



Lin Cheung

# In Search of Supervision

**Last year I was invited to contribute to a supervision column that appeared in the *Transactional Analyst* the magazine of the ITA. (Institute of Transactional Analysis). Three supervisors were set a scenario by Robin Hobbes TSTA and asked to respond.**

**In this article I share with you two supervision scenarios and my perspective and approach.**

## Scenario One - Referral by a GP for CBT

A supervisee presents the following scenario:

A young man (27), who lives with his parents, presents for therapy having experienced panic attacks. This alarms him and he seeks therapeutic help. The therapist starts a weekly psychotherapy. The therapist (supervisee) gives an account of the work. They have worked for eight sessions. She assesses the therapy as being effective and meaningful. At the beginning of the eighth session the client reports that, following the recurrence of the panic attacks, he has been to see his GP. The GP has referred him for CBT. The supervisee does not speak of this as something to be discussed in the supervision itself. She explains that herself and the client will carry on working together while the client also works with the CBT therapist. How would you now develop the supervisory conversation? Please include your thoughts on what a therapist/supervisor might wish to think and talk about on the subject of two therapists working with a client at the same time.

## My Response

My initial response in reading the scenario was to consider two questions. The first question is about the experience and stage of development of the supervisee, the second question about contracts; the overall supervisory contract, and the individual contract with the supervisee for this specific piece of work.

I will deal with my questions about contracting first. There is no explicit contract in the scenario for the supervisor to discuss the supervisee's position on her client seeing another therapist for CBT at the same time as having therapy with her. Brigid Proctor (2006) describes three tasks in supervision, normative – a shared responsibility with the supervisee for the competence and ethical practice of the supervisee's work, formative – a shared responsibility for the professional development of the supervisee, and restorative – a supportive role in the self care and motivation of the supervisee. I see raising the question of the issue of the client seeing another therapist at the same time as my supervisee as part of the normative and formative tasks of supervision.

This brings me to my other question about the experience and stage of development of the supervisee. There are a number of issues raised by the scenario which I am going to cover below. However the answer to the experience question is a significant one, I think, in how to take the discussion forward. My approach with a less experienced supervisee would be more educative and probably involve a requirement to provide more information than with the more experienced person, where my focus would be on facilitating a discussion where the supervisee can explore the ethical and practice issues in the scenario with me.

Another potentially important aspect is an exploration of why the supervisee did not raise this as an issue. Again the question of experience may be relevant; a less experienced practitioner might not know to bring this as a supervision issue for discussion, with a more experienced practitioner it could potentially be a counter transference response.

The areas that I think would be important to explore are:

- The client and therapist's knowledge and understanding of CBT therapy as delivered in an NHS context, how an understanding of this might play an important part in the decisions the client takes about their therapy and what role in this process the supervisee is willing to contract for. Such questions as, what part of the NHS the person has been referred to – is it a referral to a counsellor, CBT or IAPT worker or the community mental health team? How long is it likely to be before the client is referred and timescale of the referral process?
- A discussion of the areas where information sharing may be required or be helpful to the client. For example, are there any reasons to ensure that the GP is aware of the prior relationship with the therapist? Will the client let the CBT therapist know about the therapy with the supervisee? Would the therapist be willing to disclose information about the client if asked to do so?
- How, and in what ways might the therapeutic alliance and the work with the client be impacted by the client seeing another therapist at the same time. Has the supervisee discussed other options with the client?
- An exploration of the ethical principles of respect, empowerment and responsibility are key in how they might apply in this situation. I am thinking of the involvement of the therapist in the client's decision to continue to see them for therapy, the client's right to choose to go to another therapist if they so wish, the supervisee's responsibilities towards other professionals and the potential Games that might occur in this situation.

## Scenario Two - The Receiving of Gifts

The receiving of gifts, in addition to the therapeutic fee, occasionally emerge in supervision discussions.

### Scenario One

A female therapist has been working with Michael for a year and a half. He presented as depressed following his wife of 4 years leaving him for someone else. He has used the therapy to make significant developments in vitality and optimism. Michael arrives for his therapy session with a bunch of flowers knowing it was her birthday. The therapist had cancelled their usual Tuesday morning meeting saying she was going away on holiday to celebrate her 50th birthday. He gives the flowers to his therapist wishing her a happy birthday. She accepts.

### Scenario Two

John, a 40 year old builder, after his second session of therapy, thanks the therapist profusely for the session saying how helpful he has found it. He reaches into his pocket pulling out a wad of five pound notes and hands the therapist an extra £20 saying "thanks love that was great ... buy yourself something". The therapist is troubled by the gift and rejects it saying she is not allowed to accept gifts. John does not return to therapy.

The contributors were asked to comment on the themes and processes that they would consider if these scenarios were part of the supervision conversation.

## My Response

Considering the two scenarios my attention was drawn to a number of different areas but primarily the question of ethics and the important part that transference and counter-transference has to play in the response of the therapist when such questions are raised.

In both the scenarios I would want to facilitate a discussion with the supervisee around the ethics of accepting a gift from a client. I would want to consider the application of the principles of responsibility and commitment in relationship which are potentially in conflict in both these scenarios.



The therapist is required to uphold the principle of responsibility in not exploiting her clients in any way whilst also being mindful of the interpersonal world of her client and potential impact of her actions. In the second scenario the therapist says she does not accept gifts and is troubled by the proffered gift of additional money above her usual fee for a session proffered by a new client

Yet, she has previously accepted a gift of a bunch of flowers on her birthday from a client. I am curious about her rationale for accepting the gift of flowers and not the money. Is her reticence about the relationship or the nature of the gift? I would want to explore what feelings were stimulated in her by this incident, particularly as the client in the second scenario did not return after his gift was refused.

I would also want to find out information from the therapist on the magnitude of the gift of flowers. A £3 bunch of flowers and a florist-arranged bouquet for £20–£30 are likely to be very different in significance and meaning in this scenario. I am thinking that a small bunch of flowers could very well be a gesture of esteem and respect from the client, a large bouquet may be indicative of other feelings that could be very helpful in understanding something of the nature of the client's feelings towards the therapist; this brings me to the second area of significance in these scenarios, transference and counter-transference, and its place in the receiving of gifts.

In the light of the transference dynamic there is a further area to consider, I think, in the bunch of birthday flowers incident, that of disclosure of personal information. I would not particularly be facilitating discussion around this, wanting to stick with the "key issues" (Clarkson 1992) which I think are the ethical question and the transference dynamic which is an integral part of this. However, how much and what information the therapist feels comfortable revealing to their client has some bearing on this. In this setting perhaps the therapist wanted to let the client know that the change in the appointment time was justified. Even so I would want to explore with them such feelings in relation to this particular client and the significance of the therapist's emotional response. I see some of the questions that could be worth our exploration as: What is the therapist's usual practice around this kind of information? What might be the significance of revealing that it was their birthday to this client? Are they special in some way and is this experience connected to the

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