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Relational Supervision: Process Ethics Guiding Learning Communities

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Students report that developing a holistic "being as therapist" represents the bulk of their efficacy and that skill sets or theoretical guidelines are secondary in their learning venues. Relational Supervision embraces a co-creation of process ethics within a learning community.

The first step of this presentation is to explain what we refer to as process ethics. Process ethics represents the collaborative efforts and decisions within the learning domain (Ray, 2001; Swim, St. George & Wulff, 2001; Swim, 2003). The supervisor and students mutually co-create the learning agenda. In such, each student's learning is self-tailored to their individual needs. It is similar to the CLS style of therapy and supervision that operates from the Houston Galveston Institute (Anderson, 1997). The therapy system is a dialogical endeavor, as is the learning system. The acquisition of new meaning is a product of social action and interrelatedness. As the therapist and client (or supervisor and student) create narratives and stories surrounding co-created and co-authored themes, desired new learning and change occur. This learning and change is not for the "expert" therapist or supervisor to embed upon the client or student. Rather, it is a process that both parties experience and participate equally within. New meaning is generated through language and the ongoing discourse. Furthermore, new possibilities arise when the supervisor postures around a not-knowing venue, as well as allowing for the "not yet said" to occur.

In expanding on these precepts, process ethics guides supervision through the co-creation of new meaning through relational connectedness, full presence, and sacred conversations. **Relational connectedness** refers to the completely shared and egalitarian experience of the supervisor and student in defining the focus and direction of supervision. **Full**

presence refers to a supervisor's posture of genuinely honoring and valuing the student's narratives by speaking honestly and caringly, as well as co-creating genuine trust and humility, enabling the strengths of the student to abound. Fear and doubts are deconstructed, and there is no judgment by the supervisor on bad or good students, nor right or wrong therapy styles. **Sacred conversations** refer to the characteristic of reverence in participating with the students' voices. When we approach each conversation as inviolate exchanges, then we as supervisors co-evolve relational connectedness and invite full presence. Therein I am not concerned with therapeutic skill sets for I feel they produce 10 percent of good supervision or therapy. As a supervisor and instructor I follow a syllabus that sets as a backdrop for the learning agenda. We all participate and honor the syllabus template but the freedom exists for the above to occur rather than molding students into "GOOD THERAPIST".

Skill sets provide the students with initial certainty, templates, and relieves their angst in trying to aid their clients. The students evolve to view these skills sets as therapeutic margins. They learn not to let skills sets or theories lead or determine the therapy process. Instead, the students learn that the client-therapist relationship is vital to effective outcome, regardless of what theory they conceptualize from. The students in the following excerpts evolve to see their clients as heroes and heroines, despite varied world-view differences and diverse theological postulates. These ideas are akin to Miller, Duncan & Hubble (1997) in their premises on the basic principles of change and Duncan & Miller (2000) on client directed therapy.

My main emphasis, as a facilitator, is for the student or learner to become familiar and comfortable with himself or herself as a therapist. Therefore, the development of the therapist is at the forefront of the educational process. In such, the students conduct an intensive investigation into oneself and one's motives for personal and professional life that is paramount in the teaching venues. This is accomplished through a "modality paper" that is similar to a FOO paper but surpasses the FOO in that it combines personal ideas on life with a chosen theory. In this "soul searching" students discover their own personal values as well as assumptions or prejudices of their client's values and emotional functioning. They also investigate their personal etiologies that make them unique and influence their theory and process of therapy. Learners

come to explore what populations they feel comfortable with and what populations may be a challenge for them. They confront their beliefs about the nature of individuals; beliefs about self, spirituality, truth, behavior, and change. They also explore the impact major theorists have on their therapeutic presence, the main strengths or drawbacks of their therapeutic orientations, how they strategize and conduct therapy, and how outcomes occur.

Through this they develop not only skill sets and self-knowledge, but also a sense of what is the good and proper for each client they see, or process ethics.

As previously described, process ethics explores conjoint social actions between therapist and client or supervisor and supervisee, supplementing set rules, standards, and traditions. From this posture, therapeutic and supervisory ethics are a collaboration of values and morals, including diversity themes, such as spirituality (Swim, 2006). Process ethics reflects the beliefs, values, and morals these participants create together. They are intimate, immediate, fluid, constantly changing, and individualized (Swim et al. 2001). They are not produced outside the therapy room or classroom (Anderson, 2001). Therapist, client, supervisor, and supervisee become co-constructors of ethics and therapeutic change.

The learning of therapist authenticity is not easily accrued by standardized performance teaching (Anderson & Swim, 1994; Swim, Helms, Plotkin & Bettye, 1998, Swim et al. 2001; Swim, 2003). Harry Goolishian and Harlene Anderson used to say therapy cannot be taught but can be learned (personal conversations). In such, "learning to do" therapy is a collaborative endeavor akin to the therapeutic process within CLS relational endeavors (Anderson & Swim, 1994; Swim, 2003). Characteristics of the client-therapist relationship are individualized and embody a process of hearing, listening, and talking--of meaning being informed and formed (Anderson, 1997). Process ethical constructs, such as genuineness and trust, become co-generated and immediate within the relational partnership (Andersen, 1997; Anderson, 1991; Bertolino & Caldwell, 1999, Gehart-Brooks & Lyle, 1999; Hirschhorn, 1999). In this manner, options and needs are personalized and lend to localization within relationships (Bergin & Lambert, 1978; Gergen, 2001; Miller, Duncan & Hubble (1997).

Therapists often filter their own personal experiences and theories into the client-therapist relationships (Hirschhorn, 1999; Keith-Spiegel & Koocher, 1985). Hirschhorn (1999) describes this ethical illustration as “being therapist” where theoretical orientation, personal life experiences, and “soul searching” contribute to ethical decision-making (p. 36). Self-evaluation and interpretation personalize therapist ethical narratives but it is hard to listen and endorse client presence and participation without an intensive “knowing” of oneself (Anderson, 2001; Protinsky & Coward, 2001, Swim 2003). In the following excerpts this soul-searching reaches into one’s theological self, personal self, and self as therapist. The students learn to acquire being as therapist.

As previously described, the students are guided not only into performance skills but also in the challenges of learning to be a therapist as a person. In this experience they discover their personal views on the nature of reality, change, and of their own experiences that led them to be where they are today. Great emphasis is on self-evaluation that personalizes each therapist, with each client, in each therapeutic session despite theoretical or theological orientation. With the student becoming familiar and comfortable with his or her role of being therapist, relational and moral principles contribute and enhance therapeutic decision-making or an ethical “fair-minded” exchange (Swim, 2003).

In my experience these students have become relational therapists through participating in relational supervision. I hear other colleagues discussing these students from different views. Some of my colleagues come from theory driven pre-knowing and expertise postures although the Miller, Duncan & Hubble (1997) premises are “taught” to the students within their first year. As in therapy when I hear the voices of past therapy from my clients, I do not “know” these students as they are described by my colleagues. As presented in these informal interviews, students desire to be seen and heard in their own personal purity. They want their facilitators to “know them” and they wish to be free to be noted for their expertise, as well as their feelings of ineptness. When they are free to present their being as therapist and person, they flourish in the learning process. Some of their words resonate as I remember the interviews such as warmth, being a friend, not judging, trusting relationships, a community of trust within the classroom

venue, openness, positivist, having a voice, broadening the learning process versus limiting it, the use of the supervisor as once extra voice within their therapy, being able to ask any question, genuine interest, honoring their knowing of their clients, facilitating through dialogue and reflecting teams new possibilities for their clients, and feeling safe and supported. One student this quarter brought in her new born son to the three last classes. Another time I was an hour late due to traffic and the students were participating in the learning agenda “as if” I was present. It feels good that there are not limits to the learning process.

In my teaching and supervision I use reflecting teams to aide the students in their search for new therapeutic possibilities. I begin each course taking abundant time to learn about the students. I want to learn their histories that sent them to the field of MFT, who they are personally, and what they desire in the future both in their careers and daily life. I wish to know what they want from me. In such, they email me reflection papers weekly. In this manner I can self-tailor the learning context from week to week. All students are required to choose a modality and bring in tapes each week. We collaboratively choose which tape to watch and then utilize the reflecting format. In this manner the student does not feel critiqued but obtains new possibilities from peers. As a facilitator, it is a beautiful and compassionate process to participate in. The students learn new theoretical ideas and feel supported and cared for by their peers. At the end of the quarter the students present papers on their epistemologies, theory, and cases. For the first year students the papers and cases are condensed. For the second year students the papers on their epistemology, theory, and cases will be around 100 pages; they will present this before a final panel in order to graduate. This year I had ten students graduate. Three were Bowen therapist, six were Solution Focused, and one was CLS. All were relational therapist regardless of theoretical orientation.

It is my privilege to share these voices in the presentation and reflect on their ideas in the learning and supervision process. I would appreciate if each participant could read this paper before we meet. After the interviews are presented, I welcome feedback and conversation.

My best,

Susan Swim

Excerpts: Helena and Melissa discuss supervision and the characteristics of relational connectedness full presence, and sacred conversations.

- Positive experience
- Non-judgmental
- Willing to be open with feedback
- Warm environment
- Able to come into the class and feel non-judged—can go for help without being judged. Helped with cases and able to figure out together (through reflection team) instead of being told what to do
- We are helped to learn each of our modalities or theories through pamphlets, case examples, prior papers, and journal articles that apply to each of our needs
- Supported by the entire class aides in not being afraid to ask any questions.
- Help to feel comfortable with any doubts or questions about our expertise allows for self-growth
- Helena’s most growth came from finding her voice and presence in therapy. When she doubted herself or did not know how to proceed with cases, the reflections from the class in the format of a reflecting team helped her to believe in herself
- Most students are nervous of taping. With taping Helena describes that through the relational support of the class that she began to see herself as therapist—with warmth and caring and that she saw her clients responding to this—and she could see how she was helping them. She was also able to generate the self agency to redefine her therapy style
- The relationship in Helena’s view is the same as the therapeutic relationship. You want to do the best if someone believes in you---if the supervisor believes in you
- Helene eludes to sacred conversations where as a therapist or supervisor you develop a “friendship” where problems, doubts, joys, and hope are explored and leads to conversations that envelop new meaning—the never thought of before or the not yet said develops through the relationship
- If Helena was a supervisor she would expect students to bring their fears and ideas and after talking about it come up with something new together. The relationship and goals are the same. Through talking as a friend
- Melissa’s thoughts:
- Just as we need to join with clients a supervisor needs to join with their students
- Making us feel comfortable and as a new therapist I was scared and uncertain in modality and skills. Supervision made us feel comfortable and willing to explore

the theories, as well as our own ideas...it was like a safety net...to feel safe coming and going...and how was I did was wrong or right...knowing that I could trust the supervisor made me a better therapist, more comfortable in the therapy room. The relationship that was created with us helped us jump that hurdle from an uncertain and fearful beginning therapist

- My supervisor had a different theory and we learned from it. But we were allowed to pick our own theories and felt she could help us approach every situation through different theoretical orientations. We felt respected in the theories we choose
- Keisha's thoughts:
- My overall experience in the class was to learn a lot about your relationship with others including clients, as well as peers. It is crucial to understand who we are as a human being and our relationship to others because everything we do is like a community and the more you get to develop yourself and understand others the more the more you learn about yourself in the process. So I think it has something to do with growth and open up the door to how we relate with clients and build upon relationships...get to know our clients as who they are as a person, as well as ourselves
- My supervisor came from another modality but she respected who I was and assisted in my own modality. The best care possible—what is the most important is how you treat a person (client) regardless of your modality. I can use some of the CLS modality set their stories and create new solutions (Bowenian therapist)
- I would teach other supervisors it is important to assist your students from a supervisory standpoint that we do not know always how to assist our clients and it is important for the supervisor to listen to the students. The students are knowers of their own clients and know exactly what it is that the client needs. The supervisor needs to listen and attend the supervisee's needs and also what the client says
- Besides listening, the supervisor needs to overall talk to the students about the supervisors own experiences and helping the student to understand and hypothesis about certain cases, combining both the students and the supervisors hypothesizes
- Assist the student to find out what may or not be helpful with the client
- See where the supervisee/therapist is—do not assume what they need
- Talk and find out where they are being listened to and acknowledged
- Carlos's thoughts:

- What a supervisor should know and keep in mind where the supervisee is at
- Nancy joining Carlos:
- The supervisor should know the supervisee
- Both in a personal and theoretical manner
- Stimulate the supervisee to allow them to explore their own meaning and explore what else may be there in the session
- Rather than limit on content ethics—clinic procedures, notes, etc.
- Stimulate new thinking
- And perspectives
- Having a supervisor that is familiar with my modality—some supervisors only want you to learn their modality and not explore yours
- Do not have to retell the entire case to supervisors but wish that they listened (keep notes or be familiar with cases) and view that each session was different and new
- To change supervisors or not? I do not want supervision where I always know what they will say and are not open to new ideas
- Instead want new ideas
- I almost quit because my supervisor was pejorative and had a different direction
- We are enriched when we have more voices and possibilities in our head
- The supervisor should bring into the room—a positive attitude towards the client and therapist/supervisee
- Do not be critical of the supervisee
- We are vulnerable and need to be encouraged need positive critique
- Do not want a big battle or challenge with your supervisor
- Diverse mind and approach that respects the uniqueness—do not take away their energy

- Tolerance
- Patience
- T and P in errors, model do not lecture
- Not a little/petite robot of the supervisor
- Openness and curiosity
- Be able to be creative instead of doing what the supervisor views as best
- Stimulate the use of more modalities—Miller’s guideline—ability to be empathetic, join, care, and understand
- I questioned the field when my supervisor would not let me be postmodern and not label people
- Uncomfortable when supervisor tries to override their way of thinking over mine
- Supervisor can open up the scope and broaden rather than limit me
- It cannot be this is must you what do!
- Collaborative way is helpful with the clients—use voice of supervisor for many purposes but gives another voice in the therapy room that allows for the clients to hear more voices—enrich
- Joining, listening to us...every conversation we have is new like with our clients
- So every supervision meeting should be listened anew without preconceived ideas of old or treatment plans

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