

Relation as a core factor – a dialogical format for relationally oriented supervision

UiS, NOSCO & ANSE, 2011: Inspiring moments in supervision – How to promote change

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Context

- Supervision with teams in outpatient clinics, family units & ambulating (out reach) teams
- Usually sessions from 2 ½ to 6 hours
- Monthly sessions with contact over more than a year
- Working with impasses, “impossible cases”, collaborative problems and being stuck

Relations

Supervising relations in therapy (the therapeutic relationship, affect attunement/-resonance, intersubjectivity, power)

Relations in supervision (“the supervising relationship?”, affect attunement/-resonance, intersubjectivity, power)

The relation between relations in therapy and the relations in supervision on this therapy (the use of affect attunement/-resonance, intra- and intersubjectivity)

Norcross & Wampold, 2011:

- The therapy relationship makes substantial and consistent contributions to psychotherapy outcome independent of specific type of treatment.
- The therapy relationship accounts for why clients improve (or fail to improve) at least as much as the particular treatment method.
- Practice and treatment guidelines should explicitly address therapist behaviors and qualities that promote a facilitative therapy relationship.
- Efforts to promulgate best practice or evidence-based practice (EBPs) without including the relationship are seriously incomplete and potentially misleading.

Norcross & Wampold, 2011:

- Adapting or tailoring the therapy relationship to specific patient characteristics (in addition to diagnosis) enhances the effectiveness of treatment.
- The therapy relationship acts in concert with treatment method, patient characteristics, and practitioner qualities in determining effectiveness; a comprehensive understanding of effective (and ineffective) psychotherapy will consider all of these determinants and their optimal combination.
- The task Force conclusion regarding evidentiary strength are summarized in the following table:

	Elements of the relationship	Methods of adapting
Demonstrably effective	Alliance in individual psychotherapy	Reactance/resistance level
	Alliance in youth psychotherapy	Preferences
	Alliance in family therapy	Culture
	Cohesion in group therapy	Religion and spirituality
	Empathy	
	Collecting client feedback	
Probably effective	Goal consensus	Stages of change
	Collaboration	Coping style
	Positive regard	
Promising but insufficient research to judge	Congruence/Genuineness	Expectations
	Repairing alliance ruptures	Attachment style
	Managing countertransference	

The dialogue

- 1. Those who talk will choose their words and phrases to describe what they want to describe.**
- 2. Those who talk should not be interrupted, let them have pauses for thinking, and do not fill these with comments.**
- 3. Do not be too keen to understand what they are talking about. In stead focus on how you can proceed by noticing who at any time will be heard, and direct your attention at this person and her/his expressions**
- 4. It is no goal to create a story or find a new solution. When allowed to focus on their own expressions, people will create their own meaning.**
- 5. The person's physical response to their own expression is what determines their meaning.**

T. Andersen

The talking and listening position

- 1. When these two positions are clearly separated, it facilitates noticing that one is being touched and effected and by what.**
 - a). The listener notices every word being said and how the speaker receives his own words. What words are moving the speakers? This appears in the speaker's body.**
 - b). The listener understands that the word carries a meaning that makes the speaker re-experience something he/she has experienced before.**
 - c). Often the listener is carried away and touched and this is a good starting point for questions and exploration of the expression that touched the speaker, and this also keeps the speaker's conversational movements alive.**

Definitional ceremony

- 1. The telling of a story: The person at the center is asked to tell something of her/his personal history that he/she is particularly concerned with**
- 2. A retelling of the telling: An outside-witness group are invited to give their reflections on what they have heard, and what has made a special impression on them**
- 3. A retelling of the retelling: The person at the center are invited to reflect on the reflections; what he/she have heard the outside-witness group say that has made a special impression**

M. White

Outside-witness response

- 1. The expression: Which expression made an impressed? Which expression caught your attention or captured your imagination. What is it about your own life/work that accounts for why these expressions caught your attention.**
- 2. The image: What images of the persons' lives and identity did these expressions evoke? What reverberations into the history of your own experience of life/work were set off by these images?**
- 3. The resonance: What experience do you have from your own life that can explain why these particular expressions caught your attention?**
- 4. The transport: How have you been (or can be) moved (transferred) in your own life because you heard these expressions? What are the effects of the expression sin your life/work**

M. White

The Dialogical format ("my version")

The person(s) responsible for the case is at the centre:

First, in the speaking position, being interviewed by the supervisor with the team in the listening position

Second, in the listening position, while the team is in the speaking position interviewed by the supervisor

Third, in the speaking position, searching and exploring together with the supervisor if there have been redeeming words that can give origin to manageable stories.

Forth, formulating such a story

Role of the supervisor

1. Responsible for the format
2. Interviews/the use of questions
3. Participates with reflections/witness responses and other personal and professional responses
4. Keeps the person(s) responsible for the case at the centre, making certain that their conclusions and manageable stories are honoured and acknowledged
5. Keeps an eye on the relational events and moments during the dialogues and introduce them into the dialogues

Function of the supervisor

1. Notice what affects and touches the other, what themes he/she is concerned with, and which words/expressions are used. Explores and asks questions (repeats, asks again; have I understood?) about the touching, the themes and words used.
2. What has touched me, the supervisor?: Impressions, expressions, images
3. Search for redeeming words/key words/emotionally tinted words
4. Where has this brought the supervisor?: Ideas, stories, interpretations, understandings, knowledge, etc
5. Where has this brought the other: Is there anything that touches and moves the person, giving rise to thoughts, feelings, ideas.
6. Can we formulate a manageable history?

Collaboration

- Homo economicus
- Homo reciprocans

Mysterud, 2003

Collaboration

Collaboration=working together

- Mutualism (turn-taking, jointly responding to the other's response, intersubjectivity)
- Common goal
- Difference (“We are all similar in that we are different”)

Outcome Rating Scale (ORS)

Name _____ Age (Yrs): _____ Sex: M / F
Session # _____ Date: _____
Who is filling out this form? Please check one: Self _____ Other _____
If other, what is your relationship to this person? _____



Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing.

Individually

(Personal well-being)

I-----I

Interpersonally

(Family, close relationships)

I-----I

Socially

(Work, school, friendships)

I-----I

Overall

(General sense of well-being)

I-----I

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Session Rating Scale (SRS V.3.0)

Name _____ Age (Yrs): _____
ID# _____ Sex: M / F
Session # _____ Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard,
understood, and
respected.

-----]

I felt heard,
understood, and
respected.

Goals and Topics

We did not work on or
talk about what I
wanted to work on and
talk about.

[-----]

We worked on and
talked about what I
wanted to work on and
talk about.

Approach or Method

The therapist's
approach is not a good
fit for me.

-----]

The therapist's
approach is a good fit
for me.

Overall

There was something
missing in the session
today.

[-----]

Overall, today's
session was right for
me.

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Reactance

Reactance implies that the psychotherapy environment itself is a partner in inducing noncompliance, and by extension, that the therapist has some control over the failure of therapy. The failure to change is not merely a product of the patient's poor motivation – it is also a failure of the therapist to fit the treatment to the patient.

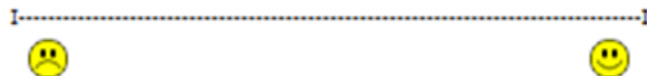
Child Outcome Rating Scale (CORS)

Name _____ Age (Yrs): _____
Sex: M / F _____
Session # _____ Date: _____
Who is filling out this form? Please check one: Child _____ Caretaker _____
If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. If you are a caretaker filling out this form, please fill out according to how you think the child is doing.

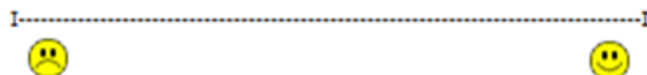
Me

(How am I doing?)



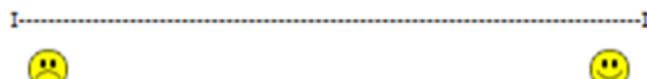
Family

(How are things in my family?)



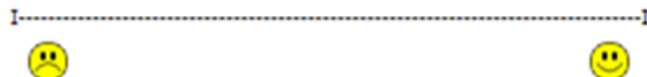
School

(How am I doing at school?)



Everything

(How is everything going?)



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