Clinical supervision: Three frameworks for the exploration of shame and anxiety

SHERI ZALA

Therapists who provide counselling support to people with a background of sexual assault, violence, or interpersonal trauma often experience parallel affects to their clients and/or agency context, high among these are feelings of shame and anxiety. Clinical supervision is the natural place to explore these emotions, even where this poses a challenge to the supervisee, supervisor, or both. SHERI ZALA draws upon systemic concepts, attachment theory and process-oriented models of supervision as frameworks to enable the supervisee and supervisor to observe where shame or anxiety are present with a view to understanding and transforming these experiences. Attention to the issues of shame and anxiety within supervision is key for the success of the supervisory relationship, skill development for the supervisee, and most importantly, ongoing successful outcomes for clients.

Clinical supervision provides a relationship and opportunity within which to share information, seek guidance, and unpack the complex and difficult practice experiences of counsellors, social workers, psychologists, and other case work or welfare practitioners. In the sectors of sexual assault, violence, and trauma, this can involve frequent reflection on the lives of extremely distressed people, disrupted relationships, helplessness, issues of power and powerlessness, accompanied by overwhelming, strong emotions such as deep sadness, fear and anger.

An integrated approach to clinical supervision involves the application of numerous models to facilitate the exploration of the context, content and process in relation to the experience of shame and anxiety with supervisees who work with clients who have been sexually assaulted, or have experienced other forms of violence and interpersonal trauma. In this article, the frameworks of systemic supervisory practice, attachment theory, and a cyclical model of supervision presented by Page and Wosket (2001), will be considered for their value in shaping different ways to attend to and conceptualise anxiety and shame within supervision. Vignettes drawn from the author’s experience are used to articulate theory into supervision practice.

There is wide acceptance by practitioners that clients who have experienced sexual assault or violence will, at some stage, experience shame and anxiety during the healing process as they recover from past or recent traumas (Briere & Scott, 2006; Herman, 2007; Allen, 2001). However, the likelihood that practitioners themselves may experience shame and anxiety in parallel to their client group is not widely explored. In particular, this process can be overlooked in supervision, despite the fact that exploration of such feelings would be inherent to the learning, evaluating, and exposing nature of the supervisory relationship. Among other parallel affects to the client group, supervisees who work in these sectors often present with strong feelings of anxiety and shame (Graff, 2008; Talbot, 1995; Saakvite & Pearlman, 1996; Wells, Trad, & Alves, 2003). This process is underexplored within the supervision literature, and indeed, within supervision practice.

As supervisees reveal difficult aspects of their work, it would be reasonable to expect the activation of shame, and the accompanying defenses that protect against the experience of shame. If this process goes unrecognised, is not explored, or is undervalued, these presentations...
become challenging within a supervision context. When shame or anxiety become apparent they can be difficult to attend to if the professional ethos of the supervisee makes it hard to acknowledge vulnerabilities. Another major hurdle to the exploration of shame and anxiety within supervision is born out of the age-old ‘teach-

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treat’ debate that still troubles the discipline of supervision. Hahn states: ‘Supervisors are responsible for creating an atmosphere within which the experience of shame—and the defences commonly used to guard against shame—can be identified, acknowledged, and understood’ (Hahn, 2001, p. 272). The literature on the adaptive role of shame within supervision suggests three main sources:

- shame transferred from the client-therapist relationship;
- shame that emerges due to fears of not being approved of by the supervisor, and;
- shame that arises from the exploration of personal material within supervision (Talbot, 1995).

Another source of shame can be experienced in response to the attitudes or judgements of the supervisor (Sommer & Cox, 2005). Defence mechanisms against shame and anxiety that can be observed from behaviours and expression of affect within supervision include; withdrawal, avoidance, an attitude of attacking others, an attitude of attacking self, coming late to or cancelling sessions, and a reluctance to present non-successful interactions with clients (Hahn, 2001; Bernard & Goodyear, 2009; Wells et al., 2003). While the causes of anxiety for supervisees are multiple, they are likely to include a lack of understanding around expectations, roles, the type of evaluation to be conducted, and level of experience of the supervisee (Wells et al., 2003, 177). This article explores some of these presentations within supervision.

Systems-oriented clinical supervision

Since violence occurs within a sociopolitical context, usually perpetrated within significant or attachment relationships, the practice of systemic supervision provides a useful framework within which to conceptualise the issues of sexual abuse or interpersonal violence, and to guide therapeutic practice. The impacts are experienced similarly by the victims, their loved ones, and the broader community. The major contribution of systems theory to therapeutic practice and supervision is a focus on understanding the context and relational dynamics of a situation. Systemic practice is not a unified orientation with a number of models located under the umbrella of family therapy, most notably: Structural, Strategic, Constructivist, Milan or Bowenian (Bernard & Goodyear, 2009; McDaniel, Weber, & McKeever, 1983). Narrative therapy is often claimed also by the systemic field. Bernard and Goodyear (2009) observe that the integration of systemic approaches is current fashion both within supervision and training. Common themes of systems-oriented practice can be identified including: mutually influencing patterns and processes (Barnes, Down, & McCann, 2000); viewing problems in context; and, a focus on processes of systemic change (Mongomery, Hendricks, & Bradley, 2001). Purist systemic supervision tends also to have training or instructional elements. Importantly,
interpersonal approaches to supervision such as a systemic approach, preface relational events, and transcend dichotomies such as the ‘teach-treat’ dilemma of other supervision models. When neither client material, nor the supervisee experience are valorised over the other, but rather the focus is on
‘the web of relationships in the multiple systems of therapy and supervision it is no longer necessary to invest in one element at the expense of the other, and this particular dilemma loses its significance’ (Krown & Yerushalmi, 2000, p. 119). A brief explanation of systems concepts translated to the supervision context follows.

Mutually influencing patterns and processes

Systems theory subscribes to the notion that interactions, communication and behaviour occur within a circular pattern, and thus are co-created between partners, family members, therapist-client, and supervisor-supervisee relationships (Barnes, Down, & McCann, 2000). The concept of ‘isomorphism’ is used to describe how patterns between family members can become replicated within the therapeutic relationship and, in turn, within the supervision relationship (Liddle, 1988). Supervision influenced by systems concepts has a focus on recursive dynamics, and views the therapist and supervisor as active participants in the system (Liddle, 1988).

Viewing problems in context

Supervision that draws upon systems concepts aims to broaden the therapist’s focus of the counsellor outwards from the individual to the larger context. This may include consideration of factors as broad as the family of the client, to the community, gender, culture, along with socially constructed beliefs and pathologising social constructions (Barnes, Down, & McCann, 2000). Breunlin, Rampage, and Eovaldi (1995) state that the ‘biological, psychological, relational, community, and even societal processes are viewed as relevant to treatment’ (p. 550). Systemic supervision also observes the influences of context on the processes of counselling and supervision. Of significance to systems-oriented supervision is a view of problems as normative, rather than pathological.

Focusing on processes of systemic change

Systems-oriented supervision offers a theory of change that can be applied to family problems. In contrast to traditional psychotherapies, with an emphasis on intrapsychic and individual theories of causation and resolution, systems supervision believes that change occurs when the entire system is viewed for its contribution to the problem. Change is also regarded as contemporary and efforts to intervene in a problematic dynamic are directed to the current context, intercepting ‘action constraints...[or] constraints of meaning and emotion’ (Breunlin, Rampage, & Eovaldi, 1995, p. 554). Montgomery, Hendricks and Bradley (2001) observe that all systemic models: ‘...emphasize that change is an interpersonal or relational event not an intrapsychic event’ (p.308).

Training and instruction

Traditional systemic theories can emphasise the education of supervisees with the use of reflecting teams behind one-way mirrors, or the use of recordings of counselling sessions to provide instructions: ‘The supervision is action-oriented and directive. It teaches therapists to become expert at observing, assessing, and changing patterns of interaction’ (Breunlin, Rampage, & Eovaldi, 1995, p. 550). Postmodern systems approaches however, emphasise the collaborative nature of learning and developing interventions (Barnes, Down, & McCann, 2000; Crocket, 2002). Table 1 summarises a systems-oriented approach to supervision.

Vignette: Robyn

Robyn has been working in the sexual assault sector for a few years. In her regular supervision sessions, she looks down at the ground, and holds her stomach in silence. She reports frequent stomach aches prior to

<table>
<thead>
<tr>
<th>Systems-oriented supervision</th>
<th>Noticing repeated patterns in interactions, typical behaviours and communication of the client with significant others, as well as those of the supervisee and supervisor. Observing common threads between counselling sessions and supervision sessions.</th>
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<tbody>
<tr>
<td>Observe the circular patterns and processes</td>
<td>Supervision locates client problems within the broader socio-political context situating individuals, families, couples, supervisees, and issues, within the scope of external influences.</td>
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<tr>
<td>View problems in context</td>
<td>Change occurs as a result of interactions and relationships with significant others rather than from insight alone. Supervision discussions explore the client in connection to others and this is extended to the supervisee/client relationship and supervisor/supervisee relationship.</td>
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<tr>
<td>Focus on processes of systemic change</td>
<td>Supervision has an instructive element. Developing the supervisees’ skills in observing patterns of interaction, devising hypothesis, and creating intervention strategies is undertaken.</td>
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Table 1: Summary of a systems-oriented approach to supervision
difficult appointments, and often delays phone calls to clients she perceives as 'hard work'. When her clients express angry emotions she becomes fearful and hopes they will cease counselling. Robyn expresses concern that her colleagues view her with scepticism, and feels angry that they doubt her ability to handle complex client issues. She speaks of feeling anxious at work, and it appears to the supervisor that she experiences considerable shame in relation to her skills.

The fact that Robyn's experience of shame or anxiety cannot be explored openly within supervision can be viewed as an 'action constraint to change'.

In the early stages of supervision, the supervisor viewed Robyn's behaviour as a natural developmental issue, and expected it would change over time as Robyn became more experienced and confident. When this did not happen, the supervisor often tried to reassure her, point to her strengths, and rescue Robyn by prescribing interventions with clients. Over time, the supervisor felt more frustrated as Robyn's confidence continued to dwindle. During discussions about clients with complex issues the supervisor felt less able to offer guidance as she began to fear Robyn would perceive this as a lack of faith in her skills and her confidence would be undermined. As time progressed, the supervisor began to fear upsetting Robyn when providing feedback and discussing learning areas.

The above is an example of supervision practiced from an individualistic framework, with core issues being reduced to those of the supervisee. In drawing on a systemic view to reflect upon this situation, other opportunities may open up for the supervisor to work with Robyn in a way that can move through the impasse that has developed. The fact that Robyn's experience of shame or anxiety cannot be explored openly within supervision can be viewed as an 'action constraint to change'. This limits the meaning of supervision, which in turn influences the possibility for change for the supervisor and client.

Systemic supervisory practice with Robyn may consider family-of-origin issues that could influence Robyn's perception of her abilities and efficacy, along with her experiences of being isolated or not belonging. These sentiments may be echoed for her culturally, or alternatively may reflect her family's gender arrangements and views about women. The supervisor anxiety, and continuing to affirm her, rather than attempting to change her affect, the supervisor can also model ways Robyn can stay with her clients in their experiences of shame or anxiety. Here, the central task of supervision may become 'learning to tolerate the fear of shame' (Bernard, 2010, p. 244).

In observing Robyn as part of an agency and team of counsellors, the supervisor may consider possible triangulations within staff arrangements that 'problematis' Robyn, or contribute to her feeling 'not-good-enough'. For instance, the supervisor could consider what structures are set in place at the agency to support counsellors who operate from different levels of experience? Does the organisational culture assume homogeneity among the counselling practitioners? What unspoken hierarchies exist within the counselling team? A common dynamic that may arise in counselling with victims of sexual assault is the 'victim-perpetrator-rescuer triad' (Saakvith & Pearlman, 1997; Pearlman & Courtois, 2005). A systems-informed supervisor may explore whether this dynamic is paralleled by Robyn, her team and her supervisor.

In addition, the systems-oriented supervisor could stand back from the interaction taking place with Robyn to observe the mutual influence of the sub-system developing: as Robyn 'resists', the supervisor becomes more frustrated; as Robyn becomes more anxious, the supervisor becomes more directive; and, as Robyn experiences shame, the supervisor tries to protect her.

The systemically-minded supervisor may look instead to how Robyn's 'resistance' serves to protect her autonomy in an agency where she struggles to be recognised and valued independently. Interventions can then focus on altering the supervision subsystem with the supervisor reframing the notion of 'resistance' and viewing Robyn's behaviour as contextual, thus understanding the protective intent behind her behaviour. By extension, changes within the broader agency system may flow-on to interrupt the previous operation of negative patterns.
Attachment-oriented clinical supervision

As with systems theories, attachment theory focuses on interpersonal interactions as a means to understand behaviour. Attachment theory also provides a theory of child development and continued human interpersonal relationship styles and needs throughout the life span. The value of attachment theory has long been recognised for its therapeutic currency (Pistole & Watkins, 1995; Ogden, Minton, & Pain, 2006; Soloman & Siegal, 2003; Pearlman & Courtois, 2005). In short, the major tenets of attachment theory propose that babies are born with biological needs for proximity to a caregiver for protection and distress regulation, and when infants feel the safety provided by a 'secure base' they are able to explore their external world with comfort. When the parent or caregiver provides a consistent and repeated response to the infant's cues, the child develops 'internal working models' that internalise the care of the parent (other), and in turn their own value (self), forming the basis of the child's attachment behaviour. The four broad attachment categories are suggested to facilitate the understanding of different attachment behaviours: 1) secure attachment; 2) anxious attachment; 3) avoidant attachment; and, 4) disorganised attachment (Bowby, 1988). Without exception, these attachment styles can be continuous across the lifespan and correspond with adult relationships. They are said to exist, including: secure, preoccupied, dismissing-avoidant, unresolved attachment. It is believed that early traumatic experiences such as separation from a caregiver, loss, abuse, and neglect can impact on the development or continuation of healthy internal working models, and this can effect the capacity of a person to regulate emotions, tolerate distress and grief, or have important emotional relationships (Bowlby, 1988; Riggs & Breit, 2006; Bennett & Deal, 2009; Pistole & Watkins, 1995; Hill, 2009; Pistole & Fitch, 2008; Allen, 2001). Siegel (2003) has argued that early attachment relational patterns underpin neurobiological development in terms of emotional flexibility, social functioning and cognitive abilities.

The translation of attachment theory into practice in the trauma sector consists of:

- the development of a safe therapeutic relationship with the client through the provision of a secure base from which they can explore the impacts of trauma, 'revising attachment organisation' (Pistole & Watkins, 1995, p. 463);
- examination of the influence of transference and counter-transference born out of the attachment styles of both client and counsellor (Pistole & Watkins, 1995);
- and, informing interventions with clients such as pace, seating arrangements, and sensorimotor experiments (Fisher, 2002; Ogden, Minton, & Pain, 2006).

Attachment theory provides a diagnostic framework within which the relational dynamics within counselling, the behaviour of clients, and the protective origins of their relating styles can be understood (Pearlman & Courtois, 1995; Allen, 2001).

The application of attachment theory as a model of supervision appears to be a natural extension since the supervisory relationship provides an attachment bond between supervisor and supervisee, and this alliance can form the basis of the supervisee's learning and development (White & Quener, 2003). The dynamics of supervision are likely to activate the internal working models of both supervisee and supervisor. Explicit exploration of these reflexive interaction styles within supervision is purposeful and instructional.

Bennet and Vitale-Saks (2006) propose an attachment supervision model that requires the supervisor to move back and forth between the 'safe haven' needs and 'exploratory' needs of the supervisee, according to the cues of the supervisee. The 'safe haven' needs of the supervisee are expressed as follows:

'Appreciate my vulnerability, listen, reflect, and clarify, help organise my feelings, provide perspective, provide reassurance, affirm my strengths' (p. 672).

In addition to teaching, guiding, critiquing and sharing practice with supervisees, the supervisor needs to listen for the 'exploratory' needs of the supervisee, expressed as follows:

'Assure my safety and that of the client, allow me to observe you, observe my interactions, provide back up, be pleased with my success, and let me go when it is time' (p. 672).

Bennet and Vitale-Saks (2006) also propose that attachment style categories can be used as an assessment tool for 'goodness-of-fit' between supervisors and supervisees, e.g., noticing the dynamic that could be elicited between a supervisor with 'avoidant type' protective strategies with that of a supervisee who has 'preoccupied type' protective mechanisms. Bennet (2008) further proposes that supervision which offers secure attachment is predictive of supervisee self-reflection and affect regulation. The development of these capacities can influence the supervisee's attunement to, and regulation of, the affect of the client. In turn, this process can enable self-reflection and affect regulation for the client.

Pistole and Watkins (1995) highlight the utility of attachment concepts for the supervision relationship. Their thesis is simple: facilitation of the supervisee's development within supervision requires the relationship to hold the supervisee securely enabling exploration, stimulation, growth in confidence and skill on the path to independence. Like the 'good-enough-parent' who is sensitive, and accessible with what Allen (2001) calls 'emotional synchrony', the role of the supervisor is to provide a secure base that is reliable, dependable, available, consistent and responsive, with clear structures and agreed goals, regular times and settings. This does not suggest the creation of a maternalistic or hierarchical supervisory relationship, but rather one that recognises the potential for heightened states of shame and anxiety to exist, thus requiring attention to safety and attunement.

In addition, attachment theory can offer supervisors a framework to examine problematic attachment styles as they manifest within supervision (Pistol & Watkins, 1995; Watkins, 1995). It is critical for supervisors to see beyond the attachment styles of...
of their supervisees, and be able to appreciate the relational development of the supervisee's attachment style. Moreover, supervision will be best served when the attachment style of the supervisor is also open for shared reflection.

In particular, this supervision model is useful where supervisees work with clients from within the sexual assault sector. It is common for such clients to have a negative internal working model of people as a result of their abuse experiences. Counsellors may be viewed with distrust and fear, which creates particular dynamics within the therapeutic relationship. In addition, clients with disorganised attachment styles who find affect regulation difficult are likely to influence the counsellor's self-regulation, and by extension, may affect that of the supervisee-supervisor relationship (Bennett, 2008). Table 2 summarises an approach to supervision informed by attachment theory.

**Vignette: Paul**

Paul is in private practice and has many years experience in work with youth and families who have experienced violence and sexual assault. He attends regular supervision sessions without preparation and states he has no difficulties with his clients, aside from how tiring they can be. He often reschedules supervision sessions or forgets to attend scheduled appointments. In supervision, Paul is quick to discuss his concerns for other people, and appears to find it difficult to identify and express his emotions in relation to the client material. He often responds to suggested interventions from his supervisor by stating he has already thought about the strategy and reasons why it will not work with his clients. Paul is self-sufficient and prefers to work in ways that are solution-focused. He enjoys talking about coping strategies with his clients. In response to what appears to be Paul's 'high-functioning', the supervisor does not worry overly about missed supervision opportunities and accepts indications from Paul that he is busy or has nothing pressing to discuss. Although conscious about the lack of direct-client related discussions during supervision, the supervisor accepts that Paul knows what he is doing.

This example demonstrates how the supervisor has colluded with the dismissive-avoidant attachment style that is often valued for being low-maintenance, independent, and extremely competent. The continuation of this supervision approach is unlikely to result in growth or skill development, and Paul is likely to continue to have unfulfilling relationships with his clients.

From an attachment-oriented supervision perspective, it is the role of the supervisor to attune to Paul's attachment cues, such as his needs for proximity or distance, and his disconnection from his emotions. Paul appears to have strong needs for distance, possibly an adaptive response to earlier care-giving patterns that caused anxiety and shame. Paul may relate in a dismissing-avoidant manner characterised by self-reliance, and the assumption that people will not respond with care (Hill, 2009; Watkins, 1995). This can explain the denial of his attachment needs, and the minimisation of anxiety. We could hypothesise that Paul's behaviour may be due to a fear of exposure within supervision (Bernard & Goodyear, 2009). Opportunities to test this hypothesis could include exploring what is like for his clients to feel 'exposed', or discussing how 'exposing' trauma can be, or even reflecting on how Paul deals with feelings of being exposed in general, and ways he might try to defend against this feeling.

In contrast to the supervision approach outlined in the vignette above, which perpetuates Paul's self-reliance, supervision guided by attachment concepts would increase time spent with him, and provide as many restorative opportunities for Paul to rely on another person as possible. From the viewpoint of attachment theory, this attempt to revise Paul's internal working model may have a subsequent impact on his clients. It also provides a model of how to be with clients, and support them to tolerate feelings of vulnerability rather than reaching for short-term solutions.

Attachment-oriented supervision may also increase the focus on Paul's relationships with his clients, and how he can become more emotionally available to them, and the supervisory relationship itself, in contrast to the dismissing strategy Paul has relied upon. This process needs to take place from the secure base provided by the supervisor. Regular appointments, consistent support and responsiveness to Paul's needs may enable openness and self-compassion in Paul, and nurture his development as an open and compassionate counsellor.

Attachment perspectives also

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**Table 2: Summary of attachment-oriented supervision**

| Developing a safe-supervisory relationship | Supervision works primarily to create a secure base or working alliance to help regulate affect states, make sense of emotions, and enable reflective communication. Supervision provides reassurance, affirmation, is consistent, reliable and responsive. |
| Enable exploration | Supervision creates the space to critique practice, develop strategies, observe practice, be creative and allow the supervisee to differentiate or become an independent practitioner. |
| Recognise the influence of attachment styles | Supervisors should familiarise themselves with their attachment style and that of their supervisees to observe how the supervisee typically interacts with clients, their blind spots and triggers. Interaction dynamics that are likely to occur between supervisor/supervisee are considered. |
encourage attention to the attachment style of the supervisor and how this contributes to the dynamic or fit with the supervisee. Open discussions within supervision that acknowledge the universality of attachment behaviours; those of the client, the therapist, the supervisor, and broader population, could assist to build self-awareness, normalise Paul’s adaptive strategies and open up opportunities for revisions.

Attachment theory can be considered a systemic framework because it observes the repeated interaction styles of an individual in the context of their relationships (Johnson, 2002). However, attachment-oriented supervision does not offer a theory of how change takes place outside the creation of a safe relationship and enhanced opportunities for exploration. It also pays little consideration to other relevant contextual issues for the supervisor and supervisee such as culture, gender, age, sexuality, class, (dis)ability and socially constructed beliefs. With these limitations in mind, it may be beneficial to use attachment-oriented supervision in conjunction with other systems-oriented supervision. A systemic approach considers dominant welfare cultures that perpetuate coping/non-coping, or helper/helped dichotomies, between counsellor and client that may influence Paul’s self-perception. It may also contextualise Paul’s ‘high-functioning’ in terms of gender or culture in a western society that privileges independence. Systemic supervision could explore action constraints that prevent Paul from owning his anxiety and shame, such as organisational and community views that pathologise such affective states, in particular, for counsellors and men.

A further consideration is that Paul provides support to many young clients who experience helplessness on a daily basis, or face systemic helplessness in relation to legal systems, housing, medical institutions, or other welfare systems. In short, because Paul is called upon regularly to witness and share these feelings of helplessness, there is the potential that he can inherit vicariously the bleak and overwhelming feelings of his clients. Systemic supervision influences us to understand the wider, natural desire that Paul may have to keep the shame of helplessness at bay through seeking solutions for each new situation and maintaining his competence in the face of overwhelming factors. A broader discussion with Paul about helplessness may be enlightening and hopefully transformative.

Process-oriented clinical supervision

A useful addition to the supervision models considered so far is the *Cyclical model* of supervision proposed by Page and Wosket (2001). This model was developed for the supervision of counsellors, and proposes a relational supervision approach within which the tasks of supervision can occur. The Cyclical approach to supervision is described as a container for all the things that take place in supervision. The container consists of a contract between supervisor and supervisee, moves on to the provision of a focus for individual supervision sessions and a space to explore current issues, builds a bridge between supervision priorities, and consolidates these into practice with the client. The container is then sealed with a review of supervision to ensure reflection and effectiveness. Page and Wosket (2001) outline five stages to this process:

**Stage 1: Contracting**

This stage encourages supervisors to: give time and energy to build

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<tr>
<th>Process-oriented supervision - The Cyclical Model (Page and Wosket, 2001)</th>
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<tbody>
<tr>
<td><strong>Contracting</strong></td>
</tr>
<tr>
<td><strong>Focus</strong></td>
</tr>
<tr>
<td><strong>Create Space</strong></td>
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<tr>
<td><strong>Bridge</strong></td>
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<tr>
<td><strong>Review</strong></td>
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**Table 3: Summary of process-oriented supervision**

ground rules with supervisees; discuss boundaries between therapy, training and supervision; clarify accountability; and, collaborate about expectations for supervision.

**Stage 2: Focus**

This stage is concerned with the content of supervision. Supervision should be clear about the issues to be discussed, state the objectives for case-presentations, ascertain the approach most helpful in work with specific clients, and prioritise the client’s needs.

**Stage 3: Space**

This is the stage where reflection, understanding and insight occur within supervision. The supervisor’s task is to act collaboratively, encourage investigation, offer challenges to the supervisee, provide containment for their exploration and uncertainties, and affirm their skills, knowledge and practice.

**Stage 4: Bridge**

This stage is concerned with taking ideas from the previous steps back into counselling with the client. It involves consolidation of ideas into practice; the supervisor provides suggestions, information, self-disclosures, techniques, and role plays to implement interventions; sets therapeutic goals and learning goals for the counsellor; establishes action plans to work towards the goals; and, considers the client’s responses to the action plan.
Stage 5: Review

In this stage, the supervisor and supervisee engage in mutual feedback and evaluation of the supervision process and relationship. Page and Wosket (2001) recommend regular and collaborative supervision reviews. Table 2 summarises a process-oriented approach to supervision.

Vignette: Athina

Athina works in crisis intervention with clients who have experienced recent crimes of violence. In supervision, Athina often expresses anger towards clients she views as 'resistant', or who do not do the things she regards as necessary to progress their recovery. In these instances, she is quick to describe an impasse in the counselling, and suggest to clients that they are not ready or it is not the right time for them to do counselling.

The supervisor recognises the pattern, but hesitates to share this awareness with Athina. She has not had an explicit conversation with Athina to outline her expectations, nor contracted with Athina around agreed ways to critique her practice. Athina appears to view the supervisor and other counsellors as 'better' than herself. She expresses worry that she will be told off, or that holes will be picked in her counselling practice, and she expresses much anger towards herself for 'making mistakes' with clients. In supervision, she often describes feeling ashamed of her skills in comparison to other counsellors. She fears upsetting her manager and works hard to be a pleasing, compliant employee. She is always anxious to improve her skills, is honest, open and willing to explore issues in supervision, and relies heavily on the supervisors 'authority' and perspective.

Drawing upon systemic concepts, attachment processes, and cyclical structures within supervision practice, the supervisor may share her patterns of behaviour when she feels ashamed as an invitation for the supervisee to develop self-reflection:

"When I have felt ashamed of my therapeutic practice I notice I have a tendency to try to fill my supervision sessions with client details instead of my reactions or my interventions. Do you notice what you tend to do when you feel ashamed in supervision about your work, and what would help make it more safe when shame or anxiety arise?"

This type of contracting creates future opportunities for a shared awareness around shame-based protective strategies when they become apparent in supervision sessions. It also provides a measure for accountability where shame can be acknowledged, normalised and utilised, rather than excluded and outside scrutiny, and therefore the potential for transformation. Overt contracting processes around shame and anxiety can therefore enact the systemic principle of creating change within relationship.

The supervisor may self-disclose 'mistakes' within her own counselling experiences and, as a consequence, model how to tolerate shame and anxiety. With a focus on Athena's apparent attachment needs, the supervision relationship needs to provide a consistent container, or 'secure base' where anxieties are permitted and affirmations are regular. This experience can remind Athina that the supervision relationship can withstand any perceived failures on her part.

Based on the hypothesis that Athina has an anxious attachment style, the supervisor and Athina could discuss preoccupied attachment behaviours accompanied by strong emotions of dependence, anger, and anxiety, (Pearlman & Courtois, 2005). For Athina to consider such discussions, it is likely she will require regular reassurance about availability, consistency, and transparency by the supervisor. Consistent reflection of acceptance to Athina and the demonstration of the capacity to mend ruptures within supervision, even in the face of expressions of anger, allows Athina to internalise these capacities and transfer these to her client relationships. The supervisor should remain attuned to Athina's attachment cues, such as her fear and anxiety in relation to negative judgement, the anger directed to her and self, which is suggestive of possible shame, and her idealisation of the supervisor and others. These cues guide the supervisor to emphasise safe base needs within supervision, and help Athina to organise her feelings in the present, which assists her capacity to feel confident to explore and learn again. Once confidence is restored, the supervisor can then be curious with Athina about whether shame plays a role in patterns of premature endings with clients, or anger to perceived client resistance. 'Mistakes' need to be discussed and new learning goals created with a bridge that links them back into counselling with the clients.

A focus upon systems concepts in supervision with Athina would involve acknowledgement of her work setting, which is beset with crisis, sexual assault, violence, helplessness and powerful systems that can often be retraumatising to victims of crime. This acknowledgement is needed to normalise Athina's attachment activation within this highly activating environment, and to deactivate her attachment responses, e.g., her anger
towards herself and her clients, and her fears of not being accepted by the supervisor. Through an examination of the contextual arrangements, the supervisor and Athina can become more cognisant of the extreme shame and anxiety in the client group, thus the potential for isomorphic re-enactments within supervision.

Athina also comes from a cultural background with prevailing themes of dominance and authority that may be relevant to her current enactments. Uncoupling the influence of these on her perceptions of current authority figures such as the manager, and potentially the supervisor, may be useful to diminish anxiety.

The agency context also warrants examination. Observation is needed of the culture and patterns within the organisation in relation to the acceptance or denying of 'mistakes', or whether Athina has, in fact, experienced 'holes being picked in her work'. The supervision dynamics can also be explored, for instance, the 'good/valued supervisor' vs 'bad/undervalued supervisee' dualism that Athina perceives could be articulated and studied. Support for Athina's differentiation from the supervisor may reduce the tendency to value others over self. Finally, the supervisor should invite continual reflection on the supervisory relationship, and provide Athina with the opportunity to give feedback and comment on possible reinforcers of shame and anxiety.

Conclusion
Shame and anxiety are common emotions experienced in the helping professions, particularly for therapists who work with people who have experienced violence, sexual assault, or interpersonal traumas. When experienced within the context of supervision these emotions may be understood as adaptive responses to past attachment relationships, current work contexts, or the issues faced by client groups. These emotions are often revealed within the intimate relationship offered by clinical supervision. While many supervisors and supervisors are happy to leave shame and anxiety in the waiting room, the success of supervision, and improved practice in general, depends on finding ways to identify and acknowledge these emotions. A blend of context, process, and content models of supervision has been used to explore the challenges shame and anxiety can present within clinical supervision. The use of systems-oriented supervision, in conjunction with attachment theories and supervision structures, serves to emphasise the natural role anxiety and shame play in a learning and exploratory environment such as supervision, and how these emotion states can be harnessed to improve practice. Non-pathologising relationships with supervisees, enhanced by frameworks that support the exploration of their experiences of anxiety and shame, will result in the continual development of a skilled profession, and an inherent flow-on effect for clients that enables compassion for their experiences.

References


AUTHOR NOTES

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Working With Adolescents
by Mark McConville Ph.D

Mark McConville is an internationally recognized Clinical Psychologist specializing in adult, adolescent, emerging adult and family psychology. Dr McConville is a senior faculty member of the Gestalt Institute of Cleveland and has taught widely and authored the well known book "Adolescence, Psychotherapy and the Emergent Self" and co-edited the series of "The Heart of Development: Gestalt approaches to working with Children, Adolescents and their worlds."

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