

*CBS Supervision Group

Get unstuck in your therapy, build up your skills and engage in a caring professional community



OŚRODEK TERAPII
POZNAWCZYCH I BEHAVIORALNYCH
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He is a graduate of Psychology and Foreign Language College (Adam Mickiewicz University in Poznań, Johannes Gutenberg University in Mainz).

He gained professional experience, inter alia, in the Department of Psychiatry at the Johannes Gutenberg University in Mainz, the Psychotherapeutic Outpatient Clinic of the Johannes Gutenberg University in Mainz, and the District Hospital in Śrem. He also managed the Daytime Psychiatric Rehabilitation Unit in Śrem.

Currently, he works in a team of psychotherapists at the Cognitive Behavioral Therapy Center in Poznań.

He works with parents and teachers, conducting psychological education and supporting pedagogical skills (DNA V), conducts psychological rehabilitation and support groups for Patients with a chronic disease and implements educational projects in the field of mental health prevention.

He is a member of the Association for Contextual Behavioral Science and chairman of its Polish chapter. For five years, he has been organizing peer lead ACT group supervision in Poznań.

He passes his knowledge and skills to students as an academic teacher at SWPS University of Humanities and Social Sciences.

One of the key principles of practicing the profession of a psychotherapist is the obligation to participate in supervision. As every duty, principle or rule, it is often difficult to follow it. This may be due to external barriers, such as a small number of qualified supervisors in a given country or lack of knowledge of supervisors regarding the functional-contextual approach.

Participation in supervision may also be associated with unpleasant internal experiences — it requires exposure to the assessment of others and acknowledging one's mistakes or failures. This may result in various forms of experiential avoidance. Frequently, however, the fact that we view it as an "obligation" alone makes it as burdensome as the obligation of paying taxes or a dental follow-up.

By organizing a peer-led contextual behavioral group supervision, we can dwell on over 18 years' experience in developing the Portland ACT peer-led consultation group model. We can also follow the SHAPE framework, the aim of which is to identify five features which can promote psychologists' psychological flexibility and experiential learning in the supervisory context.

Thanks to a flexible frame, supervision can serve many functions for a clinician, including the development and refinement of therapeutic skills, assistance with case conceptualization and treatment, maintenance of ethical standards, emotional support and developing self-care for the difficult work of a therapist.

In my workshop, I am aiming at outlining how the Portland model and SHAPE framework concept can be used in contextual-behavioral group supervision. Participants will have an opportunity to experience the group formation steps on their own and the possibility to join CBS supervision.

Above all, however, I would like to share a perspective from which this "obligation" can be viewed as an individual value of a therapist which can prove useful in many areas of his/her professional life.

Workshop PLAN

- * What is the true value of supervision?
- * How to develop qualities which foster strong bonds between colleagues?
- * How to change supervising from storytelling and advice-giving to using psychological flexibility experimentally and mastering therapeutic skills?
- * How to acknowledge failures and learn from them?
- * How to structure the group meeting so it remains flexible and adaptable?

Various functions of supervision

- * helping by case conceptualisation,
- * solving ethical problems,
- * training therapeutic skills,
- * gaining a wider perspective,
- * evaluating clinical work,
- * improving cooperation within a therapeutic team,
- * choosing an appropriate therapeutic method.

The true value of supervision

- * What do you value in supervision?

.....

.....

- * What values do we chose to share with each other?

.....

.....

- * What guidelines are you willing to follow?

.....

.....

Fostering strong bonds between colleagues

- * authenticity and self-awareness;
- * the ability to understand others' perspectives;
- * being able to feel vulnerable and accept feedback;
- * self-care;
- * being able to shift between an expert and a novice among colleagues;
- * the ability to talk about difficult issues in ways that deepen relationships and encourage competence.

Johnson, Barnett, Elman, Forrest, and Kaslow (2013)

Mentor and novice

- * **MENTOR:** Some of the group members can play the role of senior experts (in terms of content); however, supervision group participants **share** responsibility for the group work with other team members equally.
- * **NOVICE:** The way to acquire therapeutic skills is by facing one's own scheme of being incompetent enough; nevertheless, supervision group participants **take** responsibility for the group work with other team members equally.
- * General roles: **Leader – Mediator - Secretary**

Storytelling -> context-oriented work

- * Using individual values and willingness to commit
- * Not getting fused with the content and meaning of a story
- * Using function analysis (of the therapeutic relation as well)
- * Gaining a broader perspective
- * Experimental methods (learning by doing)

Values, acceptance and care

* Individual value:

What is so important for you that you've decided to attend the supervision? What value are you willing to follow?

.....
.....

* Willingness and Commitment:

Since(value) is important to me,
I am willing to
(do something and experience negative feelings).

* Self-compassion:

What could I need to meet this obligation?

.....
.....

How can a group help you in that?

.....
.....

How to facilitate speaking about obstacles

* **Therapy SUCCESS vs Therapeutic SKILLS**

* **Feedback should be given impersonally.** It serves the non-judgemental attitude and the stimulation of defusion, as well as going beyond the conceptualised *self*. **Describe rather judge!**

* For example: "I've observed that the therapist was in his/her interventions", or: "(Describe behavior) may be an indication of fusion".

* **Feedback on the emotional level**

* "When the therapist was speaking about (specify the part of a story along with the therapist's behaviour and reaction) I noticed that (describe your feelings, thoughts, reactions)"

Supervision group perspectives

- * **Cannon fodder** - a person presenting a case
- * **Reflector** - a person shedding a new light on a given situation
- * **Client flexibility scanner** - A person (or persons) building up the client's case conceptualisation
- * **Therapist flexibility scanner** - A person (or persons) monitoring the therapist's flexibility level and tracking the functionality of the intervention
- * **Guard** – A person ensuring that the supervision frames are observed

REFLECTOR – a broader perspective

Client's context

- What are his/her expectations for the therapy?
- What are his/her goals on the emotional level?
- What are his/her goals on the behavioral level?

Social and historical context

- What are the inner barriers?
- Who and what is important for him/her?
- Are there any “boxes” in his/her story?

Self & social view

- How does he/she perceive himself/herself?
- How does the client see others?

Therapist's context

- What's his/her current situation and the self-confessed problem?
- What does he/she need the supervision for?
- What's his inner experience?
- Functional analysis of session and therapeutic relation
- What has he/she been doing so far?
- What works and what doesn't? What is the purpose of it?
- Where has he/she got stuck?
- What doesn't he/she want to give to the client?

Client's scanner: Do what matters

Does he/she see his/her values clearly?

- *Can he/she engage in and maintain actions which are in line with his/her values?*
- *Does he/she live according to the freely chosen values?*
- *Has his/her values turned into rules?*
- *How well can he/she set goals?*
- *Do his/hers skills allow him/her to reach the preconceived goals?*
- *What values does he/she move away from?*
- *What goals does he/she lose sight of?*
- *What key actions doesn't he/she take and which ones he/she cannot accomplish?*
- *Does his/her engagement in one area make him/her go beyond his/her self-care zone?*

Client's scanner: Be present

- *How successfully can he/she engage in being here and now?*
- *How flexibly can he/she direct his/her attention?*
- *To what extent is he aware of his thoughts and feelings?*
- *Is he/she capable of feeling empathy?*
- *Can he look at himself/herself and his/her past from a different perspective?*
- *What stories does the client tell about himself/herself?*
- *What's the quality of his/her presence?*
- *If he/she is immersed in his/her inner world, is this the world of the past or the future?*

Client's scanner: Open up

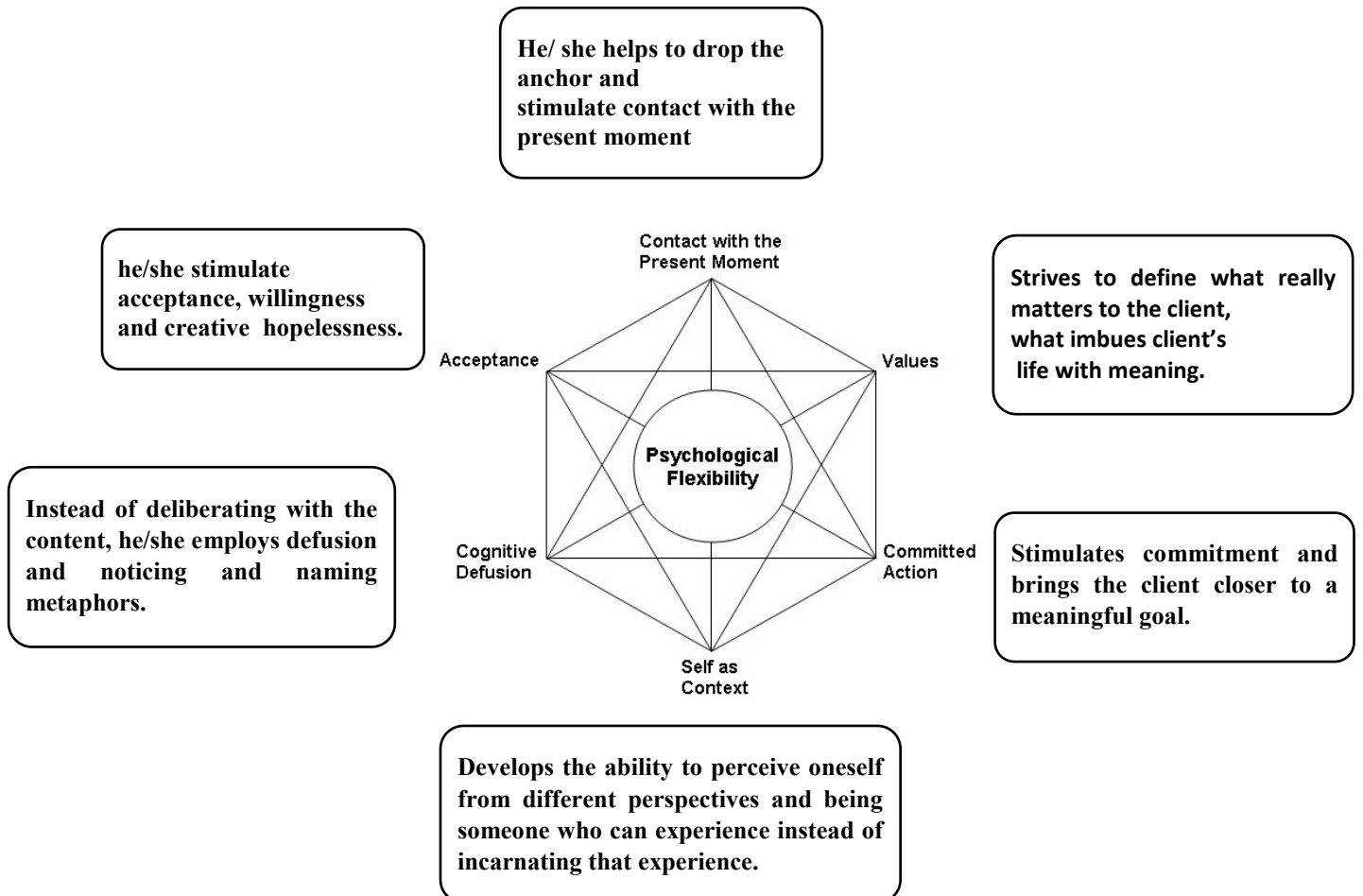
- * *How well can he/she perceive his/her thoughts and feelings as well as differentiate and name them.*
- * *Does he identify with them?*
- * *How well can he/she open to an experience, create space for those thoughts and feelings, allowing them to “flow in and out” freely?*
- * *What unfunctional thoughts, feelings, worries or memories is the client blindsided by?*
- * *Which of the following techniques (DOTS) does the client use to get rid of them?*

Distraction, Opting out, Thinking strategies, and Substances

- * *What impulsive behaviour can be observed?*

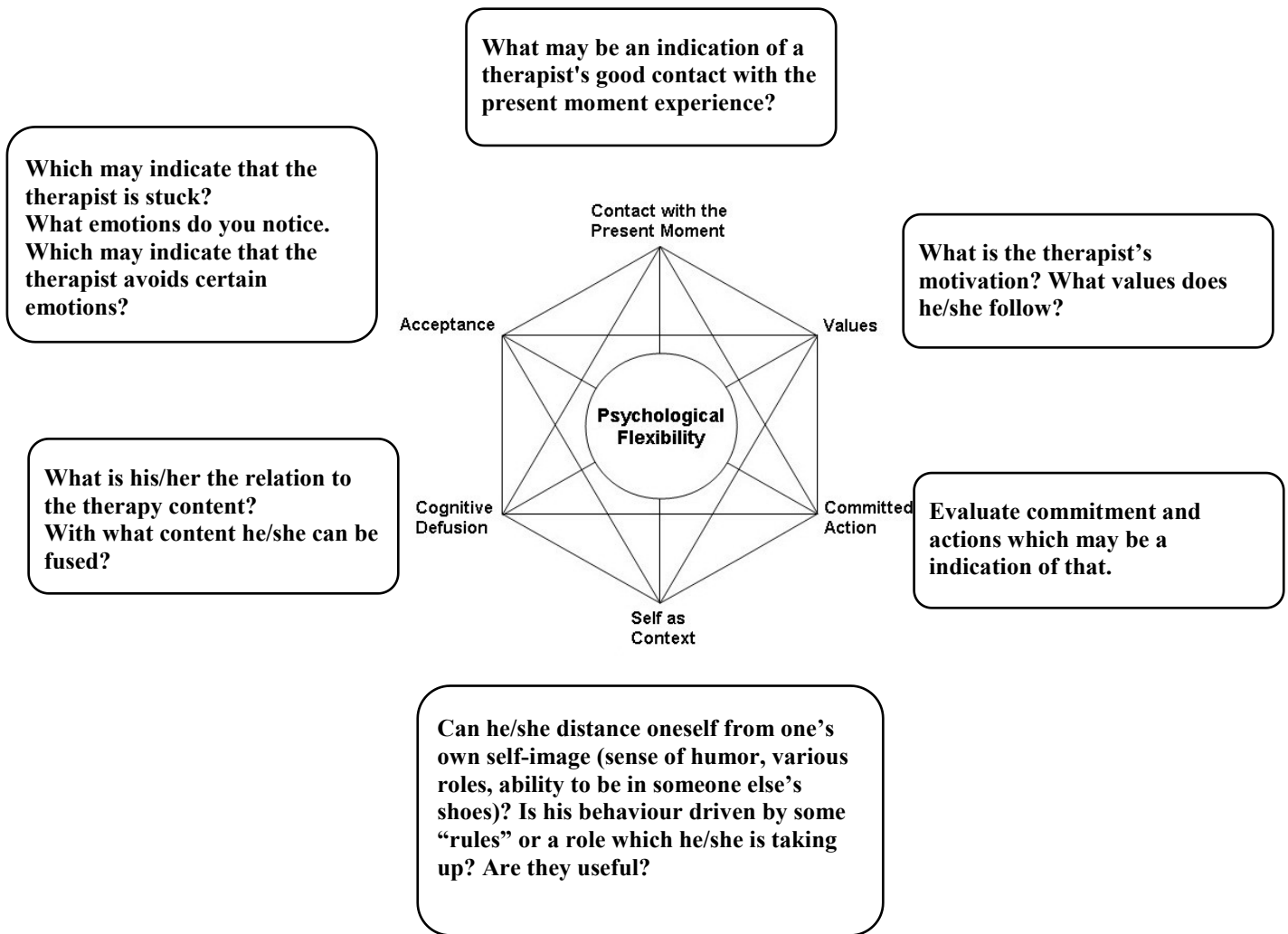
Therapist's intervention scanner

- Note down examples of the therapist's behaviour which may indicate the process which is the aim of his/her interventions.
- Which interventions work, which don't (evaluate their functionality).



Therapist's flexibility scanner

- * Evaluate the therapist's level of flexibility
- * Enlist examples of the therapist's behaviour which can situate his/her interventions on the hexaflex.



Adaptable scheme of a group meeting

- Assigning the roles - 3 minutes
- Mindfulness - 2 minutes
- Case presentation - 10 minutes
- Mindfulness break - 2 minutes
- Feedback on the client's conceptualisation - 3, 3, 3 minutes
- Feedback on the therapist's intervention and flexibility - 3, 3 minutes
- Mindfulness break - 2 minutes
- Conclusion - 3 minutes
- Additional exercises, education, feedback, Happy hour

Share your impressions and suggestions

Thank you!

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