

Single-Session Therapy by Walk-In or Appointment

Administrative, Clinical, and Supervisory Aspects of One-at-a-Time Services

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24 Capturing the Moment in Supervision

Pam Rycroft

Supervision interrupts practice. It wakes us up to what we are doing. When we are alive to what is happening now, we wake up to *what is*, instead of falling asleep in the comfort stories of our clinical routines and daily practices.

(Sheila Ryan, *Vital Practice*, 2004, p. 49)

There are many descriptions of supervision (with the above being a personal favorite), but no one universally accepted definition. What's more, it can look like a very different enterprise in different contexts. There are, however, many frameworks outlining the various functions and roles within supervision, with one of the most oft-quoted being Brigid Proctor's (2011) "normative, formative, and restorative" functions. These represent, respectively, accountability, professional development, and support, all of which are generally agreed to be essential to good clinical supervision. More recently, the process of experiential learning and reflection have been held as central to the provision of such functions. In this way, the work itself becomes the teacher, with the supervisor facilitating a process of reflecting on the past, in the present, in order to learn for the future. For this reason, I prefer to use a list of four functions: accountability, reflection, support, and education. That supervision is both a complex and a wondrous enterprise is reflected by Michael Carroll (2011, p. 27):

Supervision is artistry and science, a way of being and a way of doing. It's about techniques and strategies, and relationships. It involves both development and evaluation, is about supporting and challenging, about fact and imagination, about truth and opinion, about symbol and sentence. It's a relationship, a learning partnership. It supports learning and unlearning. It meditates on the past in the present to prepare the future. It makes meaning and new meaning using reflection, curiosity and imagination. It involves dialogue and conversations about conversations. It deals with work and with the person doing the work. It thinks personally, relationally, systemically, internally and beyond. It banishes fear and shame and anything that threatens the fragile flower of learning. It takes stands

and can be dogmatic. It opens up and is flexible. It's an oasis, a valet service, a large mirror and a retreat. Now, tell me you can't get passionate about that?

Capturing Moments in Supervision

As Carroll (2011) said, supervision reflects on the past, in the present, for the future. Even though supervision is most often sequential and on-going, and will have a broad contractual agreement, every supervision session needs its own negotiated "contract" or shared agenda, so that both supervisor and supervisee can be attuned to the learning possibilities in the present moment. Otherwise supervision itself is in danger of falling asleep in its own "comfort stories."

And if supervision is to be anything more than "incidental," the more formative (or educational) function will require the supervisor to be alert to on-going learning edges or "pivot chord" moments (Rosenbaum, Hoyt, & Talmon, 1990; also see Talmon, 1990, pp. 38–41) in the on-going "story" of that particular supervisee's work that is brought to supervision. In other words, issues brought along to supervision will be both in-the-moment issues and on-going developmental learning opportunities and cornerstones. This presents a challenge to the supervisor, who needs to be alert and present to both current issues and on-going learning opportunities.

Of the many models of supervision, it is a rare find when an author takes a "close-up lens" and considers what constitutes the best use of the supervision "hour." Certainly there are some shared understandings of the qualities of good supervisors and good supervision, but little analysis (if any) of the within-session process that highlights what is likely to be most helpful. It is understandable (and desirable) that good supervision shouldn't necessarily be "prescribed" or manualized. Nevertheless, in the absence of a discussion of good process and relevant skills, trainee supervisors are left to learn their craft in the way most of us have had to do so up until recently: by modeling ourselves on our own experience as a supervisee—good, bad, or indifferent.

By negotiating what is important in the here-and-now in each supervision session, the supervisor can also be keeping an ear and an eye on repeating themes/issues over time. A risk inherent in on-going, regular supervision (as with our work with longer-term clients), is that we feel as though we have come to know our supervisees, their strengths, weaknesses, and foibles. The relationship is established—we love them; they love us. And we stop being fully present in the moment. We can become too comfortable in our knowledge of the "dance" between us, and cease to be surprised, challenged, disrupted, perturbed, uncomfortable, awake to possibilities that we hadn't seen before.

Of course, as soon as we try to "capture" a moment, it is gone. But if we are awake to the endless possibilities in the present accounting of our supervisees' "stories of their work," we have the privilege of witnessing the present and

being part of the reflection process such that both supervisee and supervisor are actively learning for the future. I marvel at and feel very grateful for being paid to continue learning in this way: from—not only our own but from—our supervisees' work. This brings to mind a quote from the Phil Collins song "Son of Man," mentioned in an earlier chapter on SST training (Rycroft & Young, 2014, p. 140): "In learning you will teach, and in teaching you will learn."

At this point, it must be said that participants in the Bouverie Centre's Clinical Supervision Training course should be credited with pushing for a more particular outline or form to guide them through their early practice exercises in providing supervision to each other. It was a welcome challenge to be asked to articulate what is considered to be a productive and useful supervision hour, and to capture what can be generalized from this to guide those new to supervision. We began to talk to trainee supervisors about structuring conversations that are collaborative, invite reflection, that embrace both challenges and strengths, and that have a clear beginning, middle, and end.

The arts, as they so often do, provide us with some great analogies. Some have seen the three-act play providing a model for each therapy session (Ray & Keeney, 1993; Keeney & Keeney, 2014; Duvall, King, Mishna, & Chambon, n.d.) wherein the first act involves the backstory, the problem, the crisis; followed by space to reflect and discover things, hold the event up to the light, develop ideas, open to "aha" moments, turning points, looking at it in different ways. The third act then witnesses some summary and resolution, bringing it into the present, holding the new and considering ways to sustain it. As Keeney and Keeney (2014, p. 442) put it: "This orientation provides a 'single session mindset' which can be applied to any session, independent of whether the therapeutic offering is reified as single session therapy, long-term therapy, multiple single session therapy, or indeterminate-duration therapy."

There is also a musical analogy in the three-part sonata form. While the details of such a form may not be familiar, the music itself will be. You just have to think of Beethoven's Moonlight Sonata as a well-known example (easily available on YouTube). In the opening section, the "Exposition," the central theme in the work's main key is introduced. The second section, the "Development," "plays with" the theme, exploring harmonic and textural possibilities and developing variations; until the last section, the "Recapitulation," returns the thematic material to its original key and "resolves" any material from different keys by bringing that into the original key also. Some sonatas will also include a brief Introduction and/or a coda (a brief, connected but separate ending—see Rosenbaum & Bohart, 2007; Hoyt & Rosenbaum, Chapter 21 this volume).

The significance of both these analogies lies in the apparently simple idea of facilitating conversations (be they therapeutic or supervisory) with a clear beginning, a middle, and an end. What is implicit in the direction of the play, the conducting of the sonata, or the facilitating of the conversation is the dramatic development of themes leading to some resolution, which is both a return to the original, and new. In the case of supervision, it is particularly useful

in its emphasis on a return to the central theme, and a bringing together and resolution of other themes or variations. The outcome of each “performance,” of course, is a combination of the material, the performer, the audience, and the context in which the performance takes place.

Now, Back to SST . . .

While such three-part forms allow for a sense of the broad movement across time, more guidance and direction about the skills involved in “conducting” a good supervision interview were needed, so we looked back at the template that we had developed in our SST training (Rycroft & Young, 2014) to coach people through a single-session therapy. We had, like Moshe Talmon (personal communication, 1997; Talmon, 2014) resisted the idea of developing SST as a particular therapeutic model, and opted to see it instead as a service delivery framework (see Chapter 10). Training participants, however, had challenged us to articulate the way in which we applied the single-session principles to an actual therapy session. A broad process framework was developed, which brought particular skills, useful in (but not particular to) this approach, to the forefront. In training groups, we agree when we often hear, “but isn’t this just good practice?”

The format we developed (see Figure 24.1) includes nine different sections, divided broadly into the three-part sonata-like form comprising three sections: (1) Exposition (context-setting; finding a focus or main theme; staying on track); (2) Development (where curiosity guides a growing understanding of the issues, of attempted solutions, of constraints and resources); and (3) Recapitulation (in which the therapist reflects her or his thoughts, ideas, possibilities, and hears back from the client, before considering “where from here”).

While it is seen not as a model, but as a process outline, this had been generally welcomed by participants as providing broad guidelines for the conducting of a session, while allowing for (in fact encouraging!) their own particular therapeutic model and style. Translating this to the supervision context was not difficult, and proved to be just as useful in that particular training context. (Also see Hoyt [1991] for a discussion of parallel processes between therapy and supervision.) Many of the skills involved in conducting clinical SST are applicable in good supervision: developing a clear, shared agenda for here and now; listening for what is likely to be most helpful; interrupting respectfully as needed in order to stay on track; checking in with the client (or supervisee); moving between content and process, reflecting one’s thoughts in ways that can be heard and integrated usefully.

And Now, to SSS . . .

Translating this to the supervision context was not difficult, and proved to be just as useful. Many of the skills involved in conducting clinical SST are just as applicable here: developing a clear, shared agenda for here-and-now; listening

A THERAPY SESSION STRUCTURE

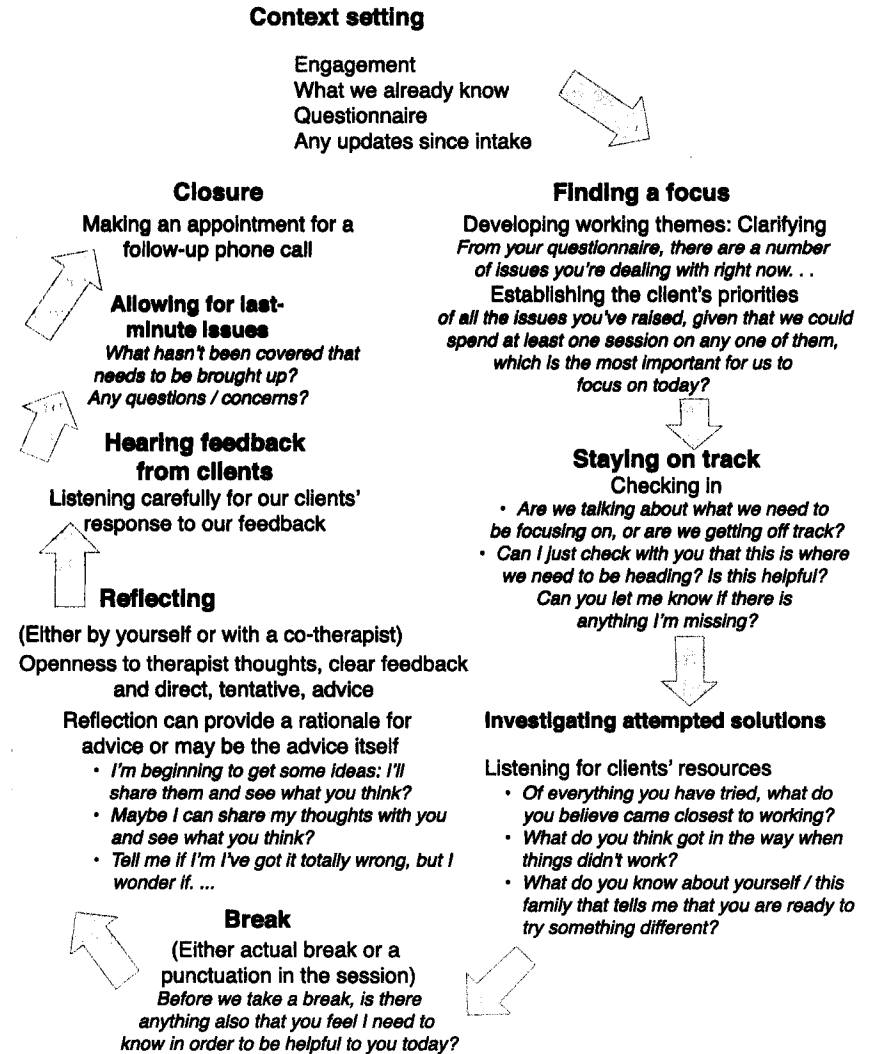


Figure 24.1 Therapy session structure

for what is likely to be most helpful; interrupting respectfully if needed, staying on track; checking in with the client (or supervisee); moving between content and process, reflecting one’s thoughts in ways that can be heard and integrated usefully.

Such a process guideline also fitted well with the model of supervision which is included in the training: the Double Matrix (or Seven-Eyed) Model (Hawkins & Shohet, 2006). This model holds both the client/supervisee and

the supervisee/supervisor matrices in its gaze, as well as the broader system in which both exist, allowing for different focal points (or “eyes”) in the supervision conversation. Supervision could, in theory, limit its attention to the client, the client’s background, history, presenting issues, etc. It could consider the relationship between client and counselor (supervisee); it could focus on the supervisee her- or himself, if the clinical issues resided there; it could consider the dynamic between supervisor and supervisee (e.g., if there are possible parallel processes occurring), or the supervisor’s own responses could be a point of focus. And for each of these foci, or “eyes,” there are issues of context to be considered. Hawkins and Shohet hold that good supervision attends to all of these possible foci over time. In parallel with the idea of a good SST being based on the client’s own definition of the “problem,” this approach promotes a dialogue at the beginning between supervisor and supervisee to establish exactly what is likely to be the most useful focus for their conversation. This helps the supervisor to listen for themes, issues, learning edges based around that particular focus. It also fits well with frames of experiential learning, strongly associated with the reflective and educative aspects of supervision. Within an experiential learning frame (Kolb, 1984), the learning process begins with the experience in the work, moves to a review based on reflection about that experience, then to more abstract conceptualization based on the conclusions drawn from such a reflection, then to a phase of active experimentation where whatever has been learned is tried out.

The Single-Session Supervision (SSS) framework then developed directly from the SST framework, as shown in Figure 24.2.

It is denoted as a circular process, not least because of the importance of coming back “full circle” to the issues the supervisee had presented, and the hoped-for outcome of the supervision conversation. It is at this point that both closure of this conversation and a consideration of “where from here” takes place. In this way, issues that may need to be picked up again, that are reflective of a learning point for the supervisee, can be flagged, and a re-visiting of them negotiated.

Superimposing the idea of supervision as having three main parts (plus an Introduction and a Coda) on to our single-session structure looks like Figure 24.3.

A Supervision “Sonata”

Below are some extracts from a single-session supervision. Vivian, the supervisor, had not met Melina, the supervisee, before. She had to establish an “in-the-moment” contract in order to work with the issues that Melina brought along from her work in a multicultural counselling and support service, where she was working with an older man from the same cultural background as her own family. Melina had become angry with this client in a way that was out-of-character for her; he had walked out, and she was anticipating ringing him, fearing that he may not come back to counselling or may lodge a complaint.

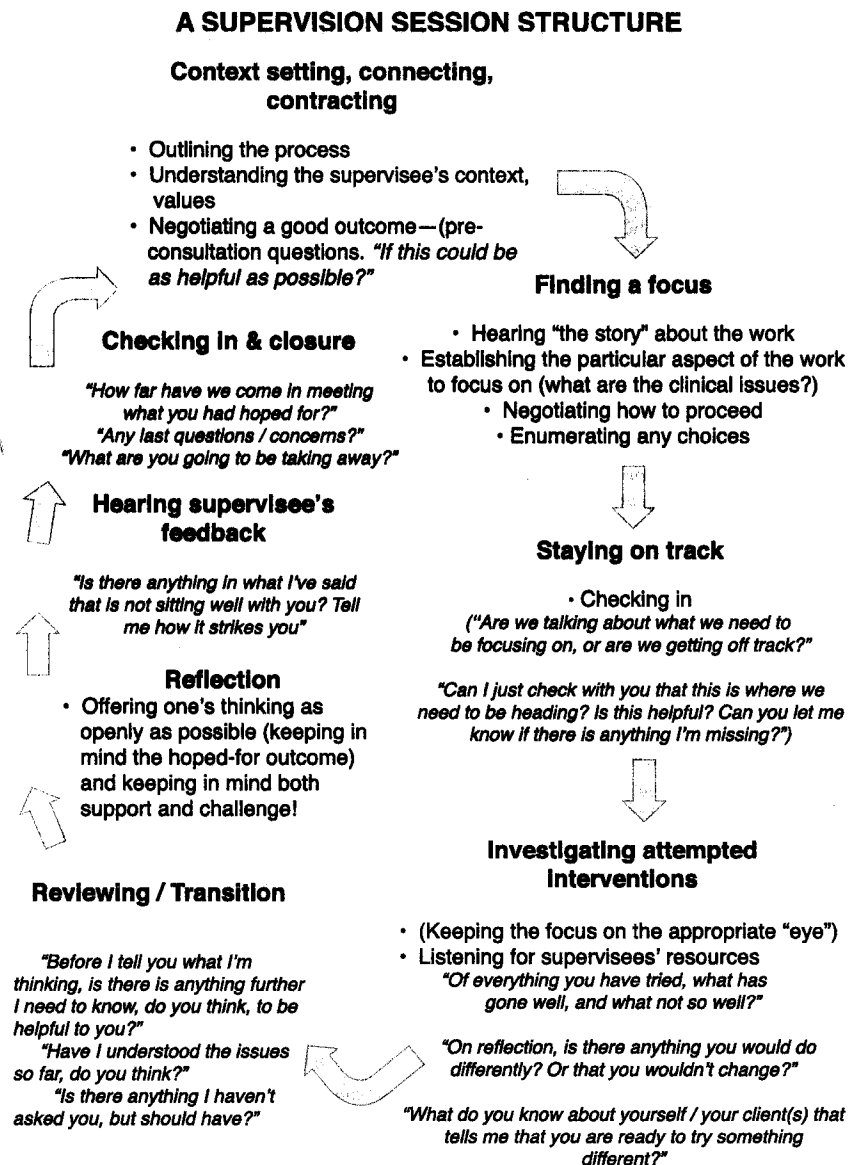


Figure 24.2 A supervision session structure

Exposition

In this first meeting, the supervisor connects with the supervisee by hearing about her work, and what is important to her in her work. Then Vivian invites Melina to tell the “story” of the incident that is worrying her. The main issues are unraveled, and working themes are identified. At this point, Vivian consults

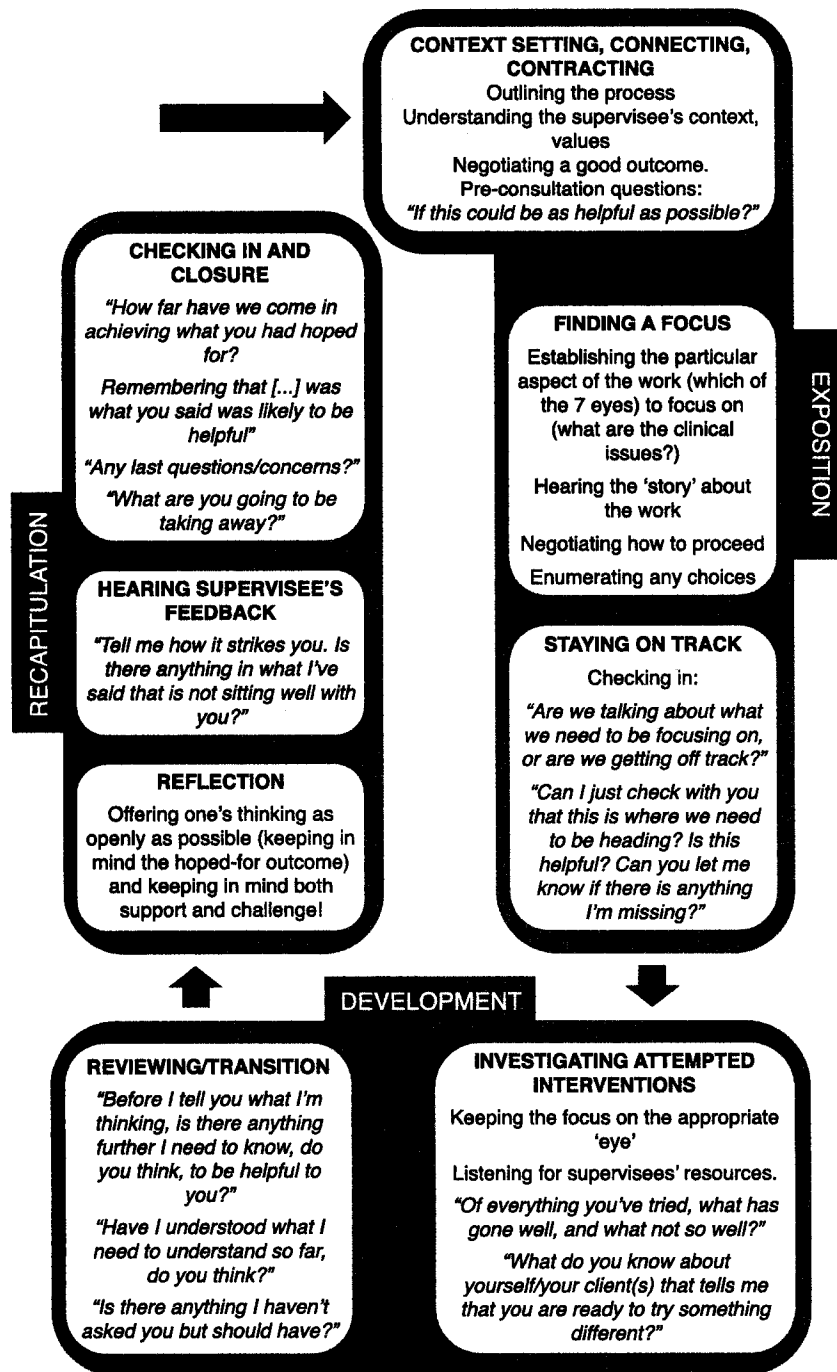


Figure 24.3 A supervision session structure: Including introduction and coda

her supervisee about what is most likely to be helpful in the here-and-now, and outlines some choices about how to proceed. It is here that supervisees might have a clear idea of which of the seven "eyes" or foci they want to concentrate on. They may also have ideas about particular processes that they have found useful. For example, if they work with families and/or complex systems, they may want to use figurines or draw diagrams to help make sense of their position and role in the work. This forms part of the here-and-now contracting process.

With our supervisor and supervisee, in what follows notice how:

- the "story" of the work is told, and the main theme and focus named
- an idea of what is likely to be helpful (the agenda) is developed
- the conversation moves between content and process (with the supervisor "checking-in"), and
- a joint decision is made about what to focus on and how to proceed.

Vivian: Melina, maybe we should start by your telling me what you know about this case, and then if you . . . can tell me what bothers you. Perhaps if you start by telling me what you think I should know.

Melina explains that she has a few "emotional dilemmas" in relation to her work with an elderly gentleman who had lost his wife to a heart attack some six months ago and was feeling anxious and displaced. Melina was helping him deal with his grief, and he disclosed to her that, as an outlet not long ago, he had gone on a holiday to a third-world country. He had met a young woman there, whom he was now interested in bringing into the country to become his partner. Then Melina heard that the woman was 20 years old (decades younger than her client).

Melina: For some reason I changed my whole perspective in working with him [when I heard this] . . . something got triggered in me emotionally.

Melina explained that she had begun to feel concern about her client's intentions. She explained that what she was grappling with was how to keep him engaged in working on issues of grief and loss, and not be so judgmental about his choice of partner. In addition to this, Melina was questioning whether she even wanted to work with this man. Again, she said: "When I heard this, it just triggered something in me."

Vivian: You mentioned an emotional dilemma. What was the dilemma?

Melina: The dilemma was that I felt that there was a very big age difference . . . almost 50 years age difference, and I felt that . . . that just did something for me in terms of the content of the relationship and, you know, issues around their sexual relationship and him being much older and . . . he has grandchildren, and I was wondering if they were close to her age . . .

Vivian: This might be hard for you so tell me if it feels like it's too difficult to talk about. Can you tell me what got triggered for you in the age difference? What was it about it that troubled you?

Melina: I think a part of it might be that in other areas of my work I've worked with young women who've been sexually abused, and . . . I don't know . . . I just had this image of this older man, and he was quite tall and quite big in physical size, and I just imagined in my mind that if she was a young woman, 20, and from an underdeveloped country, she might be smaller and thin-framed, and in terms of power and size . . . I just questioned the whole appropriateness: it could be his daughter, it could be his granddaughter, and . . .

Vivian: All of that makes sense, but now that you're looking back on it, and it seems like your concerns about checking out whether there was abuse, and whether there was exploitation—all of that seems like they are normal anxieties for anyone to have. Thinking back on it now, how would you approach those anxieties differently? How would you deal with it differently?

Melina: I think I'd deal with it differently in that I'd have to check in with my emotions about it's not my place to judge him, in terms of looking at whether their age is appropriate or not—that she is 20 years old and that's a legal age—it could be her free will. I know I shouldn't be looking at the whole context of where she came from and her reasons to come out here. I'd have to try to leave that aside and not be so judgmental and try to engage the client in just working with the original issues. So probably exploring a bit more about why he originally came to see me and not, you know, lead the session with my emotions.

Vivian: I've got a couple of ideas in my mind, Melina, and I want to run it past you to see what might be more helpful to you here, today. One is—we can look at the emotional issues for you and what that's about, and the other one is—we could look at strategies for how you might be aware of these issues and how you can bring these into the therapy session. Which one do you think would be more helpful for you?

Melina: Ummm . . . I think the idea of working more with the emotional issues fits better with me, and I was thinking that if I can become aware of some of those issues myself, as a person, as a therapist . . . then hopefully that won't get in the way of work with other clients with similar presenting issues.

Vivian: This might mean exploring you a bit more, and we've only recently kind of met as supervisor/supervisee. Do you feel confident that we can go to that place?

Melina: Can give it a try . . .

Vivian: You can give it a try . . . and you'll tell me, if it feels . . .

Melina: Yes.

Note that choices in terms of focus are outlined. Some supervisors, like some therapists, believe that the more time spent gathering information about the client's (or supervisee's) story, the more helpful we can be. But if we consult our supervisees, we can get to the "main themes" without needing lots of historical information. Here Vivian invites Melina to say "what you think I should know," and works with that. A main theme emerges: Melina's "emotional dilemma," which is deconstructed through the supervisor's questions. Note that the supervisor is conscious that Melina has raised an issue that is going to require some personal exploration (the "eye" is the supervisee herself), and she is careful to get informed consent to proceed ("This might mean exploring you a bit more, and we've only recently kind of met as supervisor/supervisee. Do you feel confident that we can go to that place?"). In terms of the SSS frame, Vivian has heard what is important to hear about the issues troubling the supervisee, established a main theme, offered some choices about how to proceed and what to focus on, and through that, developed a shared agenda.

Development

In this section of the conversation, the supervisor invites her supervisee to consider what may be evoking strong feelings for her, such that she had become angry with her client to the point where she worried that he may not return to counselling. This is where the initial presenting issue may develop into a number of themes, or a main theme with variations, and together supervisor and supervisee need to decide which is most important for now to pursue.

Notice how:

- the main themes are developed/opened up, to be better understood, via reflexive questioning
- other things that arise may be taken up and choices made about whether these constitute separate themes or just "variations"
- the supervisor continues to check in with the supervisee about process as well as about content, and
- the supervisee's resources are explored.

Vivian: Just coming back to your client . . . any of your personal relationships . . . in terms of your father, grandfather . . . do you think that any of that got triggered while you were working with him?

Melina: I suppose I . . . Yes . . . thinking a little bit about it, I put my father in his shoes, and thought: "How would I feel about it if my father had done something like that with a younger woman . . ."

Melina goes on to reflect on a number of parallels with her client: her mother had recently passed away and her father also went away to an underdeveloped country with some friends.

Melina: I suppose it's a bit close to home, and I got into thinking that: what if my father was to bring a young woman home and how would that feel for me, and I suppose it was very close to home . . .

Vivian: . . . pressing some buttons . . .

Melina: Yes . . . the idea of another woman taking the place of my mother, and particularly of that age, and I put myself in her shoes (and I'm not 20 by any means) but—yeah—I kind of put myself in their position and that triggered a lot of emotions.

Vivian: Now that you're making those connections, what do you think would help you to keep that separate?

Melina seems to be struggling to answer this.

Vivian: Let me help you a bit more . . . How do you take care of yourself . . . when you go through some grief and loss issues? Do you have some strategies for supports?

Melina speaks of a close network of good friends.

Vivian: So there were a few parallels for you between your client and your own situation . . .

Melina: Yeah . . .

Vivian: Did you know that before talking about it now?

Melina: No—to be honest—it just dawned on me . . .

Vivian: What's that like, making that connection?

Melina: (*thoughtful*) A little bit more . . . I can't say liberating, but I've been able to get a bit more insight . . . that I was probably projecting my own stuff with the client, and that's probably what I have to be aware of . . . issues that might be going on in my mind . . . not bringing them into the session with me.

Vivian: Okay. I want to come back to your nerve-wracking part. Just say what would help you not to . . . having done this once . . . what would you do next time to . . .

Melina: I think I'd still be cautious, Vivian . . .

Vivian: I'm thinking about the phone call . . .

Melina: Yes—the phone call still . . . I have this expectation on myself that I have to get it right, for some reason.

Vivian: Yep.

Melina pauses, and looks a little teary suddenly.

Vivian: Something's got triggered for you in getting it right . . . okay—let's stop there a moment, so you can breathe . . . take your time . . . (*after some moments*) . . . that obviously touched a painful spot for you, Melina.

Melina: Yes, a bit of a sensitive spot.

Vivian: I'm just wondering . . . because it happened at the point where you were talking about needing to get it right, Melina . . .

Melina: (*slight laugh*) You observed correctly . . .

Vivian: So . . . do you want to say a little bit—I'm emphasizing “a little bit”—about what that means for you?

Melina: Yeah, just a little bit . . .

Melina talks about her experience growing up in which, no matter what she did, it didn't feel good enough.

Melina: It was about getting it right, and that's probably why I felt so nervous, approaching the client again . . .

Vivian: Yeah.

Melina: . . . it's about getting it right . . .

In this section, a number of related themes are developed from Melina's original description of her “emotional dilemma”: the connection between this client's story and her own family story (which emerges in answer to the question: “your personal relationships . . . in terms of your father, grandfather . . . do you think that any of that got triggered while you were working with him?”). Melina hadn't made the connection prior to this conversation, but it opened up for her an important reflection: “I was probably projecting my own stuff with the client, and that's probably what I have to be aware of . . . issues that might be going on in my mind . . . not bringing them into the session with me.” As the conversation moves back to the client, and the need to make a follow-up phone call, a pivot chord moment arises when the supervisor becomes aware of the emotion behind her supervisee's comment that she puts an expectation on herself to always “get it right.” Because this supervision session was being filmed (with Melina's consent, of course) for the purposes of a teaching demonstration, the supervisor requested that filming stop, to give Melina a moment to feel her feelings, and to make the choice that was right for herself—to take a break; to continue the conversation without filming; or to proceed. Melina made a clear decision that this seemed significant, and she was happy to proceed. (This constituted a sort of re-contracting, in light of the context and the supervisee's best interests.) Notice how Vivian is careful not to blur the boundary between supervision and therapy, by asking Melina: “Do you want to say a little bit—I'm emphasizing ‘a little bit’—about what

that means for you?" This encourages the supervisee to say what is important to say in order to make sense of her feelings, at the same time as keeping the focus clearly on the impact on her work: "It was about getting it right, and that's probably why I felt so nervous, approaching the client again . . ."

Recapitulation

In this final part of the supervision conversation, the supervisor may take some time to "think aloud" and reflect in front of her supervisee. Here, Vivian continues to use reflexive questions instead, because her supervisee is doing her own reflective work. Together they have made some progress in understanding the parallels between Melina's client and her own family, and why her client's relationship "pushed buttons" for her. The theme of "getting it right" was present in Melina's worrying about the phone call, but it was also likely to be an on-going theme in her work more generally. This is a good example of a single-session supervision which deals with the here-and-now while leaving the door open for further work.

Notice how:

- the supervisor comes back to the themes and reflects her thinking in relation to these and to the desired outcome for the conversation
- the supervisee responds to the supervisor's reflections
- the "contracting" around their relationship and the process of supervision continues throughout the conversation, and
- together, supervisor and supervisee consider where from here.

Vivian: When you leave this session and become your own supervisor, what will help you to say: "It's okay to make a mistake!"?

Melina: When I become my own supervisor?

Vivian: Yes—like when you're with a client, and you're thinking . . . you're supervising your own work . . . what will help you to say to yourself that it's okay to make a mistake?

Melina: Probably a similar process as what you're making me think about . . . that—I'm in a particular role, and I have particular duties I have to fulfill, and there will be gaps in between and I don't need to know everything. And I don't work alone; I work as part of a team . . . so I can use my other colleagues to talk things out with, get support from, and other resources inside my agency . . . or outside my agency if need be . . .

Vivian: One of the key issues in ethical practice is to do no harm. What do you know about yourself that will give you confidence that you won't do any harm?

Melina: . . . what I do know about myself is that I really love my work, and I'm very conscious of the ethics of duty of care; I like supporting my clients; I want to be there . . . I want to be in that process . . . just making sure they feel safe, that they feel trusting. I suppose that comes with time, but just checking in with them . . . and I'm very conscious of creating a positive environment where a positive process can begin.

Melina goes on to say that she doesn't know if she answered that correctly [!] and Vivian picks up again on the theme of "getting it right." Melina becomes very thoughtful.

Melina: I think I'm probably harsh on myself—I'm probably a worse critic than the reality of the situation is. But sometimes I find it hard to distinguish the line between my personal self and my professional self.

Vivian: Do you know when you step over from being kind of thoughtful and responsible and when you become too harsh on yourself? Can you tell the difference?

Melina: Yes—that's interesting—something I've noticed over the past few years . . . I've noticed a difference because I tend to disengage very quickly . . . I allow my emotions to flow a lot more easily . . . my negative emotions, that is . . . to become more transparent. And I'm aware when I do that. And I think the client or other people that I might be working with . . . I probably pose a dilemma for them . . . "This is not like you—what's going on?" . . . and I am aware of that, and I have been trying to keep it contained . . .

Vivian: So can I ask your permission . . . whether that would be okay to come back to touch on that theme for you of "Getting Things Right"?

Melina: Yep . . .

Vivian: Has it felt all right today, talking about this?

Melina: Yes—I actually feel comfortable . . . it's been okay.

Vivian: So tell me—are you going away with some ideas about how you can support yourself better about not giving yourself such a hard time for not getting it right?

Melina: Um . . . Yeah—my ideas would probably be to not slog myself so much and share my experience and externalize my experiences of what I might be doing on the job. Or in a session or even just as part of my overall role in the agency. I think externalizing—not being so afraid of being criticized . . . Yeah, and that too is part of learning,

and it's okay to get some feedback that maybe doesn't sit nicely with me, but—if it's true, I'm ready to hear that.

Vivian: . . . and if it doesn't feel comfortable, the feedback, would you let me know that it doesn't feel comfortable?

Melina: Yeah, I would. But I'd probably be more inclined again to try and explore that, as well. But I think I'm really confident in saying "this doesn't feel okay" or "it does feel okay."

Vivian: Good . . . because I also want to not have to be perfect—to sometimes get it wrong by you, and for me to learn from you.

Briefly, Melina worries again that she has got something a little wrong.

Vivian: No, no . . . I mean, in my supervising of you, I'd like to be able to sometimes get it wrong and for me to learn from you by you telling me "Hey—that wasn't so helpful!"

Melina: (smiling) Okay—that sounds nice.

Vivian: Okay?

Melina: Yep—thanks, Vivian.

Vivian has reflected on Melina's theme of "getting it right," which is a development of her original "emotional dilemma" in such a way that she has normalized the idea of sometimes getting it wrong, making a mistake. (In a part of the conversation not transcribed, they had together explored the difference between a mistake and an ethical breach.) Vivian is aware that Melina's understanding of this particular emotional trigger is quite new, and that she will probably need to keep processing this. The question: "When you leave this session and become your own supervisor, what will help you to say, 'It's okay to make a mistake!'" initially throws Melina. Vivian is keen, though, for Melina to develop her skills in reflecting not only "in-the-moment" in supervision, but also "in-the-moment" in sessions with clients, so that she can exercise new choices when such a trigger occurs again. In this way, Vivian is replaying Melina's original theme about her emotional dilemma, her own critique of her judgmental attitude toward her client, at the same time as inviting her to hold that within a different frame—the idea that it is okay to sometimes get things wrong. She is also keeping in mind that this is likely to be an enduring challenge for Melina in her work, and she seeks permission to return to this theme. Notice how she continues to develop the contract with her supervisee by inviting reciprocal feedback: "in my supervising of you, I'd like to be able to sometimes get it wrong and for me to learn from you by you telling me 'Hey—that wasn't so helpful!'"—in this way, further normalizing the idea that we sometimes get it wrong, and need others' feedback.

Conclusion

Clinical supervision has only a recent history of "coming into its own" as a field of endeavor, of theorizing and research. While many different models of supervision have arisen, most highlight overarching tasks and functions within supervision, with very few offering the new supervisor clear guidelines on how to provide useful supervision conversations. Further, there is a common pressure that new supervisors exert upon themselves to "be the expert" and come up with answers to complex clinical questions. This can be particularly challenging when supervising practitioners who may be more experienced, or who were former peers.

This chapter attempts to convey that it is not clever solutions that supervisors need, but a clear process to help work together with supervisees to discover what is important for them to do their best work. So often in supervision there will be a particular challenge in the here-and-now as well as on-going themes that have played out in various ways in our work. For Melina, the immediate challenge was to understand what had evoked such a strong emotional response to her client, to understand and confront her reticence in making the follow-up phone call, and the broader theme for her about "getting it right."

The example in this chapter shows that, even in such brief encounters, on-going themes may be identified and explored; but a single-session framework seen as useful in supervision not only in "incidental supervision" where there may only be one opportunity. In the case of regular, on-going supervision, it is also important to avoid getting too comfortable in our practice routines and our knowledge of our supervisees, such that we become deaf to the possibilities in the here-and-now of new and important discoveries.

The idea of each supervision session being complete in itself does not preclude the holding of on-going themes in the work, but it invites collaboration and assures that the supervisee works toward whatever is important here and now. Just as every therapy should aim at being a new and a whole therapy (Yalom, 1992), so supervision should aim to be a new supervision every session, with the door left open. Given the range of possible tasks and functions within supervision, we need to consult our supervisees about what is most important to them and for their learning. Checking in throughout the supervision, and moving between content and process (talking about the talking; wondering about thoughts, etc.) helps us, as in single-session therapy, to evaluate the process as we go, and to share any dilemmas and choice points.

In fact, the same principles and skills used in SST are useful within supervision:

- establishing a clear, negotiated agenda (what is likely to be most useful here and now)
- hearing the "story" of the work
- checking in with the process, and moving between content and process
- using questions that invite reflection, and being transparent about our own thinking where helpful

- optimizing empowerment (being clear about choices, making them overt), and
- finishing well, while keeping the door open.

In its capacity to negotiate with clients what is likely to be most helpful here and now, in its need for the practitioner to be fully present to the possibilities that unfold in the conversation, in its openness to being the first and possibly the only contact, and in the skills which optimize those possibilities, SST provides a very useful framework for clinical supervision. Just as SST considers each therapy session a whole therapy, SSS is a microcosm of supervision, with a beginning (Exposition) which includes a contracted agreement about what to focus on and how; a middle (Development) section, where the main theme is further developed, and new themes and variations explored; and the final (Recapitulation) section, with a return to the main theme, progress reviewed and future steps anticipated.

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