

PSYCHOTHERAPY AND REFLECTIVE PRACTICE SUPERVISION: ADVANCED PROFESSIONAL PRACTICE AND THERAPEUTIC TECHNIQUES

FACILITATED BY

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WHAT YOU WILL LEARN TODAY?

- 1. How to develop a strong and attuned supervisory relationship by giving and receiving direct feedback
- 2. The qualities and strengths you need in order to maintain effective selfreflective practice in the supervisory relationship
- 3. The importance of managing discomfort and uncertainty in psychotherapy supervision as the primary mechanism for demonstrating effective clinical skills.



WORKSHOP SCHEDULE

PART 1

Introductions - Supervision Poll

Psychodynamic Theory & Defences

Application to Supervision

Role Play No:1

PART 2

Group Reflections from Role Play

Giving "effective" feedback

Role Play No: 2

Final Discussion

WHAT IS EXPERIENTIAL LEARNING?

"Tell me and I forget. Teach me and I remember. Involve me and I learn"

Benjamin Franklin (1706 – 1790)



SELF-REFLECTION IN ACTION

What is one (or more) specific skill you would like to gain from this Workshop?

Differentiating between *clinical vs. personal* material. Normalizing the process of identifying your own feelings and how this relates to the clinical material.

E.g. <u>Personal</u>: identify your anxiety that has been triggered by the "angry" client who reminds you of your mother.

<u>Clinical</u>: To diffuse the anxiety in you (through your own personal process/therapy), to deal with the clients "projected" anger onto you.

• Make a note of your learning need now, and at the beginning of the 2nd session.

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POLL - YOUR SUPERVISION HISTORY

Category 1 Received somewhat useful/not useful skills

• Little or no positive rapport, feeling unsafe to share thoughts and feelings about supervision, or struggles with clients

Category 2 More positive skill set received

 Moderate rapport, but unable to share feelings as not part of the process (may have been able to if asked)

Category 3 Very useful skills and knowledge received

 Very positive rapport and feeling safe to share feelings and struggles directly with supervisor

WHAT IS PSYCHODYNAMIC THERAPY (PDT)?

- It developed out of the original analytic tradition (about 120 years ago), but has shifted more into a relational system in last 40 years.
- Principle ideas: people are motivated by known (conscious) and unknown (unconscious) thoughts, feelings, impulses and drives. The unconscious gets projected out. Defenses are set up to protect us from painful and unbearable feelings, which then become internalized as "hidden" parts of the self.
- Main goal: to assist people to change their 'wired in' attachment patterns by facilitating a process to help them understand how their minds work, in the context of the therapeutic relationship.
- <u>IN SUPERVISION</u>: This is done through *relational attunement* so that the projections of a hierarchical structure/authority/idealization are dissolved. Precondition for safety to be experienced. Will not expose vulnerability and needs unless you feel safe.

PSYCHODYNAMIC PRINCIPLES IN SUPERVISION

- <u>Transference</u> The unconscious redirection of feelings, qualities and/or thoughts from supervisee (client) to the supervisor (therapist), as a result of <u>both</u> the characteristics of the supervisor in combination with aspects of figures from the supervisee's past.
- <u>Countertransference</u> The total emotional response in the supervisor (therapist) in response to the supervisee's (client's) conscious or unconscious projected thoughts and feelings on to them..it is now used as a "major therapeutic and diagnostic tool" **Gabbard, G.O (2017)**
- <u>Parallel Process</u> the simultaneous experience in thought, feeling or behavior that is reversed in a different context. E.g. A parent of a child client who makes you feel inadequate, and then in supervision your supervisee feels inadequate around you.

PSYCHOTHERAPY SUPERVISION

"The process of gradually learning to match one another's communication styles is as relevant to the supervisory alliance as to the therapeutic relationship. Careful attention to communication at this microscopic level will lay the foundations for a firmly based relationship that is able to tolerate conflicts and disagreements and provide a container for growth and change" (Gilbert & Evans, 2000).

WHAT IS PSYCHOTHERAPY SUPERVISION?

- An interactive learning process between Su & Se operating on 2 different levels:
- DIDACTIC/CONTENT: focus on the teaching of objective knowledge, with the assumption that the Su has more experience and is able to provide direct feedback, appraisal and information about client process and systems issues. Successful Su's are noted to focus on the transference by helping Se's understand the dynamics of the client and understanding the process between client and therapist.
- PROCESS/EXPERIENTIAL: a less hierarchical interaction that encourages open discussions about the Se's work and both attempt to understand each other's experiences. Positive personal attributes to facilitate this level of trust include: nonauthoritarian, nonthreatening, respectful, tactful, tolerant and flexible.

PSYCHOTHERAPY SUPERVISION STEPS

- 1. Notice the body language in response to what the supervisor is saying?
- 2. Stop the conversation in regards to the content and focus on the process of what is occurring.
- 3. Manage any anxiety, resistance, or uncertainty you have (as either the Su or Se)
- 4. Identify the feeling for the Se and help them name it
- 5. Explicitly give permission for the feeling and then validate and reassure
- 6. Work through the issue by being patient, supportive, flexible and tolerant

PRINCIPLES FOR HAVING DIFFICULT CONVERSATIONS

- Engage the "Feelings in a box" process
- Challenge your own thoughts/feelings:
 - Identify your own counter-transference response in relation to what is being projected onto you (the transference), e.g., annoyed, misunderstood, anxious, disappointed, fearful (that the supervisee will evaluate me negatively), etc
 - Promote partnership
- Promote the exchange of all relevant information



ROLE PLAY #1 - MANAGING DEFENCES

- 1. In pairs you will undertake 2 role plays where you rotate between the role of
 - Supervisee
 - Supervisor
- 2. The supervisee is to identify a behaviour/ attitude/ issue that created a defensive reaction in you towards your supervisor (e.g., negative reaction to being videotaped, denying being able to effectively develop rapport, disagreeing with feedback from a client, etc).

Role play the use of psychodynamic psychotherapy in supervision

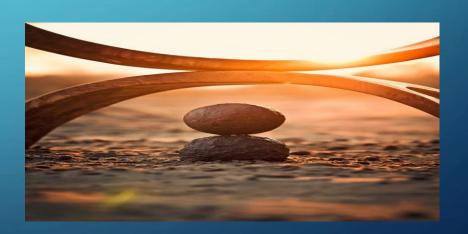
EFFECTIVE FEEDBACK

In order to give direct feedback, you must contain and manage Supervisees/Clients negative projections on to you. What does this mean?

- Direct and clear
- Resist the temptation to get emotional/reactive in response to direct blame or attacks
- Never biased, hurtful, threatening, or humiliating
- Owned by the supervisor as a professional perception: not fact or truth e.g, "it doesn't seem like" or "do you think it might be possible that..."
- Addresses learning goals (competencies) that are achievable, according to developmental stage
- Balanced between supportive and challenging

IMPORTANT TIP

Regularly asking the supervisee how they are experiencing both yourself (the supervisor) and your clinical skills, is one of the best preventatives to future issues that can lead to rupture.



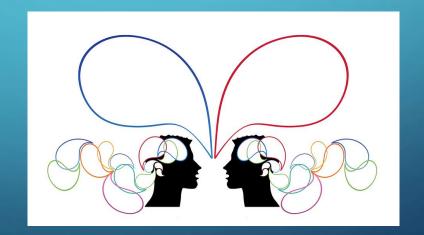
ROLE PLAY 2- FEEDBACK TO THE SUPERVISOR

In pairs you will undertake 2 role plays where you rotate between the role of

- Supervisee
- Supervisor
- 1. The supervisee is to role play being uncomfortable by a 'supervisor' behaviour
 - e.g., you don't' like your supervisor because she is too authoritarian, you feel your supervisor is not being clinically effective, your supervisor is too busy and always makes you feel unimportant, your supervisor is too chatty, your supervisor is falling asleep
- 2. The allocated **supervisor** has to manage the supervisees comments using the principles and steps of psychotherapy to shift more into alignment

LETS PRACTICE TOGETHER

- Identify your own attachment style by taking this quiz.
- Attachment Quiz click here



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