self-awareness for practitioners

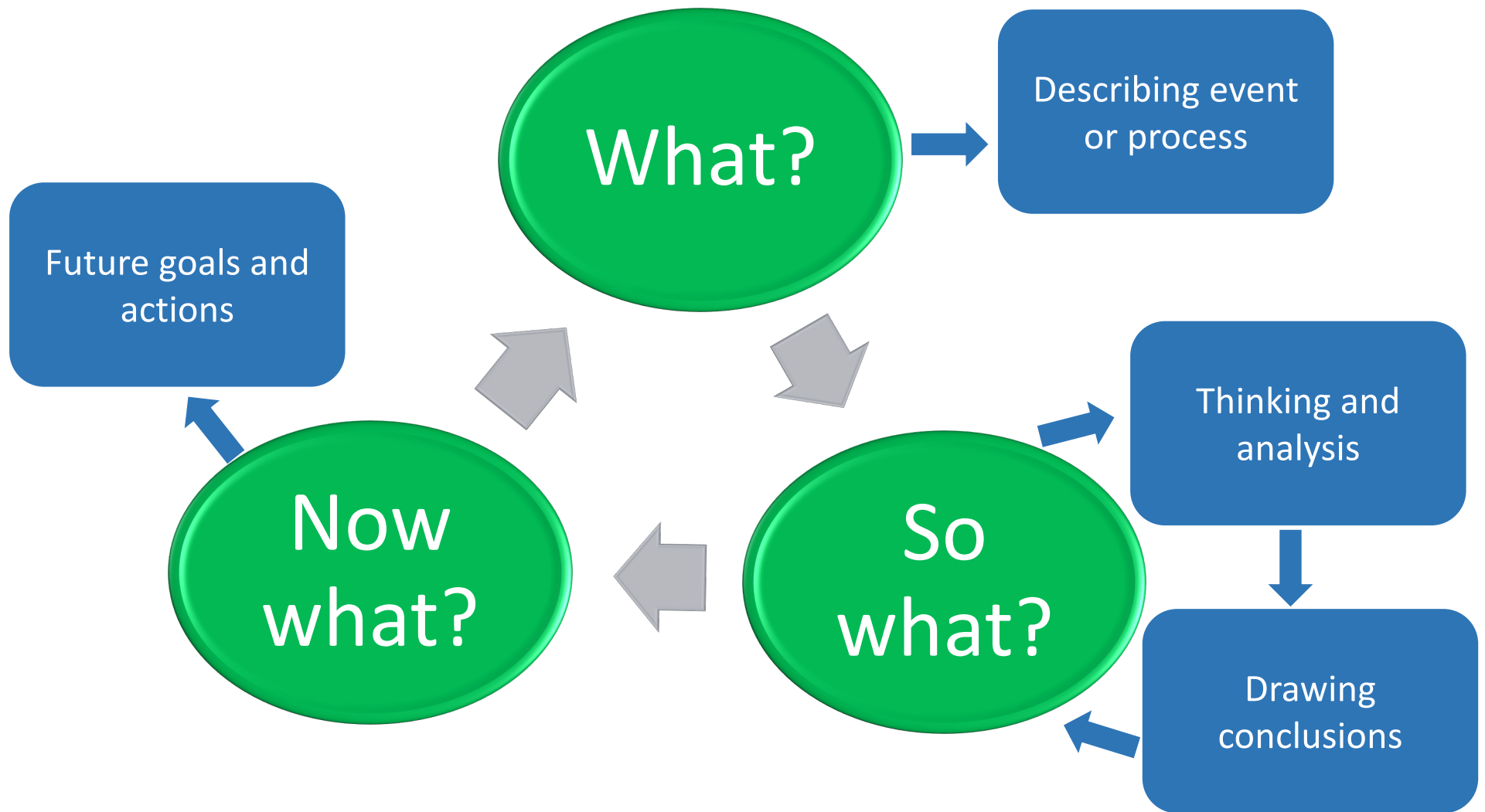
Awareness of own emotions and tracking those of your clients is useful in:

- conceptualising/ functional analysis, and
- responding skilfully

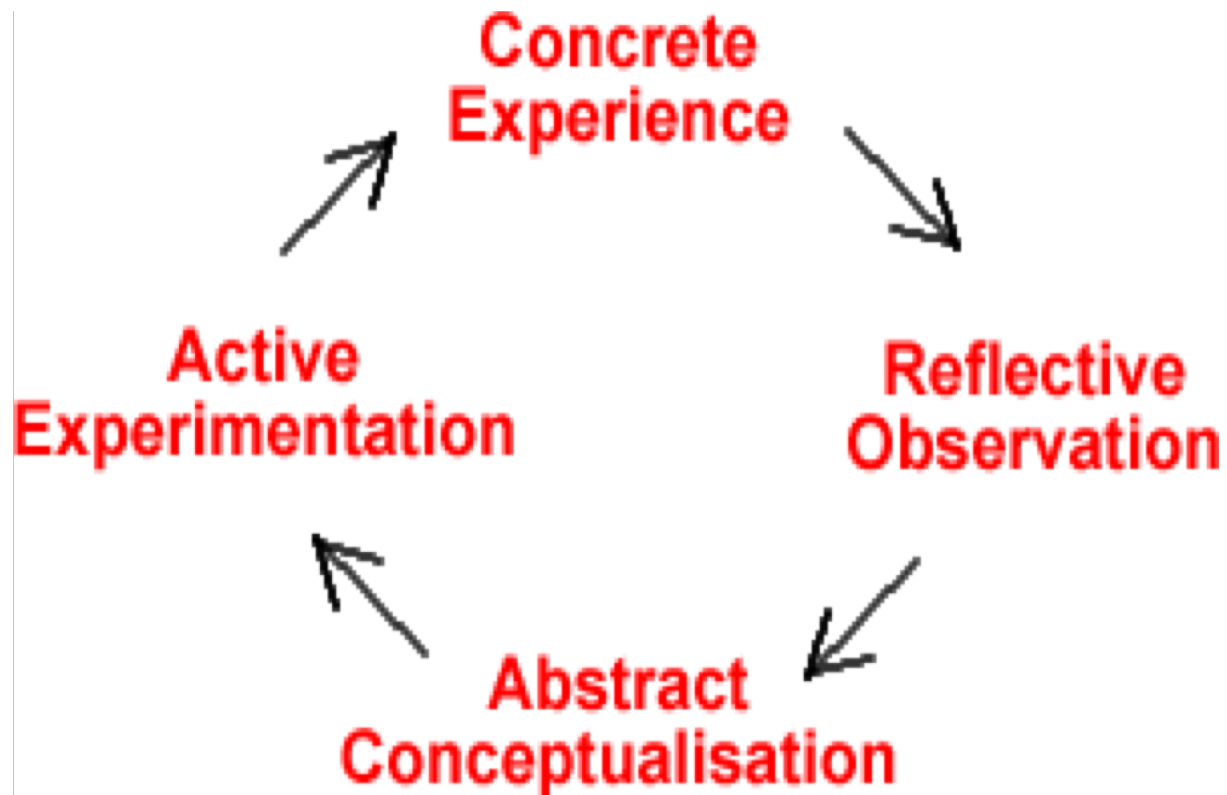


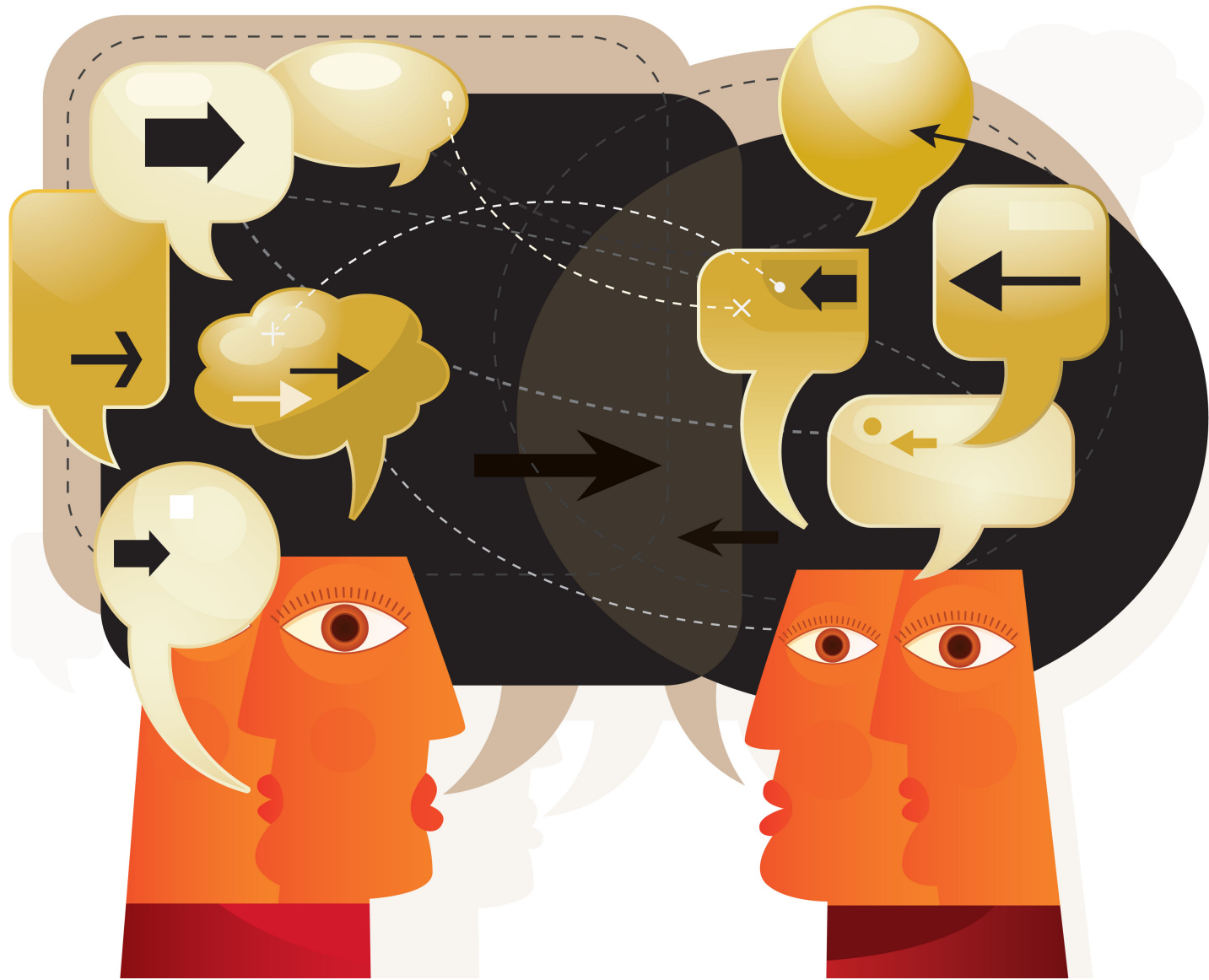


Borton's (1970) Reflective Practice questions:



# Kolb's Experiential Learning Theory





**Contextual Supervision:  
increasing experiential learning**

# Shaping Competent ACT Therapists

In supervision we are interested in shaping therapists to:

- 1) be broadly adherent with the ACT model,
- 2) be increasing competent in strengthening psychological flexible responding

# Paying the price of admission

Uncertainty and uncomfortable feelings are frequently part of doing ACT



Being “true” to the model is an active choice that involves vulnerability... while confident feelings come and go (if they are ever there)

# Four Stage Model of Emotion Awareness Training

Helping trainees to:

- Become more aware of their emotional reactions to client behavior
- observe these reactions as with any other clinical data
- use this information to develop hypotheses for case conceptualization & influence therapy progress
- Implement interventions targeting client behaviors associated with these emotions

Batten & Santanello, 2009

# Four Stage Model

Informed consent & presentation of the model

Phase 1: developing emotion awareness skills

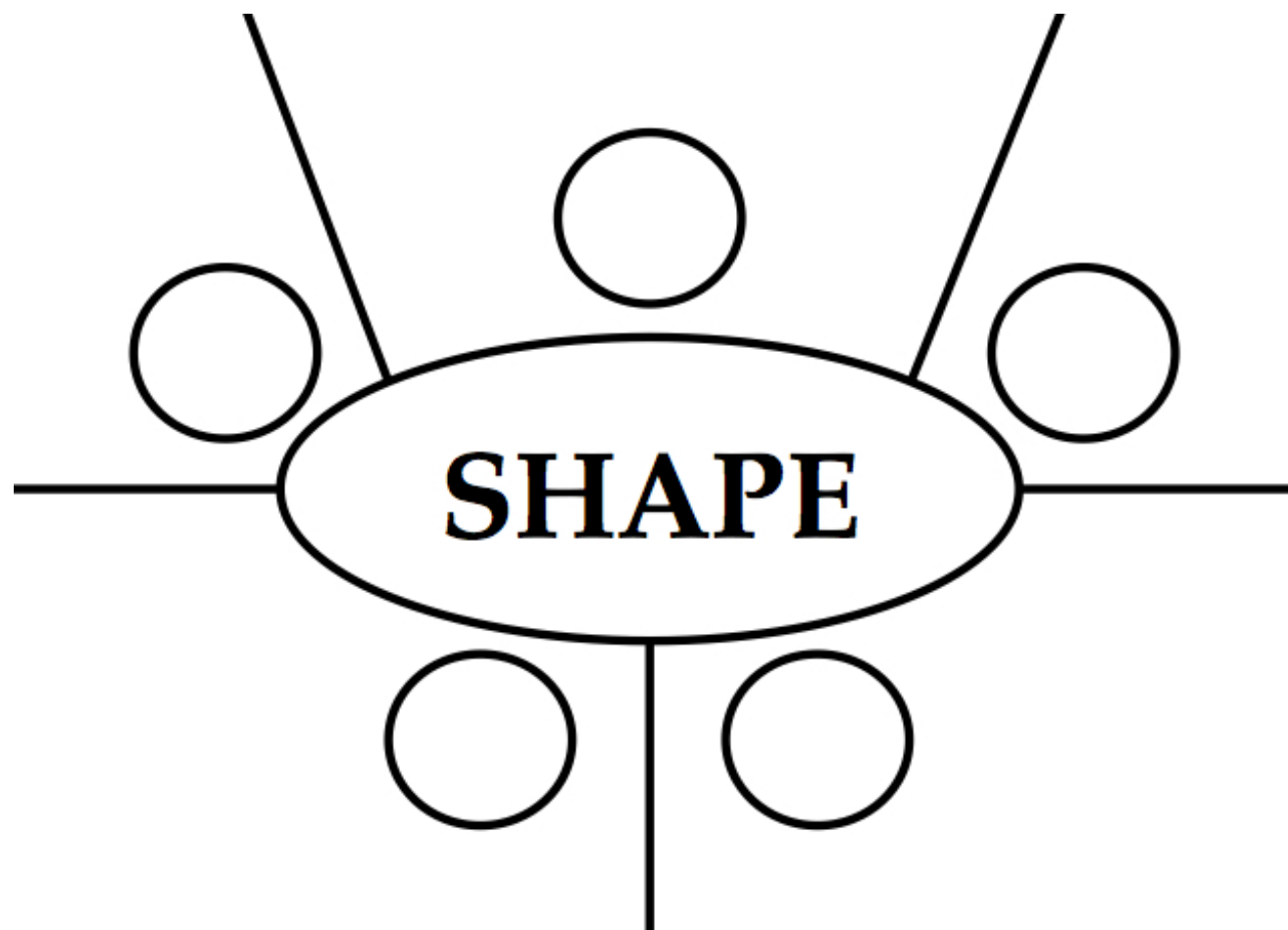
Phase 2: Generalizing emotional awareness skills to the  
therapeutic context

Phase 3: linking emotional data to client behavior

Phase 4: using emotional data to test hypotheses







# Why SHAPE?

- The idea behind SHAPE is simple: it describes several features of effective ACT/CBS supervision
- The SHAPE tool can be used as a way of prompting these choices and actions during supervision
- And to reflect on these features between supervision sessions

# “Do as I do, Not as I say...”

Professional Psychology: Research and Practice  
1995, Vol. 26, No. 4, 413–421

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0735-7028/95/\$3.00

## Do As I Do, Not As I Say: A Behavior-Analytic Approach to Supervision

William C. Follette and Glenn M. Callaghan  
University of Nevada, Reno

*There is a limited amount of empirical data on how to train therapists. This article first presents limitations in commonly used training procedures. It then describes a training methodology based on contingent shaping, using video feedback to increase responsiveness to the ongoing client–therapist interactions. The approach attempts to overcome some of the problems encountered when teaching therapy by using primarily rule-governed or direct instruction. The authors describe the therapeutic approach used in this research, provide a clinical illustration of the training procedure, and discuss the role direct instruction plays in this training model. A methodology for determining whether the therapist’s behavior changes as a result of training is described, as well as a method for identifying the relationship between the therapist’s behavior and subsequent changes in client responding. This methodology is broadly applicable and can be empirically tested and compared with other approaches for its utility in training therapist effectiveness and changing client behavior.*

The training and development of therapists is one of the primary goals of many clinical psychology doctoral programs. Although there is considerable theoretical writing on the supervision process (e.g., Greben & Ruskin, 1994; Hess, 1980), there is less empirical literature that addresses the evaluation of existing supervision theories (Borders, 1989). Much of the writing about supervision takes a descriptive developmental approach to characterizing what supervisees need and want at different points in their training. A recent review on training effective supervisors described the characteristics of supervisors who are liked by supervisees (Russell & Petrie, 1994) but did not describe any empirical data on what information should be taught, how it should be taught, whether the teaching actually affects supervisee behavior in session, or how the client’s behavior changes in response to supervisee growth.

Using a radical behavioral perspective, this article describes one view of what should be taught, proposes a method of super-

vision to accomplish those goals that has advantages over existing methods, and describes procedures that allow one to assess changes in therapist behavior and subsequent change in client problem behaviors. We cannot do justice to the variety of perspectives on the supervision process in this article and do not suggest that, for example, psychodynamic or client-centered supervision would value the same goals and procedures, though in principle these methods are applicable to a variety of theoretical paradigms should researchers wish to adapt them.

In describing how to train and supervise behavior therapists, Strosahl and Jacobson (1986) pointed out the importance of having theory guide the process of treatment. Specific techniques were discussed from a coherent analytic system that the supervisor teaches to the therapist, often didactically. Occasionally the authors made references to the importance of having the therapist remain sensitive to changing contingencies in the therapeutic interaction. However, these references were fleeting, and no specific methods were proposed for teaching therapists to identify and be sensitive to (i.e., be influenced by) changes as they occur in session. When Strosahl and Jacobson commented on the therapist being attentive to important client behavior,

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WILLIAM C. FOLLETTE received his PhD in clinical psychology from the University of Washington in 1984. He is associate professor in the

**S**upervision Values

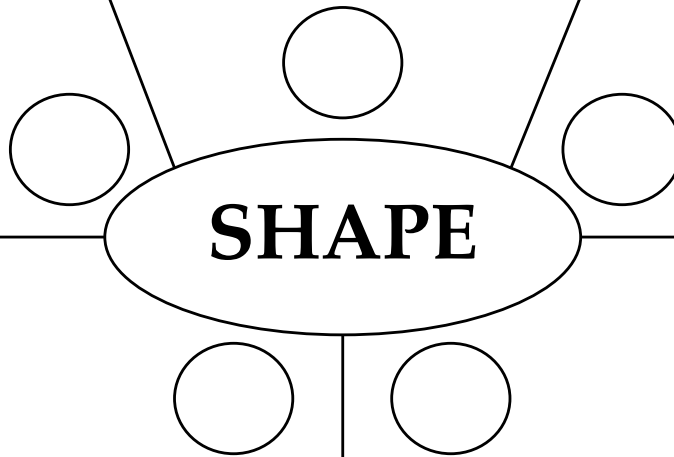
**H**old Stories Lightly

**A**nalysis of Function

**P**erspective Taking

**E**xperiential Methods

**SHAPE**





## Supervision Values

Clarify the **goals** of supervision and connect with a **valued direction** (through and beyond these goals)

Use **supervision contracting** to promote commitment

**Check in** with valued actions and goals regularly in supervision sessions

**Seek feedback** in various ways

**Connect** – attend to the supervisory relationship

## Hold Stories Lightly

Promote supervisee **learning from experience**, rather than rules.

Attend to workability (pragmatism)  
Use observation (direct, video/audio)

**Notice story telling** in supervision: promoting flexible responding?

## Analysis of Function

Foster **curiosity** in client actions in their contexts – ABCs, social environment, learning history

Review the impact of therapist behaviour on client in-session responses: **functional analysis of therapy context**

**Attend** to what influences supervision behaviours and choices workable? values-based?

## Perspective Taking

Promote **flexible perspective taking**.

Notice variation of experience, perspectives

- experience **across a variety of contexts**
- contact with **a range of experiences and changes**
- taking **different perspectives of the same experience**

**Building reflective ability** - what is it like:

- for me to be working with this client?
- to experience life from the client's eyes?
- to take the supervisor's perspective? Others?
- When perspectives are fixed, rigid, incoherent, fractured... and, what choices and actions are possible? How workable are these?

## Experiential Methods

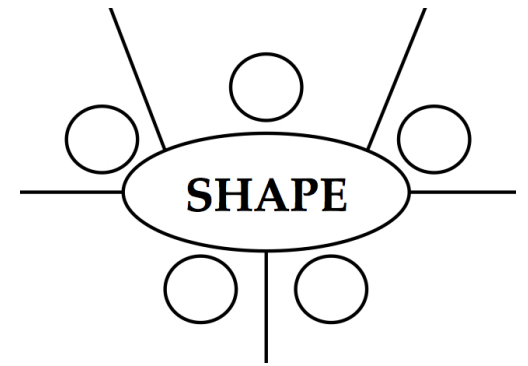
Engage in a variety of ways to learn from experience and **promote supervisee sensitivity to client-therapist context**:

**Show... rather than Tell:**

- Use roleplay, modelling, reviewing audio- and video-recordings, direct observation
- Noticing effects of describing vs evaluating/ explaining
- Use analogy and perspective-taking when the supervisee is stuck
- Undermine rule-following to please supervisor by encouraging the supervisee to track supervision content to client behaviour, especially when things don't work as imagined...

**SHAPE**

# Supervision Values



- Clarify the **goals** of supervision and connect with a **valued direction** (through and beyond these goals)
- Use **supervision contracting** to promote commitment
- **Check in** with valued actions and goals regularly in supervision sessions
- **Seek feedback** in various ways
- **Connect** with the CBS community

# Your Direction as a Supervisor?





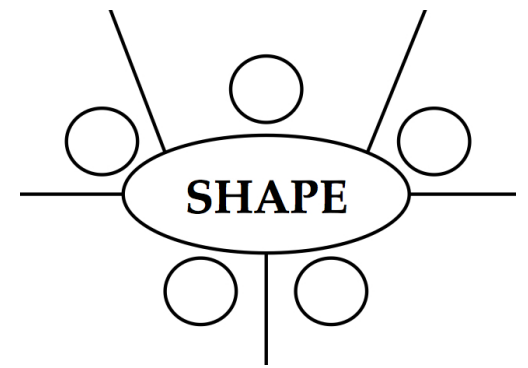
I am this kind of supervisor...

When it's all said and done...

What **legacy** would you like to leave as a supervisor?

How could ACT help you do that?

# Holding Stories Lightly

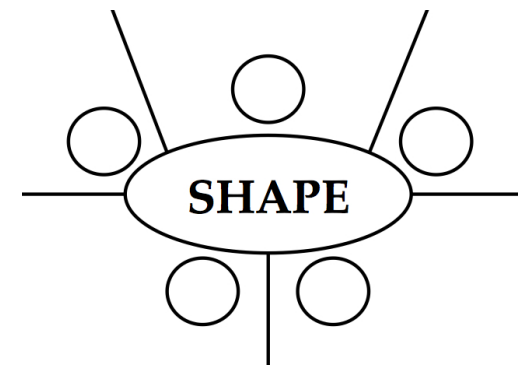


- Promote supervisee **learning from experience**, rather than rules.
- Attend to workability (pragmatism)
- Use observation (direct, video/audio)
- **Notice story telling** in supervision: promoting psychological flexibility?
- Use storytelling to your supervisee's advantage: to model being human and imperfect and still moving forward"

# Our Story Telling Skills

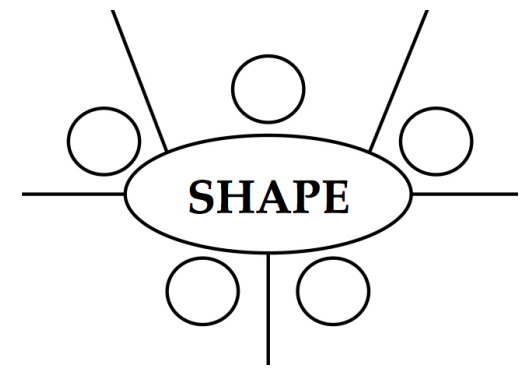
- It is useful to recognise, that to have made it this far in our careers... we are skilled at “story telling”
- Supervision can easily become another story telling enterprise, accidentally promoting inflexibility
- We can do better than offering various rules for therapists to follow... aside from the Golden Rule:  
**Always Be Functional**

# Analysis of Function



- Foster **curiosity** in client actions in their contexts
  - ABCs, relational responding, social environment, learning history
- Review the impact of therapist behaviour on client in-session responses (competence measure): **functional analysis of therapy context**
- **Attend** to what influences supervision behaviours and choices: workable? values-based?

# Perspective Taking



Promote **flexible perspective taking**.

**Notice** variation of experience, perspectives

- experience **across a variety of contexts**
- contact with **a range of experiences and changes**
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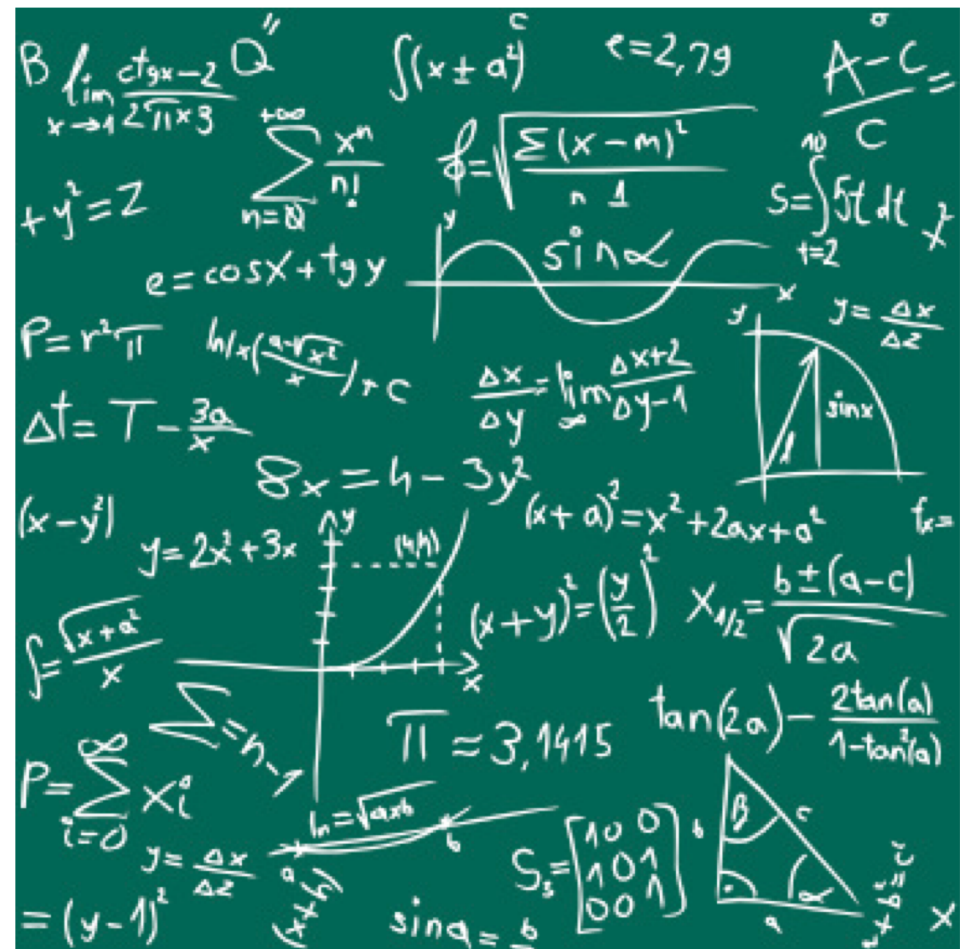
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- When perspectives are fixed, rigid, incoherent, fractured... and, what choices and actions are possible? How workable are these?

Your therapy perspective

Is the person you are helping a...

Maths Problem?



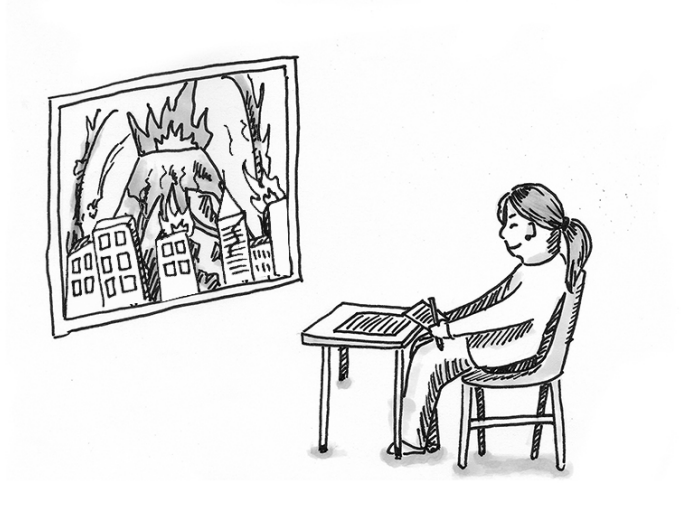
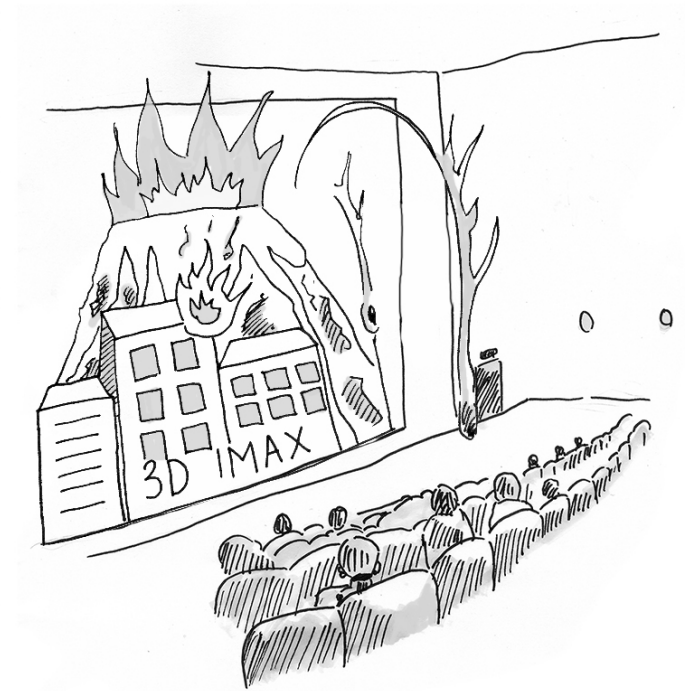
Your therapy perspective

Is the person you are helping a...

Beautiful Sunset?





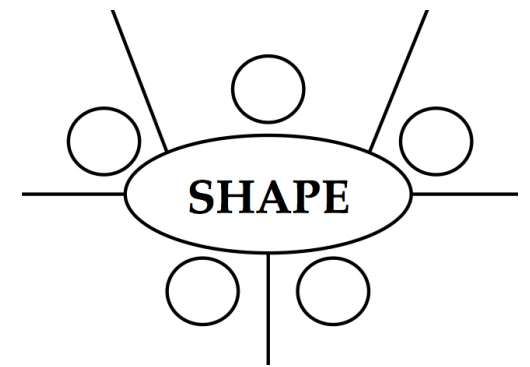


# Creative Perspective Taking

- Behind the Client's Eyes
- How is the client shaping *me*?
- If the client was a \_\_\_\_\_, describe?
- If the last session was a movie, what sort?
- If we switched roles...
- Expert vs fellow human
- Other ideas?

(Widening my view, rather than keep trying to shove stuff harder into the box!)

# Experiential Methods



Engage in a variety of ways to learn from experience and **promote supervisee contextual sensitivity:**

## **Show... rather than Tell:**

- Use roleplay, modelling, reviewing audio- and video-recordings, direct observation
- Noticing effects of describing vs evaluating/ explaining
- Use analogy and perspective-taking when the supervisee is stuck
- Undermine pliance by encouraging the supervisee to track supervision content to client behaviour, especially when things don't work as imagined!
- pay attention to which supervisee behaviors you are overtly and subtly reinforcing and punishing - is this guided by function or something else?

As Fred said: “The Rat is always Right”

# Contextual Supervision:

Informed Consent &  
Recognizing Power Differentials

# Supervision isn't (necessarily) about resolution

- While technical discussions happen, usually ACT supervision is about strengthening the supervisees ability to be psychologically flexible
- The "supervision question" (especially with experienced supervisees) is usually the embarking point for a journey – exploring territory together, rather than providing a map
- Struggling does not mean one can't be effective at the same time

# The Supervisor's Mission

Commit to helping the supervisee do ACT:

- As an authentic, vulnerable human
- Presenting an alternative to the struggle with experiences...
- while also continuing to be invited to struggle!

# Feedback & Discussion