Through a glass darkly: reflecting on supervision

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This paper draws on feedback from families and trainee therapists about their experience of therapy with a one-way screen and training team.

Training context

Systemic psychotherapy training places great importance on the use of live supervision. I have become interested in thinking about the families' experience of this and of the use of the team. John Burnham is one of few systemic psychotherapists who has written about his concern to put the experience of families central to the supervision experience (Burnham, 2006; 2002). This paper draws on his ideas from interviewing families about their experiences of therapy.

Between 2005 and 2007 I was supervisor for a group of four trainees as part of the clinical training in systemic psychotherapy at the Tavistock Clinic, London. I have since asked the families seen during that period for their feedback, specifically on their experience of the supervisory team. I also discussed the experience of live supervision with the trainees.

In seeking to develop a working team, I was mindful of the importance of creating a respectful, learning environment where differences can be valued (Cantwell & Holmes, 1995) and families can feel that their needs will be met. Trainee family therapists can be pre-occupied with the family's experience of the supervisory team, assuming that it can feel intrusive and negative for the family, which is in many ways the trainees' experience. They can, at times, become quite protective of the families, feeling that the team may be too challenging.

Carpenter and Treacher (1993) wrote about the traditional methods of family therapy training which used a team and one way screen (p. 11) *"a clear majority of the families found the whole approach very alienating – they found the technology very unsettling and disliked the fact that 'their' therapist was apparently being controlled by an unknown but all seeing team in an adjacent room"*. In recent years we have become more transparent and families are introduced to the team and the equipment behind the screen, sometimes taking the opportunity to observe the activity in the therapy room with members of the team. However, family therapy has been criticised by different therapeutic orientations for the use of a team and it seems that the discomfort can be as much with the therapist as the family.

In writing this paper I have been mindful of the different cultural and power perspectives which become intensely important within a live supervision group (Burnham & Harris, 2002). I have used their ideas about contexts in relation to the broad culture of supervisory practice, within the supervisory and the therapeutic relationship. We were also organised by the culture of the institution and the requirements of the training. As a training team we were, at times, able to talk about and debate the differences in terms of culture and beliefs that we brought to the work and, at times, these tensions were subsumed by the pressing needs of the families. There were occasions when different group members felt that their ideas and experiences were not properly attended to by me and I frequently left a supervision session thinking about all the things I could have said and done differently.

The setting

When a family is referred to the supervision group, the therapist telephones the parent to negotiate the appointment and let them know how we work. This provides the opportunity for the family member to ask questions and to develop some relationship with the person they are seeing. The therapist also states his/ her willingness to talk to other family members if they wish. This method has its drawbacks in that we have only spoken to one member of the system which may affect the engagement of other family members.

Whilst this is an important consideration, we have looked at the figures for the take up of services and those who have been invited by telephone with a follow up letter are more likely to attend sessions than those who are simply sent a letter. The nature of consent is often questioned in that parents and children, despite a pre-session explanation, may not be sure what they have consented to until they arrive for therapy.

It is especially difficult for new trainees who, as well as meeting families for the first time, need to introduce the team and screen as something useful when they, themselves, feel very uncertain about it.

One trainee said, *"I think it does involve asking the family to take a leap of faith when we tell them in the first session that working with a screen will be helpful, as I think that a lot of people, especially as they're coming with*

a problem, might assume that the observers will be critical".

Family members are invited to meet the team and we worked as a reflecting team in different combinations according to the needs of the family. If systemic psychotherapists believe that a multiplicity of perspectives is very important then team work is central to the clinical supervision group.

The way the team was used in the sessions changed depending on what the therapist and team felt to be most helpful for families. For example, for families who had some anxiety about their understanding of English (none took up the offer of an interpreter) one or two team members would join the therapist and family to talk together about their observations, mindful of being brief and using accessible language. Roberts (1997) describes the importance of supervisees using their own ideas and language with the family rather than drawing on written comments from the supervisor, saying that this was more engaging for families. Sometimes, we felt that the reflecting team talking to one another without looking at the family was too strange for some family members and so the family was included in the conversation. The trainees described their discomfort with the team: *"I found working as a therapist with a team more problematic at times, although invaluable at others. One of the differences between being the therapist and being part of the team is not needing to make a therapeutic relationship when sitting behind the screen; I found that I was more critical when in the team and more defensive of families when I was the therapist. Negotiating this difference was easier the more confident we became with each other."*

The team and screen seemed to be a greater source of anxiety for trainees than for families – perhaps the context of assessment put a pressure on the therapists whereas the need to find a source of help was more important for the families.

The families

The families were referred to our generic CAMHS service.

Of the 12 families contacted at the end of the training, two had moved house, two had been referred to child protection services and did not re-engage in work with our team and two did not respond to follow up. There were, therefore six respondents. The ages of the children ranged from 2 to 15 years. The families came from a range of cultural and ethnic backgrounds with four parents for whom English was a second or third language.

We worked with some of the families over the span of the supervision group and others for up to six or ten sessions. There was a range of presenting problems and concerns; with three of the families the therapist also worked with social services departments because of child protection issues, and for all families the therapy included school meetings, telephone calls and engagement with different services. However, the work focused on a traditional model of systemic psychotherapy training using a screen and team.

After the course had ended, I asked participating families about their experience of therapy. They all said that the therapist had clearly explained the way we worked prior to attending the first session although three respondents were less clear about what would happen. One said, *"We had expected one-to-one and at the beginning didn't want to be video-ed but it was OK".*

Families were less sure about the reason that siblings of the "referred child" were expected to come for therapy. One said, *"We didn't expect anything – we were trying to rectify Sandra and put pieces back together",* but it was particularly puzzling for Sandra's siblings who did not know why they were expected to attend sessions. Another said, *"We weren't sure what to expect. We had come because of Amir and expected our other children to be in the background. They had not thought they needed the help and so were surprised when the therapist's questions were aimed at them".*

It is often a dilemma to know to what extent siblings of the "referred child" should be invited to family therapy. Why do we expect them to come? How do we include them in the session? For most of the families we saw, a traumatic event such as bereavement, mental ill health of a parent or a violent parental relationship leading to separation had affected all family members. However, we wondered whether, for the siblings, the reason for referral may have been ill-defined. One group member, Chris, wondered whether, in attending, the siblings often seemed to feel superior in that it wasn't them that needed help, alongside a feeling of resentment that they were expected to attend. This was possibly exacerbated by the way we included them (or didn't include them) in the sessions and perhaps we needed to continue to be clearer for ourselves and for the family about our reasons for wanting siblings to attend.

In using the team, we were concerned to talk in front of the family in a way that engaged children. However, we were not always successful and, as with many reflecting teams,

there was a struggle to convey ideas which make sense to all family members concisely and in a way that engaged their interest. All parents contacted said that the children were generally positive about coming for therapy: *"he liked it – wanted someone to help us"...* in reference to the reflecting team, one older sibling said:

"... it was a bit weird... and I may not always have taken it on board".

In describing the experience of the team the families were surprisingly positive. I believe that it is sometimes the job of the reflecting team to provide more challenging feedback to families and I was surprised by the positive feedback from families. They said, for example: *"We were initially nervous but then liked it in a funny sort of way. It was very powerful, bigger than the four of us. Listening to the team talking was so reinforcing and empowering"* – *"It was interesting they were interested in what we had to say and it was comforting that we were working with a team and not just one to one".*

One team member was *"very surprised at how positive the experience was for the families. Their comments about the value of different perspectives felt like a vindication of the whole process".*

The use of a reflecting team meant that the families got to know all team members during the course of our work together. The feedback was very positive about this. As time went on, the therapists would sometimes work in pairs and so the membership of the team varied. I had thought that families would feel more comfortable with a smaller team but, when asked whether is was better with two team members than the whole team of three or four, the majority, to my surprise, said that they preferred the whole team; *"the whole team was better – there are more differences of opinion – two people are not able to bring things. If someone forgets something others bring it in".*

"Having lots of people was better – more perspectives". All those who responded felt that the team was helpful and they were not the families we could have predicted to have found the team a positive experience.

The trainees

The trainees were often less positive about the use of the one-way screen and team than the families. One felt that the team could be helpful in taking on the perspectives of different family members

"... However, it was still sometimes difficult when working with clients that it was hard to empathise with. I found it helpful when someone else in the team would take on the role of empathising with/ being on the side of a parent who I found difficult."

The use of the reflecting team meant that the family and therapist could hear new and often contradictory ideas about how the different team members related to what was happening in the family. For example, when Maria was talking about her problems with her son who wanted contact with his father which she could not countenance and which she refused to talk about, some members of the team worked hard to support and "empathise" with her position whilst others were keen to think about her son's distress. This then freed the therapist and family up to develop a different way of talking about their different perspectives.

The trainees were sometimes quite protective of their families, feeling that they had to protect them from the critical voices behind the screen. This is illustrated by the comments of one of the trainee therapists:

"For me working with a team was an important element in learning to be more available to feedback. The screen was a physical reminder of the process of scrutiny and for much of the first year provoked anxiety. With growing confidence in the second year, it would have been good to reflect more on how best to use the team".

And *"initially it seemed a lot for the families to take in. Some families really valued having the ideas and support of the team and became quite playful and interested in the team's ideas. In one of my families I felt the mother found the presence of the team uncomfortable and when she was distressed and upset the screen made her more upset. There were always the 'projected' feeling of wanting to protect the family from 'the screen' when I was perhaps really wanting just to protect myself!"*

It is interesting to note that the feedback to me from this parent and her son was that they had really appreciated their relationship with this therapist and had felt safer because there was a team. This small audit seems to indicate that the trainee family therapists had a greater difficulty with the team and screen than the families. There may have been a difference between those who were accustomed to working in supervisory teams, those who usually worked alone and those who may have been more anxious about the additional dynamic of assessment which added a layer of discomfort.

"The screen was a mixed experience for me. Frequently I felt that the process of thought behind the screen developed without me present so that at the end of the session my own thought process had developed along different lines and I had a hard time catching up or understanding the feedback I got from the team".

For trainees who felt less in tune with the thoughts and ideas of the supervision team, the experience of trying to fit their developing relationship with the family alongside taking account of, or understanding, where the team is coming from may have been detrimental to their developing confidence. But, as they became more confident and they found their ideas and contributions were used to develop relationships with families, they became more likely to see the team as a resource than as a critical eye:

"I did enjoy being part of a team that came in to reflect and felt that it gave families different perspectives on their problems. I felt that as we became better as a team, the stronger our relationships were, and therefore the more honest we could be with each other".

As time went by, the team-trainee-family relationships started to fit together to become a working/thinking system, and the whole experience became enriching and positive. Just as when parents are positive about attending family therapy so their children may also get more engaged in the work, when a therapeutic team gets interested in drawing on and debating everyone's ideas and is enthusiastic about the developing relationships between themselves and families, so their enthusiasm is passed on to families who, in turn, seem to have a more positive relationship to working with the team.

Sara Barratt, Anne Lane, Chris Mannings and Jo Earley (left to right).

Sara (right) and trainee, Sybil Qasir, celebrating the end of the course.

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