

Group

Supervision

Notebook

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Some Thoughts Before Beginning

“Of Camille Saint-Saëns, one of the nineteenth century’s greatest prodigies, who lived in the constant sunlight of adulation, Hector Berlioz said, ‘He knows everything, but he lacks **inexperience**.’”

Andrew Soloman
“Evgeny Kissin.” *New Yorker*, Aug. 26- Sept. 2, 1996.

Your job during supervision, in part will be to take full advantage of your **inexperience**, you won’t be able to claim it for long.

Murray Cox tells a story of a nearly mortal narcissistic wound he received during his early days at Cambridge. His teachers after looking at some of his preliminary papers told him, “It appears you know so remarkably little that there is every chance we can teach you something.”

Scott Rutan tells his supervisees that he measures their success by how freely they can make mistakes during their time of supervision. So communicate your mistakes freely and work to avoid what has been referred to as the “botchful eye,” “sage fright,” and carper-fumble syndrome.”

In every work of genius we recognize our own rejected thoughts; they come back to us with a certain alienated majesty....

Ralph Waldo Emerson
Essay on Self Reliance

Before we are done you will learn to accept your “rejected thoughts” and feelings and learn to test them against how well they help your patients move out of their suffering toward greater freedom.

GROUP SUPERVISION NOTEBOOK

- 1 Introduction and Didactic
- 2 Experiential
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- 5 Group Supervision and Contracts
- 6 Presentations of Group and Records
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INTRODUCTION AND DIDACTIC

A good education in group psychotherapy requires **EXPERIENTIAL, DIDACTIC, OBSERVATIONAL** and **SUPERVISORY** components. The supervisory component will be the primary focus here. Supervision ideally follows the other three components.

The best web site for group psychotherapy information is run by Haim Weinberg, PhD: www.group-psychotherapy.com. If you can find a site, journal, book, or organization related to group that he has not listed, let him know and he will add it.

If you would like to join a group organization I would start with the American Group Psychotherapy Association, AGPA, www.AGPA.org. Print off the application at the end of this packet and they will give you a free trial membership. They have an annual meeting in the third week of February. This year, 2011, they will meet in New York City. The first three days of the meeting are dedicated to experiential learning and the last three days to workshops. I have attended a variety of professional meetings and this is the one I consistently return to, largely because of the experiential learning that is at the center of the experience.

You will find more than a lifetime of reading at Haim's site, but I can't resist listing a few of my favorite group books:

Reading

Gans, J.S. (2010). *Difficult topics in group psychotherapy: My journey from shame to courage*. London: Karnac Books Ltd.

Nitsun, M. (2006). *The group as an object of desire: Exploring sexuality in group therapy*. London and New York: Routledge.

Nitsun, M. (1996). *The anti-group: Destructive forces in the group and their creative potential*. London and New York: Routledge.

Ormont, L.R. (1992). *The group therapy experience: From theory to practice*. New York: St. Martin's Press.

Rutan, J.S., Stone, W.N. and Shay, J. (2007). *Psychodynamic group psychotherapy*. 4th Edition. New York: Guilford Press.

Yalom, I.D. and Leszcz, M. (2005). *The theory and practice of group psychotherapy*. 5th Edition. New York; Basic Books.

Collections

Alonso, A. and Swiller, H.I. (Eds.) (1993). *Group therapy and clinical practice*. Washington D.C.: American Psychiatric Press.

Kaplan, H.I. and Sadock, B.J. (Eds.) (1993). *Comprehensive group psychotherapy*. 3rd Edition. Baltimore: Williams & Wilkins.

EXPERIENTIAL

Experiential learning is important in many group therapy programs. For example, the Institute of Group Analysis in London <http://www.groupanalysis.org> has a four year training program that requires participation in an experience group for 1½ hours over 30 weeks in their introductory group course. This is followed by a group analysis that occurs twice a week for 3 or more years. Experiential learning or what is frequently called a training group or T-group should be differentiated from group psychotherapy or group analysis. T-group is not therapy in the sense that you are often required to participate in T-group as an exercise to study yourself and group dynamics. Whereas therapy is chosen for a particular issue you are facing in your interpersonal relationships that you would like to change.

The American Group Psychotherapy Association (AGPA) (www.agpa.org) holds a meeting each year, which dedicates 2 to 3 complete days to experiential learning similar to T-group. Below is an article by Len Horwitz, PhD that serves as an introduction to the type of learning that is available to you in the T-group and in the experiential portion of the AGPA meeting, which is referred to as the Institute.

Exciting Opportunities Ahead

by Leonard Horwitz, Ph.D.

Taken from International Journal of Group Psychotherapy, Vol. 49(1), 1999

I have participated in numerous experiential training groups over the years both as a leader and as a member. I can assure you that the most vivid memories I have come from those that I experienced as a member. They have been among

the most important learning experiences that I have had during my career. Let me try to explain why training groups are so valuable for a group therapist.

First, you will have the opportunity to understand in depth through direct experience the kind of inner struggles patients undergo as they attempt to form relationships and use a group for personal growth. I still remember vividly my fears of diving into the uncertain waters of these groups, and I knew that I either screwed my courage to the sticking post and entered into the fray or left the group feeling like I did not have the guts to risk exposing an aspect of my personal life that perhaps portrayed me in a less than favorable light.

When I thought about it, there were plenty of issues in my personal life to discuss--problems with colleagues, bosses, parents, children, spouse--but did I want to share any of them with a group of strangers? How would they react? Would I be criticized, humiliated or the worst of all--ignored? Would everyone at American Group Psychotherapy Association (AGPA) hear about it the next day? These are the very same anxieties our patients have when they enter and try to participate in a group. And there is no better way to learn about such struggles than to undergo them yourself, to feel them inside and firsthand--not from a book. It makes you more sensitive to your patients and a great deal more tolerant of other people's resistances. Much as we all desire help from others, there are inevitable anxieties, inhibitions, and shameful feelings that make us want to withhold and withdraw.

Because we are all professional helpers, it is not uncommon for us to adopt the role of therapist's assistant, hiding behind one's persona as a clinician to deal only with the problem of others. Groups of professionals sometimes appear like 12 therapists in search of a patient.

Another favorite escape hatch, used by patients as well as by us therapists, is to retreat into the role of silent observer. After all, one is there to learn how groups function, how members and patients interact, and what better way than to be a fly on the wall? Let me assure you that such a role will not only make you a problem member, but you will be cheating yourself of a potentially rich experience of being as full a participant as possible.

So far I have described only the advantage of learning better how our patients feel. But there is also the possibility, nay the probability, that **you will learn something important about yourself.** If you tend to monopolize or conversely, if you are too silent, you are likely to hear about it from your fellow members. If you are too self-absorbed and don't attend sufficiently to others, you will probably be told about it. If you don't reflect about what others tell you, let it bounce off your back or ignore it, the group will tell you. Most often these reminders will be relatively gentle and given in a constructive manner. In any case this personal feedback about how you come across in a group, how you behave as a group member, can be extremely helpful in expanding your self-awareness.

Another way of learning more about oneself is also by silent self-observation. I began to observe in more than one group that I was constantly evaluating leaders' interventions, giving them grades for their performance. More often than not they fell short of my expectations, and I often persuaded myself silently that I could do a better job. One leader didn't take well to negative transference and discouraged its expression, another talked in strange metaphoric language, whereas still another made weak eye contact with members. Although some of these criticisms may have been warranted, the more important lesson I began to learn was about my own competitiveness with authority figures.

This brings me to another rich source of learning, that is, ***the opportunity to observe an experienced group therapist in action***. If you are not intent on criticizing the group leader, as I was, you will be able to learn about a skilled clinician's approach to a group, how he or she thinks, what gets observed, interpreted, or confronted. When is the therapist silent and when interpretive? When is the intervention addressed to the group and when to an individual? What interventions seemed to work and move the process forward and which were ineffective? In individual psychotherapy training, we rarely see our supervisors and mentors in action. Groups are unique in providing clinicians an opportunity to watch, evaluate, and learn from a mature therapist.

Still another learning experience is the opportunity to become knowledgeable about group dynamics. I have learned more about these matters as a participant than as a therapist, probably because the role of observer without the responsibility of managing the group permits more relaxed opportunities to study what is transpiring. I was a member of an unstructured group some years ago, where I observed a striking combination of group dynamics that was very instructive and memorable. This was a group in which it was difficult for members to express hostility or criticism, mainly to the leader. Some tentative jibes at the leader resulted in certain nonverbal reactions, like tightening of his facial muscles, that convinced the group that this was a leader who was not exactly welcoming of such behavior. As a result the group found a spokesperson, Dan, whose disposition to freely express negative feelings made him a likely candidate to fill that role for them. They subtly encouraged Dan to speak up and he was more than happy to vent his spleen at the leader. Does this sound like projective identification? Indeed it does. It is also the basis for role suction.

But when Dan began to express his criticisms of the leader, the group gave him little support and, in fact, began to ostracize him for his unwelcome ideas, which in turn made his devaluations of the leader even more extravagant. This scapegoating made it necessary eventually for him to leave the group. I remember his departure quite vividly because he left with some fanfare in which he went around the room describing the Achilles' heel of each member and then nominated me to carry on the good fight, an invitation that I wisely declined. The

whole episode was a memorable experience, which I have put to good use in my understanding and teaching about group phenomena.

I would like to mention one last potential benefit from experiential groups. It has the possibility of throwing light on problems of authority, leadership, and followership in organizations. Some years ago the Menninger Clinic was undergoing a radical change in leadership, and the torch was being passed from the founder, Dr. Karl Menninger, to the next generation, led by Dr. Roy Menninger. The staff needed to give up its dependency on a strong charismatic father figure and begin taking more responsibility for decision making. At that time the organization turned to the A.K. Rice Institute's group-relations conferences, an experiential method for studying organizations, and most of the staff attended at least 1 week-long conference. We did a follow-up study some 10 years afterward and most of the participants still spoke enthusiastically about the important learning they had gained from the experience. There was little doubt that the organization had become better able to negotiate the needed shift from a dependency culture to one in which greater autonomy was called for.

I have often tried to understand the various factors that have led to making the AGPA as successful an organization as it has become. Most of us who have been associated with AGPA have a sense of closeness and bonding with the organization and with our peers that makes membership highly valued. Over and above the professional and scientific benefits, we form close friendships that enrich us. I believe that the Institute experience contributes in no small measure to the personal relationships that develop. Friendships made in these groups often continue and endure.

What you are about to enter is a 2-day intensive personal experience in which you have the opportunity to learn about yourself, to learn about group leadership, and to learn about group dynamics--all in a way that you can't possibly learn from reading. You may even get a new perspective about a problem in your personal life. Each of you will make unique observations and will carry away different facets of the experience, depending on where you are in your own development as a clinician and as a person. If you are especially motivated to learn more about yourself, you will probably come away with new insights. If you are interested in focusing on techniques of leadership, those learnings will be paramount.

This will be a challenging and exciting adventure in personal growth. I am certain that the experience will stay with you forever. My recommendation: ***Seize the opportunity.***

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Leonard Horwitz is Training and Supervising Psychoanalyst, Topeka Institute for Psychoanalysis, The Menninger Clinic, Topeka, Kansas.

OBSERVATION

Observing expert an clinician running groups is an important part of learning group. By the time you get supervision you hopefully have seen the tapes of Yalom and others running group and have had the opportunity to observe well run groups at your clinical placements.

Each member of your group at UTSWMC should know that they will be observed by a senior faculty consultant and students who are learning group. This observation will be conducted along the lines of Yalom (1983). We will be primarily observing the group leader. The observation will focus on the information found in the tables reproduced from Rutan and Stone and Kennard, Roberts, and Winter. Groups can be usefully understood as comprising:

- 1) Structure
- 2) Process
- 3) Content

Table 2 – Deciding to intervene

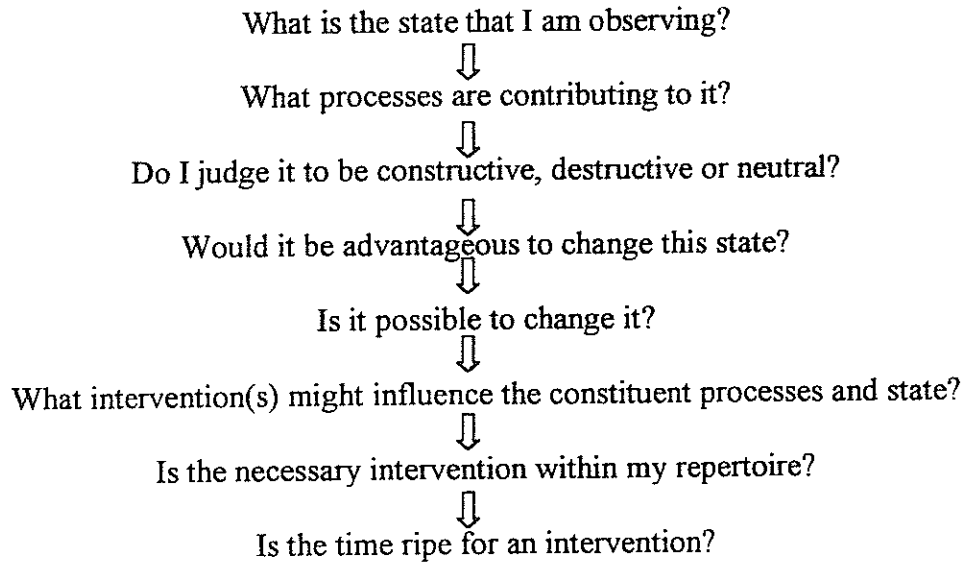


Table 3 – A classification of conductor interventions

1. Maintenance (structure)
2. Open facilitation (process)
3. Guided facilitation (process)
4. Interpretation (content)
5. No immediate response
6. Action
7. Self-disclosure
8. Modelling

Table 4 – Definitions of Intervention type

1. **Maintenance** interventions are those aimed at clarifying or re-affirming a relevant boundary. This may be a boundary of place, time, membership, task or permitted behaviour and may concern the boundaries of the group as a whole or of a particular member including the conductor.
2. **Open facilitation** is an intervention aimed at promoting the forward movement of the group process, but not based on any particular interpretative hypothesis on the part of the conductor and not referring to unconscious levels of awareness.
3. **Guided facilitation** includes all facilitating remarks that are not simply open-ended, but which indicate that the conductor has a hypothesis in mind, which is guiding his questioning, prompting and observations.

4. **Interpretation** involves verbal intervention by the conductor, which makes manifest feelings, or meanings, which are latent in what the group as a whole, or its individual members are saying.
5. **No immediate response** is a coding which acknowledges that during the course of an ongoing group, a significant part of the behaviour of the conductor will involve silent observation of his group. In response to the group situations, there will be occasions when the conductor does or says nothing in response to the situation, reserving the right to intervene later, depending on the further development of the situation.
6. **Action** refers to any kind of physical activity that the group conductor might engage in inside the group, which involves leaving his/her chair or touching another group member.
7. **Self-disclosure** is any declaration by the therapist about the content of his own inner world, or his outer world, which does not fit in any other category of intervention.
8. **Modelling** is any activity on the part of the conductor that contains an implicit intention that it should be identified with and become part of the repertoire of behavior of the group or its members from whom it was previously absent. This would include coping adequately with distressing events, or uncomfortable social situations and also the modelling of an analytic inquiring and concerned attitude.

Kennard, Roberts, and Winter, (1993), pp 6-8.

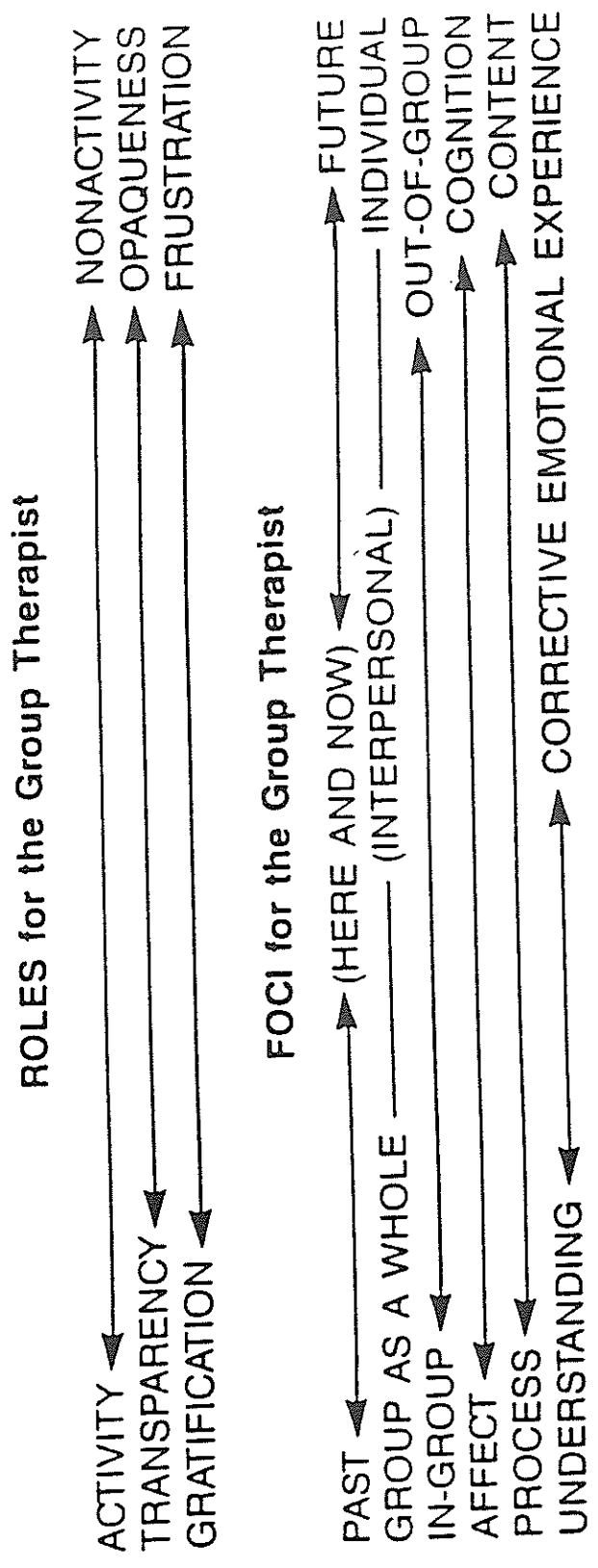


FIGURE 8.1. Leadership dimensions of the group therapist.

Books by the Same Author

Theory and Practice of Group Psychotherapy

Every Day Gets a Little Closer: A Twice-Told Therapy
(with Ginny Elkin)

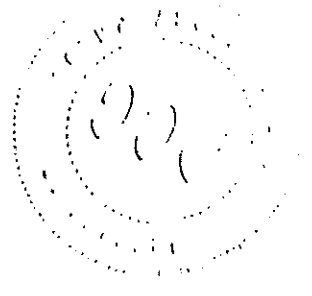
Encounter Groups: First Facts

(with Morton A. Lieberman and Matthew B. Miles)

Existential Psychotherapy

INPATIENT GROUP PSYCHOTHERAPY

Irvin D. Yalom



* Basic Books, Inc., Publishers New York

1983

In their discussion the leaders review the course of the meeting with particular focus upon their own leadership. They may wonder what they missed, what else they might have done in the group, whether they left out certain members, whether there would have been better ways to handle a particular situation in the group.

The observers are encouraged to participate actively in this discussion. The only instructions are that they attempt to make all their comments constructive; that if they are going to be critical, they confine criticism to the leaders; and that they attempt, if possible, to say something about each member of the group. Observers are also advised to avoid describing a group as "boring"—a comment that is never constructive and invariably evokes defensiveness and resentment on the part of the patients. (As a general rule, observers of a psychotherapeutic process who feel bored do so out of inexperience or a lack of knowledge about the dynamics of the patients. The more one knows about therapy, the more interesting does each therapy session become.)

The therapists make an attempt to discuss, even briefly, their view of each patient's experience—the type of agenda, the degree of activity or involvement, the work done on the agenda—and their estimation of each patient's degree of satisfaction. They discuss the entire course of the meeting, the general group climate, degree of engagement, irritation, or dissatisfaction; review the choices that they made in the meeting; and raise the question of others they might have exercised or of important issues they may have overlooked.

In the final ten minutes the meeting is once again thrown open to the patients. They generally spend most of this time responding to the observer(s)'s comments, exploring issues suggested in the therapists' discussion, processing the meeting themselves or, occasionally, working on unfinished business of the session.

The Higher-Level Inpatient Therapy Group

Format of the Final Phase: Evolution and Justification

As the "wrap-up" format I recommend is not traditional, I consider it necessary to describe its development and justification.

Evolution

Since I lead groups in a university hospital, I often have students (generally two to four) observing my groups, generally through a two-way mirror. For a period of many months, I used a traditional format for observation: the students observed the group, and afterward we (co-therapists and observers) met privately to analyze the meeting. Patients never respond favorably to such an observational format. Although they appreciate the necessity for on-site training for young clinicians, patients nevertheless feel "used" and intruded upon. The patients on my ward expressed much disgruntlement: they did not like to be "guinea pigs"; they raised the question of whether they were the "main act" or whether the group was primarily for the students (as one patient put it, "Which side of the mirror are the therapists on?"). Other patients commented that observers robbed the group of a sense of intimacy or dignity.

Other patients feared the observers would not respect the confidentiality of the therapy meeting. Some patients, especially those with paranoid ideation, were so threatened by the observational procedure that they removed themselves, either physically or psychologically, from the group. All attempts to reassure the group members about confidentiality, to introduce them to the observers, to remind the members that the patient is the primary concern in good teaching, failed to dispel the patients' discontent at being observed.

Later, in an effort to reduce the adverse affects of observation and to make the process useful to patients, I employed another