MULTIPLE HOLDING:

Clinical Supervision in the

Context of Trauma and Abuse

Claire Virtue

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Clinical Supervision in the Context of Trauma and Abuse

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Abstract

The purpose of this study was to explore the supervision relationship in the context of trauma and abuse. Interviews with supervisors and supervisees were conducted with supervisees and supervisors not in a supervision relationship with each other. Ten interviews were conducted, including two pilot interviews. At the end of the individual interviews, the researcher facilitated two focus groups with participants. A qualitative methodology, grounded theory, was adopted because it is well suited for researching areas where little or no previous research has been undertaken.

The findings of this study are that supervision cannot meet all the needs of supervisees working in the context of trauma. The core category that emerged is that of multiple holding. Multiple holding is a theoretical construct that describes supervisees accessing resources outside the supervision relationship as well as within it to support and hold them in their work with trauma. The supervisors also identified a 'chain of holding' that is a sub set of multiple holding supporting supervision practice. Multiple holding is fully explored in the study.

The recommendations from the research are that training is needed for supervisors providing supervision in the context of trauma. Finally, the research supported the supervisee's autonomy in choosing a supervisor.

Acknowledgments

I would like to acknowledge my deep appreciation and thanks to all the participants who gave their time, energy and commitment to participate in the study. The time the participants have taken to review transcripts, travel, attend focus groups and be available for checking questions and reflections about the research is appreciated and has my heartfelt thanks. I have been immensely grateful for the learning and reflective process that each of the participants has given me.

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CHAPTER ONE

Background and Outline of the Study

Background to the Study

According to the Otago Women's Health Survey, cited in Therapy Guidelines: Adult Survivors of Child Sexual Abuse (McGregor, 2001), 25% of women reported experiencing sexual abuse that included physical contact before the age of 16 years and 16% said they were abused before the age of 12 years. Auckland Sexual Abuse Foundation (HELP) reported that sexual violence is a widespread problem citing research suggesting nearly one in three girls may have unwanted sexual experience by the age of 16; 70% of these experiences involved genital contact (McPhillips, Berman, Olo–Whaanga & McCully, 2002). The research team from HELP also stated that one in 29 boys reported experiencing some form of sexual abuse before the age of 16. Sexual abuse trauma, of course, ripples out from the individual person to have a severe impact throughout families, and society.

Recent figures released by Accident Compensation Corporation (ACC) also indicate that sexual violence and its ensuing impact is not reducing in New Zealand. A media statement by ACC case sensitive claims manager stated that the prevalence of child abuse in New Zealand was increasing, "[o]n average there are 1,379 new and ongoing claims for children who have been victims of sexual abuse every year" ('Balloons mark launch of child protection programme', 2007).

Child Youth and Family Service (CYFS) also indicated that there is a continuing rise in New Zealand in care and protection concerns and its ensuing impact. The Department of Child Youth and Family Annual Report for the year ended June 2006 reported that during the period between 2005 and 2006 there were 66,000 care and protection notifications. Of these notifications, 74.1% required further action. This was a 24.7% increase in notifications for over the 2004/2005 period. In fact the rate of abuse continues to rise, with New Zealand identified as having the fifth worst status on the league table of child deaths from mal treatment in wealthy countries of 27 OECD countries (Wood & Kunze, 2004).

A study conducted by Goodyear Smith, Lobb & Mansell (2005) found that of 647 ACC registered treatment providers there were three professional groups who provided counselling to sexual abuse claimants. The three groups were psychiatrists, psychologists and counsellors. The study found that counsellors provided 89.4% of treatment to ACC sexual abuse claimants. It is likely that those providers classified as counsellors covered a range of psychotherapy and counselling training modalities.

The figures cited above indicate that many people working in the helping professions are dealing with the impact of abuse. Although this current study has narrowed the area of trauma to those who work with survivors of sexual abuse the issues that arise in this study are expected to be relevant and applicable to the experiences of clinicians and supervisors in other areas of trauma.

Research Aims and Purpose

The purpose of this research is to examine challenges, issues, questions and experiences within a supervisory relationship in the context of trauma and abuse. To discover the supervisory relationship experiences from supervisee and supervisor perspectives, interviews with representations from both parties are undertaken. For purposes of emotional safety, particularly for the supervisee, I chose to interview supervisors and supervisees who were not in a supervisory relationship with each other.

The primary aim is to hear the voices of supervisees and supervisors who are working in counselling, psychotherapy or social work providing services to survivors of trauma and abuse. There is little research on supervisees' experiences of the supervision relationship. One study was found exploring the supervisee experience of the supervisory relationship in the context of abuse and trauma (Sommer & Cox, 2006). Research undertaken in New Zealand on strengths based supervision reported

that there was sparse commentary of the supervisee's experience in the supervision relationship (Thomas, 2005). This finding was supported by Rock

> Reports from supervisees about their personal experience in supervision are few and far between, while reports from supervisors about their private experience of the work as opposed to their prescriptions and proscriptions and observations are even harder to find (Rock, 1997).

As researcher I was seeking insight into how the participants experienced supervision, with a particular focus on the relationship dynamics when there were issues presented in supervision concerning trauma and abuse.

Interest in the Topic

For the purposes of this study the focus is on the supervisory relationship between supervisees and supervisors who supervise counsellors, psychotherapists and social workers who are in a therapeutic, and/or helping relationship with survivors of childhood sexual abuse. This choice is informed by two major factors. The first is my own experience as a supervisor, supervisee, counsellor and psychotherapist working with childhood and adult survivors of sexual violence and abuse. As a supervisor, psychotherapist and supervisee I have been deeply affected by the stories that survivors of childhood sexual abuse have shared, and the ways I have been supported in the work by clinical supervision. The second factor influencing my choice to study this area is the prevalence of childhood sexual abuse in New Zealand. The

assumption is based on the findings cited earlier in this chapter that attest to there being many supervisors and supervisees in a helping relationship with survivors of sexual abuse.

Personal Background to the Study

The inspiration for this study on the supervision relationship between a clinical supervisor and a supervisee working in the area of trauma has been a slow burning passion, over a number of years. My passion has been informed by working with clients who are survivors of childhood abuse and trauma and the guidance that supervisors have given me.

Clinical supervision has been and remains imperative to my working, initially as a social worker, and latterly as a therapist and supervisor. Remaining in this work would not have been possible without clinical supervision. In the last few years I have felt the importance of supervision in a deeper more important way.

It is my experience that the relationship between the supervisor and therapist is as critical as the therapeutic relationship between therapist and client, yet there has been little visibility describing the impact of the supervisory relationship when supervisees work with presenting effects of trauma. The parallel between client and therapist relationship and a supervisory alliance has been observed in Doehrman's seminal study (1976) on parallel process. This study found that supervision mirrored and re

enacted similar issues and processes to the therapy relationship discussed in supervision. The literature reviewing the supervisory relationship in the context of trauma and abuse is sparse. However the literature identifies that the supervisory alliance must be well established between both parties to hold and contain the client and therapeutic relationship issues that are specific to trauma (Knight, 2005; Pearlman & Saakvitne, 1995a; Walker, 2004).

My clinical experience is located in social work and psychotherapy. I trained as a social worker in the early 1980s in New Zealand and worked as a new social work graduate in mental health. The challenges and rewards of working in mental health inspired me to undertake post graduate training in narrative family therapy and, latterly counselling and psychotherapy training with the Institute of Psychosynthesis New Zealand.

As a supervisee who has sought supervision for my own therapeutic practice I have found supervision not only helpful and essential when working with survivors of trauma but ultimately a supportive and challenging relationship, without which I could not and would not practice. I have found that challenges often arise for both supervisor and supervisee when the complexities of trauma in a therapeutic context are explored in the supervision relationship. The challenges add a level of complexity and emotional depth to the supervision relationship (Etherington, 2000; Herman, 1992; Messler Davies & Frawley-O'Dea, 1994).

A summary of the evidence indicates that the role of the supervisor has been influential in the following areas:

1. Direction of therapy;
2. Theoretical concepts informing the therapy;
3. Relational dynamics of the therapy between client and clinician;
4. Parallel process within the supervisory and clinical relationship (Eagle, 2005; Pearlman & Saakvitne, 1995b; Walker, 2004)

In my experience these are all areas where supervision has been crucial in the effectiveness of the therapy.

Research Questions

Typically questions that may be asked about the supervisory relationship include what are the specific challenges that the supervisor and supervisee face in their relationship that is unique, that may require more depth in the supervision relationship than other areas of clinical practice? Does working with trauma issues require a closer examination of transference/counter transference dynamics than other issues — and if so, why?

Definition of the Supervision Relationship

The supervision relationship has been variously described as an interpersonally focused relationship between two individuals; a supervisee and a supervisor or group who meet for the purpose of professional development and clinical safety of the

supervisee and client (Bernard & Goodyear, 1998; Carfio & Hess, 1987; Hawkins & Shohet, 2000). The term 'supervisee' refers to a practitioner or allied health professional, such as a counsellor, therapist or social worker, who seeks clinical supervision from a supervisor. The supervisor is chosen to supervise because a supervisee or organisation deems the supervisor to have sufficient clinical experience (Bernard & Goodyear, 1998). The supervisees in this research discussed presenting clinical issues and dynamics in the therapeutic relationship in the context of trauma. Supervisors are defined for the purpose of this current study as persons selected or nominated by an individual or agency to provide clinical oversight, guidance and recommendations for the direction of therapy or intervention within a social work or therapeutic context. Further explication and discussion of the definition, role and experience of the terms supervisee and supervisor will be explored in chapter two.

Earlier Literature Review

As part of completing my Masters degree I created a resource for supervisees and their supervisors who work with issues of trauma. I discovered in researching for this resource that there was a lack of written material on the subject of the supervision relationship when a supervisee was working with clinical issues related to traumatic experiences. This reinforced my own experience as a supervisee and as a clinical supervisor of a glaring gap in the literature. The small amount of literature available dealt with the complexity of the supervision relationship, where both supervisee and supervisor experienced what has been termed parallel process issues in the

supervisory relationship similar to the therapeutic relationship that the supervisee was presenting (Etherington, 2000; Frawley-O'Dea, 1997).

Given there is a paucity of literature on the supervision relationship in the context of trauma and abuse; this study hopes to provide a beginning for others to explore in more depth the issues of the supervisory relationship when traumatic material is presented. Finally, I wanted to extend my own knowledge of the issues supervisees and supervisors experienced working in a relationship where the primary goal was to assist the supervisee and their client to have an effective therapeutic relationship in the midst of working with the powerful challenges and experiences that trauma often creates.

Literature Review within a Grounded Theory Methodology – A Reader's Guide

The initial literature search referred to above on the clinical supervision relationship between the supervisee's and supervisor's relationship when addressing clinical issues of trauma, took place in 2001; and continued through 2006 to inform the research questions and to shape this study. A separate literature review relating to the categories and sub categories that emerged from the ten qualitative interviews and two focus groups was undertaken as the themes emerged during the axial coding process.

Grounded theory provides a basis for the researcher to not *begin* the research process with a literature review due to concerns that a researcher will be influenced by existing literature that would possibly pre-determine the outcome of the research findings and have an undue influence on the questions asked to potential participants (Glaser & Strauss, 1967). Given I have extensive professional experience in the area of this study I chose to weave my experience into the research process as the data dictated rather than use my experience as a definitive voice that may speak for participants. I have chosen to acknowledge my 'theoretical sensitivity' (Glaser, 1992), a term from the founders of grounded theory that describes the researcher's experience, knowledge, and subjectivity of the research topic under study (Glaser & Strauss, 1967).

Searching the current literature relevant to participants experience of clinical supervision in the context of trauma was driven by data and categories derived from the research. The process of weaving literature in with the data in a contextual frame is another premise of grounded theory, a qualitative research methodology. Included in this study is also an exploration of the political and relational ideas of feminist analysis in clinical supervision. I chose to include feminist therapy and supervision influences because feminist principles and practices are important when exploring trauma and its effects on society, particularly in relation to power, gender and abuse; concerns traditionally explored in feminist theory and writing. The challenges of feminism over the last forty years have had an important influence on therapy and supervision (Enns, 2004; Szymanksi, 2003) including feminist supervision.

In summary, I have chosen to examine existing literature in conjunction with the emerging data derived from the research and to strive for transparency, validity and reliability where there are apparent linkages of the data with the available literature.

Research Questions

The purpose of the research is to explore the essential research questions:

1. ***What do supervisees identify as the most fundamental experience of supervision that supports their work with a client presenting with trauma and abuse related issues?***
2. ***What do supervisors identify as essential elements in their supervision practice when supervising clinicians providing social work, counselling and psychotherapy to clients presenting with trauma and abuse?***

To answer the fundamental research question the following questions will be explored within the study:

3. ***What are the skills, knowledge and experience that a supervisor needs when supervising a clinician working with trauma?***
4. ***What are the challenges in the supervision relationship in the context of trauma?***

5. ***What specific relational experiences between the supervisor and supervisee that mark an effective and challenging relationship in the context of trauma?***

6. *Given that research participants were selected as having a gender analysis and feminist lens to assist their work as practitioners what influence does feminism have in the supervision relationship?*

7. *Does supervising a supervisee working with trauma survivors constitute a specialist area of supervision and if so what are the specific differences including transference issues?*

8. *What do supervisors identify as essential and important when supervising a person presenting with clinical issues related to trauma?*

9. *What are the experiences of both supervisee and supervisor that speak to the evidence and experientially based practices that best support the effective functioning of the supervision relationship in the context of trauma?*

Thesis Structure

The thesis is presented as follows:

Chapter two outlines a brief background of clinical supervision in counselling, psychotherapy and social work disciplines. Discussion of particular changes and influences in a New Zealand context are discussed with reference to current literature. The link between clinical supervision and trauma is discussed with a brief overview of the historical underpinnings of trauma from the late nineteenth century.

Chapter three presents an overview of the methodology employed in this study, that of grounded theory. Grounded theory is concerned with researching dominant processes, meanings and actions; namely 'Symbolic Interactionism' within social settings (Glaser & Strauss, 1967). Discussion and description of the reasons this methodology was chosen are presented, and the link between feminist research practice and grounded theory is examined. This chapter also describes the research process and selection of participants, including pilot participants. Rationale for conducting a pilot study is discussed and the criterion for selecting main study participants is explained. Ethical considerations including confidentiality, trustworthiness, validity and replication concerning the research process are also explored.

Chapter four is a summary of findings derived from the axial and selective coding process of four supervisee interviews and a summary of the supervisee focus group

discussion. The categories that emerged from the open coding process and re grouped into axial coding headings are fully discussed. In addition to the axial coding headings a literature review that relates to the themes participants shared is presented. A summary of the focus group categories, recommendations; including new ideas that emerged from the focus group meeting is also provided.

Chapter five identifies categories and sub categories that emerged from the axial and selective coding process of the four supervisors interviewed. In addition the findings of the supervisor's focus group findings and recommendations are presented.

Chapter six is a discussion on the findings and recommendations of this research study. The recommendations are informed by the participants' and literature that echoes their experience and recommendations. In addition the limitations of the research are presented. Suggestions for further research into clinical supervision in the context of trauma are explored.

The following chapter presents definitions of clinical supervision and a brief overview of historical understandings of trauma from the late nineteenth century to current trauma theory. A link is established between clinical supervision and supervision of clinicians working with clients presenting with trauma issues.

CHAPTER TWO

Clinical Supervision and Related Literature

Introduction to Concepts and Practices of Clinical Supervision

This chapter begins by exploring some origins and definitions of trauma theory. The practice of clinical supervision within a New Zealand context is introduced by examining supervision in three disciplines: social work, counselling and psychotherapy. A brief historical overview of the development of clinical supervision in the three disciplines is presented. Influences of counselling and psychotherapy practice and the relationship with clinical supervision are also discussed. A concluding segment addresses the link between clinical supervision and trauma. The last section provides clarity on the context of the study rather than a review of the literature. A literature review follows the data chapters as this study is adopting a grounded theory methodology where literature is woven into the context of the findings.

The word 'supervision' originates from Latin: *super*, 'above' and *videre* 'to see' (Bradley, Jacob & Bradley, 1999). The original purpose of clinical supervision was to provide a 'watching over role' for counsellors and psychotherapists (Howard, 1997). A review of the supervision literature leads to the conclusion that the role of supervision is to enhance practice and maintain safety standards for those in social

work/psychology and counselling professions (Howard, 1997). Ultimately, supervision is there for those who are seeking assistance from the helping professions, namely clients, to ensure clients are receiving an adequate and safe professional service (Hawkins & Shohet, 2000). In more recent supervision literature there is some discussion regarding client access, knowledge and development of the supervision relationship (Bird, 2006)

Bird (2006) presented a practice called the 'Prismatic Dialogue' that invited transparency between the three parties: counsellor, facilitator (supervisor) and the person seeking counselling (client). Bird drew a distinction between consultation and supervision arising from experience that she described thus, "There was limited time available either to view or listen to the actual clinical work. I refused to call this super-vision preferring to call it consultation" (p. viii) and later...

> The consultation process often felt like a pressure cooker environment in which therapists presented the issues they felt stuck with or desperate about. In turn I felt pressured by the institutionally imposed time constraints to attempt to reduce the distress experienced by therapists. I noticed this pressure, and decided that I needed to change the way in which we were using the consultation process (Bird, 2006, p. viii).

Other changes in recent years have expanded the supervisory process to include addressing issues of power and authority in the supervision relationship. A feminist paradigm has been influential in supervision becoming a more transparent and relational experience between supervisors and those being supervised (Enns, 2004;

Frawley-O'Dea & Sarnet, 2001; Szymanski, 2003). It is these recent changes in the supervision dialogue that are particularly pertinent to this study. Prerequisites for participants in the study included receiving clinical supervision, identifying as a supervisee or supervisor, holding a feminist/gender analysis and being a member of a professional body.

In addition, clinical supervision is designed to provide accountability, professional development and, in some cases, accountability to an employing agency and/or professional body. Finally, clinical supervision is a reflective process looking at clinical practice to support those in the helping professions who are seeing clients (Hawkins & Shohet, 2000). A fundamental underlying premise of supervision is that supervision is necessary for client safety. Supervision is a regular requirement for practitioners under Codes of Ethics for Aotearoa New Zealand Association of Social Workers (ANZASW) (2004), New Zealand Association of Counsellors (NZAC) (2002) and New Zealand Association of Psychotherapists (NZAP) (2004). The professional bodies cited here have an influence on the quality and assessment of clinicians who provide services to clients seeking assistance, including those presenting with trauma issues. In addition ACC has stipulated that all ACC registered counsellors providing counselling services belong to a professional body. This stipulation is in accordance with the *Health Practitioners Competence Act, 2003* that is intended to register practice of counsellors and other health professionals. ACC Therapy Guidelines (McGregor, 2001) also recommended that clients seeking assistance ensure that a counsellor is a member of a professional body.

Definition of Terms

Supervisor

A supervisor is a person deemed by the supervisee or organisation to be an experienced practitioner who also offers supervision. A supervisor is either selected by a supervisee or allocated to the supervisor by, for example, an agency. The relationship between supervisor and supervisee has been described as an intensive, interpersonally focused relationship to enhance professional competence (Bernard & Goodyear, 1998).

Supervisee

A supervisee is a person who is seeking clinical supervision to work with clients. The term supervisee is currently under review and discussion within the discipline of supervision (Beddoe, Worrall, & Howard, 2005).

There is disquiet about the implications of the term supervisee as it is perceived there may be little recognition of the experience, knowledge and skills the supervisee brings to supervision. The hierarchical nature of the terms have also been questioned through cultural and gender analysis, which suggests that the terms work against experiences of minorities in the power constraints of the relationship (Beddoe, Worrall, & Howard, 2005).

Consultant

A consultant is someone available to the person seeking supervision, who may be a colleague, or senior practitioner. The difference between traditional supervision in a hierarchical relationship with the supervisee is that a consultation is often informal and sought freely (Bernard & Goodyear, 1998). Consultation and supervision are terms that have been used in an interchangeable fashion. However a clear distinction has been drawn in the supervision literature. Consultation does not include clinical responsibility for clinical practice; including a consultant not having to ensure that recommendations have been enacted (Barretta-Herman, 2001). Further definition of consultation is discussed in the next section of this chapter.

Feminist Supervision

Feminist supervision is cited in the literature as a situation where a clinical supervisor is informed by feminist principles. These principles include: having an analysis of power; working collaboratively; respect; maintenance of professional boundaries; analysis of gender construction; cultural and class issues awareness; involvement in social activism and having a self reflective practice (Bernard & Goodyear, 1998; D. Hewson, 1999; Szymanski, 2003). Feminist supervision has its roots in feminism, and more particularly feminist therapy practices, which challenge traditional androcentric theories concerning women's experiences of treatment by health professionals. Feminists challenge health treatments, including therapy practices that lacked a feminist analysis of women's experience (Enns, 2004;

Szymanski, 2003).

Whilst there appears to be a wealth of articles citing feminist practice, and some describing feminist clinical supervision there is not, according to Szymanski (2003), empirically based assessment scales to measure feminist clinical supervision practices. Szymanski described research conducted with 108 respondents who identified as feminist supervisors in a postal survey that asked participants to scale the practice of feminist supervision. Included in the scale of questions were: practices of collaborative relationships; power analysis; diversity and social context; feminist advocacy; and activism. The research concluded that feminist supervisors place a strong emphasis on building collaborative, egalitarian and supportive relationships with their supervisees. It was beyond the scope of the research to assess the effectiveness of feminist supervision practice.

Clinical Supervision - The New Zealand Context

A brief review of the history of supervision in relation to social work practice, psychotherapy and counselling in New Zealand has been undertaken (Hermansson, 1999; Manchester & Manchester, 1996; O'Donoghue, 2003). This review concentrates on the influences of overseas, western, predominantly European models of supervision that were and remain influenced by therapeutic practices.

O'Donoghue (2003) offered a brief, interesting historical account of social work

supervision models derived from psychoanalytic theory, that have dominated social work and supervision during the 1930s to the present day. Economic rationalism and accountability of practice has become increasingly dominant. According to O'Donoghue (2003) there has been a movement away from traditional psychoanalytic theory to humanistic models of therapy that include examining social relationships as well as psychological issues presented in supervision. Supervision practice over the last 40 years has been subject to issues of clinical and management accountability for economic rationalism. This means that organisations are seeking cheaper alternatives to traditional individual clinical supervision for staff in the social service agencies (O'Donoghue, 2003). The shift to economic rationalism has impacted on the quality and quantity of supervision that has affected internal and external practices of clinical supervision practice (Cooper, 2006). Practitioners in the social services agencies have seen this shift of economic rationalism as causal to the present day supervision environment.

Another important phenomenon within the New Zealand context has been cultural supervision. Cultural supervision pertains particularly to Maori practitioners in social work and counselling. Maori practitioners may seek accountability, knowledge, support and guidance from *kaumatua*, *kuia* and others within their cultural network (Webber-Dreadon, 1999).

It is not uncommon for *Pakeha*, or European practitioners to also seek cultural supervision for their work with Maori and *Pasifika* families, couples and individuals who access counselling, psychotherapy and social work agencies. However a recent

survey conducted by O'Donoghue, Munford and Trlin (2005) of 209 Social Workers who were full members of New Zealand Association of Social Work (ANZASW) indicated that European or *Pakeha* respondents did not seek cultural supervision as often as Maori practitioners. The survey also demonstrated that supervision models from overseas were more influential and more often implemented in a supervision session than indigenous supervision models from New Zealand. Given New Zealand's cultural context of Maori and *Pakeha* relations, particularly in relation to colonisation, western models of supervision need to take cognisance of indigenous models of supervision (Bradley, et al., 1999; Webber-Dreadon, 1999).

Brief Overview of Counselling and Psychotherapy Influences on Clinical Supervision and the Impact on Practice

The two main bodies that have developed and influenced the practice of counselling and psychotherapy in New Zealand are the New Zealand Association of Counsellors (NZAC) and the New Zealand Association of Psychotherapy (NZAP). Although there are other professional bodies, such as those covering psychologists and psychiatry, both NZAC and NZAP have published historical accounts of the trends and movements within their associations on guidelines and standards of practice, including supervision criteria for members (Hermansson, 1999; Manchester & Manchester, 1996). These organisations have their origins in different contexts.

NZAC originated from an education and vocational guidance background. NZAP

began in a post war environment where treatment of trauma and more severe psychopathology was the focus of training and preparation for membership of the association. Both associations stress the importance of clinical supervision and the practice of clinical supervision (Hermansson, 1999; Manchester & Manchester, 1996). Both NZAP and NZAC, according to historical accounts by Manchester and Manchester, (1996) and Hermansson, (1999), have made significant changes in criteria for membership over the years. There are tiered systems of entry, the need for qualifications that demonstrate training, and processes for demonstrating competency to gain full membership. There are requirements of receiving clinical supervision, and, if supervising other practitioners, demonstration of supervision training and experience. These moves towards 'professionalism' have been controversial in both associations.

The recent introduction of the *Health Practitioners Competence Act 2003* and registration for social workers, and impending registration for counsellors and psychotherapists has made accountability of practice fit within a mandatory frame. The implications for supervision and supervisors are that supervisors will be encouraged to have more training and competency in the field of supervision.

Finally, a development in New Zealand as in other countries has been the advent of the concept and practice of consultation. Consultation differs from clinical supervision, in that it is considered to be egalitarian and a more equal relationship between consultant and the person seeking consultation than in the

supervisor/supervisee relationship (Bernard & Goodyear, 1998). The frequency of consultation may not be regular as it is with clinical supervision. Another difference is that the consultation interaction is more collegial, and the participants are not pre-defined as supervisee/supervisor (Bernard & Goodyear, 1998). Those who seek consultation usually seek someone considered a peer, in which a frame of mutual respect and experience is held or where a consultation is sought from a different professional discipline (Bernard and Goodyear, 1998).

Clinical Supervision and Connection to Trauma Literature

A review of the literature related to understandings of trauma has been undertaken. Given the depth and coverage available on the aetiology and historical roots of trauma it is beyond the scope of this study to address the depth and breadth of the trauma literature. However the links between clinical supervision and trauma theory will be discussed as it is of central importance to this study. Current definitions of trauma are examined and a historical overview of the development of understanding and research into trauma is discussed below.

Definition of Trauma

Trauma

Trauma – meaning 'wound' is derived from Greek (*The new Penguin English dictionary*, 2000). It is a term encompassing many responses from the human psyche,

ranging from a single incident, to the more severe ongoing exposure to trauma often characterised by Post Traumatic Stress Disorder (PTSD) (*Diagnostic and statistical manual of mental disorders: DSM-IV*, 1994), and including vicarious trauma symptomology (McCann & Pearlman, 1990). These symptoms are explored in this chapter in relation to responses from clinical supervisors when supervisees have worked with those affected by trauma and/or are directly impacted in their clinical settings by 'bearing witness' (Herman, 1992).

A definition of trauma, (*The new Penguin English dictionary*, 2000) is "A disordered mental or behavioral state resulting from mental or emotional stress or shock". In the psychological literature definitions of trauma share common elements where authors described trauma and traumatic experience. A definition of trauma offered by Dr Judith Herman (1992) encapsulates much of the literature stated:

> Psychological trauma is an affliction of the powerless. At the moment of trauma the victim is rendered helpless by overwhelming force. When the force is of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning (p.33).

Many social workers, counsellors and therapists work with those who have survived recent/ past traumatic experiences. There are a range of responses that people have described when the trauma triggers ongoing distress.

Historical Overview of Trauma

Trauma was originally studied in the late nineteenth century by prominent European physicians, Jean-Martin Charcot, Pierre Janet, Joseph Breuer and Sigmund Freud. One of the original pioneers in the field of trauma study was the French neurologist Charcot who began researching the experiences of women diagnosed with hysteria (Herman, 1992).

Originally the word hysteria, came from the Greek word *hysterikos*, relating to troubles of the womb (*The new Penguin English dictionary*, 2000) and has also been described as 'wandering uterus' a condition believed by ancient Greeks to induce the uterus of women who did not have children or remained childless for too long to 'wander around the body' (Becker, 1997).

Charcot began studying and researching the phenomenon of hysteria in France in the late 1890s. In graphic descriptions provided by Herman (1992), patients diagnosed as suffering from hysteria under Charcot's study were viewed by others in their distress in public displays and often during hypnosis. The women patients were at times prompted to further demonstrate their hysterical symptoms. These humiliating demonstrations were a regular event according to Herman (1992). Later, observations by Janet and Breuer began to conclude that hysteria was related to traumatic experiences that were often unavailable to consciousness (Herman, 1992; Forester, 2000).

Janet, according to Forester, (2000), studied over five thousand clients presenting with hysteria symptoms and concluded that hysteria was the result of a traumatic situation that overwhelmed a person's consciousness to such an extent that the traumatic experience itself became dissociated. Janet described dissociated experiences as a person experiencing splitting or compartmentalising traumatic experience from conscious memory. The traumatic experience would then revisit the traumatised person in fragments, and be expressed in their emotional, body and visual states. This fragmentation has been described as a person having some access to the trauma but not having a whole picture of the experience (Forester, 2000).

At the time of Janet's enquiry into trauma in 1889, Freud was also developing his theory of hysteria culminating in his paper 'The Aetiology of Hysteria' in 1896 (Forester, 2000; Herman, 1992). The paper by Freud was based on clinical experience of listening to women's accounts of childhood sexual abuse and exploitation, and stated "I therefore put forward the thesis that at the bottom of every case of hysteria there is one or more occurrences of premature sexual experience" (as cited in Herman, 1992, p. 13).

Within a year of writing *The Aetiology of Hysteria*, Freud recanted his ideas, having being shunned by peers (Herman, 1992). Freud was also troubled about how the implications and ramifications of identifying sexual exploitation and abuse might impact on European communities. The impact of Freud's repudiation of his earlier

conclusions on the basis of hysteria has been widely discussed and examined. A fuller explanation can be found in a plethora of literature (Herman, 1992; Masson, 1984). What is important for the purpose of this study is the place historical understanding of trauma has in the light of previous history, and the current theoretical concepts that inform clinical supervisors and supervisees working with issues of trauma.

Current Trauma Theory and Relationship to Clinical Supervision

Following Freud's seminal paper on hysteria, and the ensuing reactions, studies into trauma diminished until the advent and impact of World War One survivors of 'shell shock'. More recently still, is the impact of the women's movement in enabling women, and latterly men subjected to domestic and sexual violence to vocalise experiences (Herman, 1992).

The impact of trauma and abuse on those engaged with trauma survivors has been given much attention in the literature over recent years, particularly by trauma theorists, therapists and clinicians working with clients affected by traumatic experiences. As earlier observations of women in the late nineteenth century attest, symptoms of severe trauma are similar if not the same today. Symptoms of dissociation, hyper vigilance, intrusive thoughts and images often of traumatic experience, fragmentation of the self, heightened fear, difficulty in maintaining connections and relationships with others, numbing to the traumatic material, fear of

intimacy and abandonment by another remain prevalent today as they were then. This range of symptoms, although not exhaustive in conveying the impact of trauma and abuse, indicates the depth of emotional pain and suffering. The relational abilities and skills of clinicians and supervisors to adequately and effectively meet the diverse needs of survivors of trauma is an important aspect of the supervision relationship that will be explored in the findings chapter of this current study.

Whilst the impact of trauma is often described in the literature as debilitating and leaving lasting effects, there is also evidence that survivors of trauma and those working with survivors are strengthened, indeed changed in ways that accentuate strength, endurance and courage (Tedeschi & Calhoun, 2004). However, the literature suggests that working with survivors of abuse often challenges both the practitioner (supervisee) and the supervisor (Etherington, 2000; Frawley-O'Dea, 1997). As the therapeutic relationship relies on trust and safety for the therapy to succeed, so too is the supervision relationship dependent on an effective and supportive relationship between the supervisor and the supervisee in order to succeed (Etherington, 2000; Knight, 2005; Messler Davies & Frawley, 1994; Walker, 2004). One of the challenges, cited in the supervision literature, to the supervisory dyad is the experience of vicarious trauma.

Vicarious Trauma

Vicarious trauma is a widely used term. It is important to address the fundamental meanings and definitions attached to vicarious trauma and thus establish what

vicarious trauma is, and what it is not (Knight, 2005). Earlier literature, when describing allied health professionals working with those experiencing trauma symptoms, used terms such as burnout, compassion fatigue and secondary traumatisation interchangeably (Trippany, White Kress & Wilcoxon, 2004). The literature now clearly delineates these terms.

Burnout is described as an experience of accumulated stress and tiredness often triggered by work that is difficult; a sense of meaninglessness, a reduced sense of achievement and a loss of hope and ideals. People working in many disciplines experience the symptoms of burnout (Baruch, 2004; Trippany, et al., 2004).

Compassion fatigue can be related to both burnout and vicarious trauma. Compassion fatigue is characterised by a depletion of empathy for clients, particularly when working with those presenting with trauma issues. Depletion or compassion stress can appear suddenly without warning, and can be coupled with a sense of helplessness and a feeling of isolation (Figley, 1995). Secondary traumatisation is a term that has often been used interchangeably with compassion fatigue (Figley, 1995), but in this study vicarious trauma is the term spoken by participants.

The term vicarious trauma was originally used in a seminal paper by McCann and Pearlman (1990). The authors drew from their clinical, personal and research experience the symptomology of those in the helping professions, predominately counsellors and therapists, who were vicariously traumatised from working with

clients seeking assistance for their experience of trauma. The definition of vicarious trauma by Pearlman and MacIan (1995) stated: "Vicarious traumatisation comes about as a result of empathic engagement and refers to the clients' trauma experiences and their sequelae" (p. 558). Empathic engagement with the client's presentation of traumatic experience, that results in similar reactions and responses within the therapist or counsellor.

Further studies following that of McCann and Pearlman (1990) supported the findings on the vulnerability of practitioners working with trauma to vicarious traumatisation. There is evidence of disruption to the therapist's feelings of safety, and sense of control, coupled with feelings of despair, helplessness and loss of hope, indicating a fundamental change in the therapist's worldview. The research also indicated that those most vulnerable to vicarious trauma were therapists engaged in a therapeutic relationship with clients presenting with issues of trauma involving prolonged histories of sexual violence and abuse (Dunkley, & Whelan, 2006; Etherington, 2000; Frawley-O'Dea, 1997; Sexton, 1999; Steed & Downing, 1998; Vivekananda, 2002).

Given that counsellors and therapists are seeking to create an alliance and empathic engagement with trauma survivors it is not surprising that the very nature and context of building a therapeutic relationship with those with a trauma history of interpersonal violence often find intimacy with another emotionally unsafe in the therapeutic relationship (Herman, 1992; Neumann, & Gamble, 1995; Vivekananda,

2002). Often the therapist and client are invited into relational dynamics that are characterised by traumatic transference and counter transference within the therapeutic dyad (Dalenberg, 2000; Herman, 1992). Traumatic transference is a term describing in-depth relational experiences that are often characterised by the therapist experiencing similar feelings of despair, hopelessness, and intrusions on their psyche that clients describe (Dalenberg, 2000). However, another view of vicarious trauma is that the experience of bearing witness to traumatic events can have a powerful and positive impact on therapists' or helping professionals' sense of self and self worth, as discussed by Steed and Downing (1998).

In summary, working with the effects of trauma is a collaborative journey that challenges those working with survivors of trauma and the survivors themselves, with the hope of moving from surviving to living. The movement to living rather than surviving is often slow and challenging, yet ultimately rewarding.

This chapter has presented a brief introduction to the aetiology of trauma. A background to the aetiology of trauma, including the impact of trauma effects on survivors and those in the allied health professions, has been discussed. This chapter also outlined the relationship between the development of clinical supervision and the importance of receiving supervision in the context of working with trauma (Pearlman & Saakvitne, 1995a). In summary the role of supervision in the context of trauma and abuse has been established. The next chapter covers the methodology underpinning this current study including the rationale for choosing grounded theory

research methods and the research process undertaken to examine the supervisory relationship in the context of trauma and abuse.

CHAPTER THREE

Research Methodology: Grounded Theory

Introduction

The purpose of this chapter is to provide a brief overview of the methodology that has informed the research. Grounded theory and feminist research practices are discussed in relation to the reasons for choosing constructivist grounded theory, as the methodology that has underpinned this study. The nature of qualitative research is to explore an experience in depth rather than seek quantitative data of particular phenomenon. This chapter provides an outline of the research methods used in this qualitative grounded theory study.

Background

In recent years qualitative research methodologies have gained favour in the human sciences. This coincides with the rise of second wave feminism during the 1960s and 70s (Webb, 2000), when the women's movement began to challenge traditional structures of power in social, political and educational spheres. As well as feminist challenges to traditional paradigms of research, there have been challenges by academics to traditional research practices. For example, Kuhn in his landmark book, *The Structure of Scientific Revolutions*, challenged the notion of 'truth' by describing scientific facts and theories as 'paradigms' where "scientists replace one

coherent body of assumptions about the world (a paradigm) for another" (as cited in Davidson & Tolich, 2003, p. 37). Traditional research practices based on positivism were founded during the Enlightenment period in the eighteenth century. These changes signified a shift from theological explanations of humanity to scientific explanations (Smith, 2000), and featured a move towards belief in human progress founded on reason and science (*The new Penguin English dictionary*, 2000).

Positivistic research stresses the importance of the objectivity of the researcher, favouring inductive methods that seek verification of a hypothesis about the particular enquiry under study (Smith, 2000). Positivistic research practices, often used in quantitative methods of enquiry, have changed considerably over the last 30 years, as have qualitative research practices. These changes include a greater integration of quantitative and qualitative methodologies (Risman, 2003). Within the post positivistic era both methodologies adhere or at least strive to achieve positivist elements of validity, reliability and replication (Davidson & Tolich, 2003). Previously it was only in qualitative research that the researcher was required to be transparent concerning conflicts of interest, value base and reasons for conducting the research. Now, ethical guidelines require researchers in all research to identify their personal, professional and methodological positions (Snook as cited in Davidson & Tolich, 2003).

Grounded Theory

I have chosen grounded theory as a qualitative research approach for this study because it is akin to the feminist principles of respect, without nominalising 'truth' and therefore not presuming the outcome of the research. In a context of qualitative enquiry, truth is relative, located in time and place and embracing comprehensive elements of human experience (Burns & Grove, 1995). The contextual nature of 'truth' is an important theoretical concept in both grounded and feminist theory, where the emphasis is not on fixed notions of truth. The researcher does not have a pre conceived theory; the theory emerges from the data especially the data collected during the research (Glaser & Strauss, 1967). In this research I had specific research questions and did not want to adopt a design method that would direct me into "harmful pitfalls" (Seale, 1999). I did not want to fall into a positivist framework that slotted into any pre conceived notions about the supervision relationship in the context of trauma.

Grounded theory is based on the original work of Barney Glaser and Anselm Strauss (1967). The intention of grounded theory is to discover the dominant concerns of people and processes in a social setting. The meanings made from people's interactions and understanding of themselves and their social world are the basis of the theory itself. Theory is derived from the lived experience and the meaning made from those experiences, hence it is grounded within participants' experience (Burns & Grove, 1995). Grounded theory as a qualitative research method in summary has the following features:

- Presents dense descriptions of participant's experiences and ways they make meaning from those experiences. This includes data analysis of language, interactions with each other and observed experiences from the researcher;
- The study of lived phenomenology is particularly useful where there is little research being done in a particular area of research;
- The theoretical basis of grounded theory is largely influenced by ideas of Symbolic Interactionism. Symbolic Interactionism refers to the value and meaning people attach to symbols that reflect their world and interaction with others (Glaser, 1992); and
- Participants are to be selected on the basis of their appropriateness and capacity to provide theoretically relevant data.

Relationship between Grounded Theory and Feminist Research Practices

Grounded theory was the dominant methodology employed for analysis of the data from the two pilot interviews in this study and the main research interviews. I also held a feminist lens as I conducted the interviews and practiced feminist research principles that, although not explicit within a grounded theory paradigm, are considered complementary methodologically (Dignam, 2001; Fassinger, 2005; Keddy, Sims & Stern, 1996; Wuest & Gray, 1999).

Feminist grounded theorists cite core qualities of feminist research principles that are congruent with grounded theory (Wuest & Gray, 1999). These core qualities include:

respect for the participants, avoidance of oppression, usefulness of findings, reflexivity and being sensitive to cultural, sexual and class differences (Wuest & Gray, 1999). Perhaps a fundamental connection between grounded theory and feminist research practices is the intention of both methodologies to highlight and make visible the voices of the participants in the study. The analysis of data is reliant on the experiences, *in vivo* codes (words used by the participants), and the researcher observations and also related documents that contribute to a grounded theory analysis (Glaser & Strauss, 1967; Keddy, et al., 1996).

Historically, women's voices telling of experiences during the second wave of feminism in the 1970s brought to light issues that had previously been invisible (Kitzinger, 2004). However, in a post modern era feminist researchers questioned the ways in which voices were interpreted and honoured, and the meanings constructed by the researcher (Kitzinger, 2004). This concern about meaning was shared by Judith Wuest, and Marilyn Merritt-Gray, feminist grounded theorists (2001); who discussed conducting feminist research where participants were voicing beliefs and opinions that didn't easily fit within feminist paradigms. Kitzinger (2004) in her chapter on feminist research concurs with Wuest and Merritt-Gray's commentary (2001) in which the ethical issues that feminist researchers face when reporting voices "that cannot easily be assimilated into feminist theory" (p. 127). Wuest & Merritt-Gray described the process of comparative analysis, a central procedure essential in grounded theory; of comparing one piece of data for example one interview, with another to assist in the process of developing a grounded theory.

According to Wuest and Merritt-Gray (2001), it is comparative analysis that allows interpretations of the researcher and the voices of the participants to be incorporated into the final analysis. The impact of comparative analysis is that feminist values become no more powerful than any other in influencing the developing grounded theory (Wuest & Gray, 1999).

Several authors (Ramazanoglu & Holland, 2002; Reinharz, 1992; Sarantakos, 1993) present useful general guidelines for any research that is undertaken on the based on respect and ethical conduct. Grounded theory whilst not holding a proposition promoting social change is interested in the research being of benefit to participants and to the field or discipline under study.

A Summary of Feminist Research

The core feminist research principles include the following:

- Research projects that are undertaken by those who identify themselves as feminists;
- Research that is founded on context, that is inclusive, experimental socially relevant, multi-methodological, complete but not necessarily replicable;
- Research that is guided by feminist theory may be trans disciplinary;
- Research that aims to create social change, and strives to represent diversity;
- Research that includes the researcher, who takes a subjective rather than an

objective position; and

- Research is based on being transparent where issues of power, authority, and the ways the research will be used.

Grounded Theory – Is this a Substantive or Formal Study?

Grounded theory studies can be either substantive or formal, depending on the area of enquiry. A formal grounded theory study investigates generic concepts such as ideologies or cultures rather than undertaking a specific area of enquiry (Charmaz, 2006). A substantive grounded theory study, on the other hand is concerned with an enquiry in a specific area – in this case exploring the supervisory relationship in the context of trauma and abuse. I have chosen to adopt a substantive grounded theory methodology, which is more appropriate to my research.

Research Methods

Participant Selection Method

Purposive sampling was the method chosen as the most appropriate to gain participants for this study. In purposive sampling the selection of participants is not left to chance, but designed to enable the researcher to collect rich data, Merriam (as cited in Polkinghorne, 2005) stated:

> ...since you are not interested in 'how much' or 'how often' random sampling makes little sense. Instead, as qualitative inquiry seeks to understand the meaning of phenomena from the perspectives of the participants, it is important

> to select a sample from which most can be learned. This is called purposive or purposeful sample (p. 140).

I chose purposeful sampling because I wanted participants for the research project who would provide rich data regarding supervisors' and supervisees' experience of the supervisory relationship when working with issues of trauma and abuse. Purposive sampling is also part of theoretical sampling, a grounded theory procedure.

Theoretical sampling lies in every step of the research process, beginning with the first interview. The information and data gathered informs or inspires the next set of questions and provides direction for subsequent interviews. Interview is compared with interview. Concepts are identified and examined to determine how they relate to emerging themes and conceptualisations (Strauss & Corbin, 1998). An example of theoretical sampling can be found in the sub category in the current study of receiving personal therapy as a psychotherapist and/or counsellor. This sub category emerged throughout the interviews. Consequently various experiences and contexts concerning personal therapy were further explored. Throughout the data analysis process the connection between receiving personal therapy was compared to other aspects that emerged in the research including exploring how personal therapy impacted on their role as counsellor or therapist.

Rationale for Participant Criteria

1. Receiving Supervision and Membership of a Professional Body

For the purposes of this study I sought clinical supervisors, and supervisees who were members of a professional body as membership demonstrated a care and concern for professional practice and a measure of professional care towards clients. Secondly, although membership of a professional body may seem a basic and obvious criterion it is not a requirement in order to practice. However receiving supervision is mandatory for membership of a professional body.

2. Holding a Feminist / Gender Relations Awareness

The impact of feminism and feminism's connection to the supervision relationship will be further explored in the research including participants having a feminist/gender analysis of their work as clinicians and supervisors was included in the participant selection criteria for two reasons. The first reason was that a feminist analysis is considered a fundamental platform for many therapists and theorists working with those who are seeking assistance for trauma (Enns, 2004; Herman, 1992). A number of developmental shifts have taken place within social work counselling and, psychology following the second wave of feminism (Enns, 2004; Herman, 1992). A wellspring of anti oppressive theories by feminist practitioners within the helping professions has challenged traditional treatment regimes offered to trauma survivors (Brown, 2004; Enns, 2004; Herman, 1992). A major paradigm shift included challenging dominant intra psychic explanations for those presenting with

trauma symptomology (Brown, 2004; Enns, 2004). Feminist practitioners demanded a wider framework to understand and conceptualise the environment in which abuse and interpersonal violence was embedded. Medical explanations of trauma symptomology found in the medical model such as the Diagnostic Statistical Manual (DSM-IV, 1994) were and remain within a feminist lens to be seen as limiting and lacking an analysis of gender and power relations in the wider context of trauma and abuse (Brown, 2004; Herman, 1992).

Secondly, without a contextual frame for understanding the ways in which gender and power relations impact on survivors and notions and sense of self; the survivor client is further traumatised by a belief system that blames and shames them in their experience of victimisation through trauma. Holding a contextual frame has the potential of liberating survivors of abuse and trauma from previously held constructs of blame and oppression (Brown, 2004). In summary these two aspects of feminist analysis were helpful to address more specifically my selection process and inform participants of the ethical and feminist perspectives I was holding during the research study.

Participant Selection

Participants were selected from my collegial networks that fulfilled the criteria of:

1. Receiving supervision in the case of the participant being a supervisee;
2. Offering supervision to people working with trauma and abuse;

3. Holding a gender/feminist perspective to their work;
4. Being a member of a professional body; and
5. Participants receiving supervision for their practice, including supervisors.

Ethical Considerations

This study was given ethical approval by the Ethics Committee, Massey University Auckland in May 2005. A full proposal was put forward and approval was given for three years. The following sections outline processes related to ethical issues including informed consent, confidentiality, anonymity and my reflexivity as researcher.

1. Objectives

The purpose of this study is to explore the knowledge, skills, theoretical approaches and relational ways that inform a supervision practice when working with clinical issues concerning trauma and abuse. Particular emphasis in this research study is to address the complexities and challenges that are often experienced by both supervisor and those seeking supervision. Given the paucity of literature currently available in the study area and the complexities of working with the effects of traumatic experience the study is expected to contribute to the literature on supervision. Qualitative research methods informed by grounded theory and feminist methodology will be employed. The study will include individual interviews and two focus groups

2. Informed Consent

Some participants who contributed to this study were sought as individuals through collegial networks and others were contacted through colleagues who suggested agencies that may want to contribute to the research. Informed consent was initially sought by discussing the research topic with potential participants, in a telephone call. There was one exception where one of the participants in the pilot study offered her participation following speaking to me at a professional meeting. Once interest was established I sent all participants including the pilot interviewees information sheet (Appendix 2) and letter of introduction outlining basic points in the information sheet (Appendix 3). Consent forms (Appendix 4) were given before an interview began and signed by the participant before an interview took place. All the participants were informed that they could suspend the interview at any time and at the end of the interview I invited any questions or process issues related to the interview.

3. Confidentiality

To preserve confidentiality of the participants pseudonyms were discussed before the interviews were recorded and most participants opted to choose pseudonyms. One participant chose not to adopt a pseudonym so an initial was used for the purposes of the research interview.

4. Anonymity of Participants

The participation in the focus groups precluded anonymity with each other. However

there was a respectful understanding of the sharing that took place between participants. At the conclusion of each focus group meeting comments were positive regarding the experience with other members of the group, including the fruitfulness of meeting and sharing ideas. In addition, there was the issue of trustworthiness, that can be characterised as a "relational construct" (Haverkamp, 2005, p.146) between researcher and participant, and between researcher and the audience of readers. The relational component described by Haverkamp included acknowledging that participants shared stories, hence the possibly of vulnerability was present and the researcher has a responsibility to be mindful of this.

Transcripts of focus group interviews were offered to participants who attended and some chose not to read the transcripts. Being open and transparent was a guiding principle to promote trustworthy research practice. I achieved transparency by being open throughout the research process with participants. Openness included contacting participants to check changes to transcripts. Checking and sharing the data analysis that emerged from the categories from the individual interviews. Emerging data was also discussed in the two focus group meetings. Consideration regarding ethical decision making through out the research process was a constant process for me during the project. Being aware of possible ethical issues is a tension carried by any researcher who willingly engages in an ethical process (Haverkamp, 2005). A tension I carried was questioning the use of quotes that could potentially identify participants in the research. To address this concern I communicated with some participants more than once to clarify changes or commentary on the sharing of stories.

5. My Role as Researcher

Within a grounded theory methodology the role of the researcher is transparent and active in the research process. I am a supervisor and supervisee and work within the social work and psychotherapy contexts. I also have a private practice that includes working with those who are presenting issues related to trauma. I was able to engage with the participants in their world of supervision and working with trauma. However, a tension for me was not to assume the meanings of the participants and to stand back from my own assumptions concerning the supervisory relationship when the supervisee was working with trauma. Grounded theory is at great pains to emphasise that those who conduct research must have 'theoretical sensitivity', that is, remain open and curious rather than assuming and pre empting outcomes and meanings emerging from the data (Glaser, 1992).

To meet these ethical concerns I kept a journal, recording my own process of reflecting on the questions and themes that emerged, constantly asking myself questions and challenging any conscious assumptions. I also kept memos – an audit trail of interpretations and questions I was applying when coding an interview. Keeping memos is a grounded theory process that is essential in grounding ideas and interpretations in the data.

Data Collection Methods

I consulted the literature on the process of interviewing, (Polkinghorne, 2005) and the differences between structured interviewing, semi structured interviewing and questionnaires (Sarantakos, 1993). The literature indicated that, despite the time and money involved in conducting interviews, interviewing had a number of advantages: a high response rate to the research questions; the opportunity to observe non verbal cues and correct misunderstandings of questions; and allowing the researcher to have more control over the questions in terms of the order, the way the questions may be interpreted, and who answers the questions.

Disadvantages of the interviewing method included: the lack of guaranteed anonymity of the participants; the bias of the researcher may not be transparent; and not achieve as rapid a result of the research that questionnaires might provide (Sarantakos, 1993).

In the light of the literature on interviewing I chose to use a semi-structured interview format (Appendix 6) (Sarantakos, 1993). A semi-structured interview has core questions relevant to the research question, yet allows enough scope for the participant to delve into other areas of their lived experience. Within a grounded theory paradigm there is a spectrum of possible approaches to interviewing (Fassinger, 2005; Glaser, 1992; Strauss and Corbin, 1998). These possibilities range from not having any questions apart from an opening enquiry about the interviewee's

experience of the research topic, to developing an interview schedule. I have found that having an interview schedule was a helpful prompt in exploring some areas concerning the supervision relationship, and topic areas arose that were not included in the interview schedule.

The findings of the pilot are not included in the main study as the purpose of the pilot was to test the suitability of the methodology and assess the appropriateness of the research questions. It is noteworthy that many of the sub categories that emerged in the pilot interviews were also found in the subsequent three interviews with supervisees, which are covered in the next chapter.

The Interview Process

All interviews took approximately 1.5 hours. Each interview took place at the participant's home, in their consulting room; or my practice room. Before each interview began I showed the participant the consent form and asked them to read, and sign if they were willing for the interview to be recorded. All participants agreed for the interviews to be recorded. I started each interview by engaging with each participant in a social check in and established a pseudonym before the audiotape was turned on. I then opened the interview with some questions to clarify what position they were speaking from – supervisor/supervisee; length of time they had been working in trauma, and a general question about the experience in the supervision relationship. Opening with factual yet general type questions opened up narratives of their own journey as a therapist/social worker and their experiences of current and previous supervision, including the influences of training.

At the end of each interview I wrote field notes of my own observations and questions, thoughts and reflections on the interview process including the feelings I was processing. All the interviews brought up powerful emotions for me about the depth to which people had shared, and led me to reflect on my own supervision experiences. I also considered in the context of participant responses factors that supported and challenged the supervision relationship. These reflections were part of the memoing process, an essential aspect of grounded theory that leaves an audit trail of a researcher's subjectivity, questions hunches and leads to follow (Charmaz, 2006; Strauss & Corbin, 1998). I also kept a journal of the research process, and my reflections and questions about the themes, interviews and most importantly the impact of undertaking the experience of undertaking research as a therapist and a researcher.

I set out to transcribe all the interviews for this study, including the pilot interviews. My reason for this was a desire to become more intimate with the data, by hearing from the tape my questions and the responses from participants. I played the tapes of the interviews at least twice before I was confident that I had accurately captured the words of the participants, including emphasis on words, pauses and sighs. This assisted me in capturing the depth of the interview. In the later stages of the study I was pressured for time, and used funding from a research grant for a transcriber. The transcriber, after signing a confidentiality contract, (Appendix 5); transcribed the later three interviews, one of which I had transcribed to approximately the half

waypoint. The transcriber also transcribed two focus groups that took place at the end of the data collection process.

The decision to use a transcriber didn't appear to affect my connection to the interviews as I listened to the interviews at least twice and went through them again when I was checking for errors and through the process of member checking.

The Pilot Study

I chose to do two pilot interviews, one with a supervisee and one with a supervisor before the main research study for two reasons. The first reason was that I wanted to trial the interview questions and the actual process of interviewing, as this was the first time that I had undertaken a research project of this depth. Secondly, conducting a pilot study was considered essential to check or at least get an estimate of the validity, reliability and effectiveness of the main study (Sarantakos, 1993). A pilot study can also examine issues related to data collection, design and methodology (Sarantakos, 1993).

Validity

Are the questions valid? Do the interview questions answer the research question and do the answers to the questions from the initial pilot study reflect the findings of other literature/research in the area? Answers to these questions are an essential tool in ascertaining whether the questions and methodology to be used in the main study were valid (Sarantakos, 1993).

Reliability, validity, trustworthiness and effectiveness are essential qualities of research. Reliable research occurs when the results of the research can be replicated at another time and/or place. Replication of initial results can also be seen as evidence of consistency. There must also be some evidence that the findings of the study are generalisable (Davidson & Tolich, 2003). These basic and important principals of research are good reasons to pre test the research instruments, (in my case questions) as well as to prepare a novice researcher for areas that may have been missed in original planning of the research project. As earlier discussed feminist research is not dependent on replication and this study may or may not be replicable.

A pilot study is also useful to test the questions. And perhaps one of the most important purposes of a pilot study is to give a novice researcher the opportunity to conduct a sample of the research process before the main study begins, an experience that I found invaluable.

Pilot Study Participants

Finding research participants for the pilot study proved to be quite difficult, particularly finding a supervisor willing to be interviewed. I asked a number of people and finally a supervisor whom I met some years earlier agreed to be interviewed as a supervisor. The process of enlisting participants, particularly supervisors was an ongoing issue that will be discussed later in this chapter.

Before I found a supervisor for the pilot study, I was approached by a colleague who offered to be interviewed as a supervisee. As we are colleagues I wondered whether interviewing this person would be ethical. However after discussing the issue with my clinical supervisor and academic supervisor it was not seen as a breach of boundaries; the person would be given the same rights and responsibilities as other participants and our collegial relationship did not appear to be at risk. One way to minimise harm to participants is through member checks and discussing the interpretation of the data (Goulding, 2002). Member checking was carried out with all the participants including the pilot participants.

I completed the two pilot interviews in June and August 2005. I was able to achieve my purposes of checking the research instruments (are the questions in the interview schedule useful and relating to the research questions?) and ascertaining the suitability of using grounded theory methodology.

I asked each of the pilot participants where they felt most comfortable meeting, offering to meet them where they chose. I also offered my premises as a venue. Both participants accepted my offer to meet in my consulting room. The interview with each person took approximately 1.5 hours.

Summary of Reflections and Findings of the Two Pilot Interviews

The process of conducting two pilot interviews, with a supervisee and a supervisor of different genders and experience allowed me to review my research questions concerning *The Supervision Relationship between a Clinical Supervisor and Supervisee in the Context of Trauma and Abuse.* The pilot study led to clarification regarding the following questions, which became part of the study:

1. What supports the supervisee in a supervisory relationship with issues relating to trauma and abuse?
2. Are issues of vicarious trauma discussed in the supervision relationship? If they are, does the supervisee experience being seen and heard in their experience?
3. What interpersonal skills are important for the supervisor when working with a supervisee – particularly in the area of trauma and abuse?
4. Are there specific skills and knowledge that are essential for the supervisor in order to supervise a person working with trauma and abuse issues?
5. What influence, if any does parallel processes have on the supervision relationship?
6. How do the supervisee and supervisor assess the effectiveness of the supervision relationship on clinical practice – what evidence is there that the client is benefiting from the input of the supervision relationship?
7. What training and preparation will support a supervisee to get the best out of supervision in the context of working with trauma and abuse?
8. What specific theoretical understandings are central to working with trauma and

abuse?

9. What influence does gender/feminist analysis have on the clinical and supervision relationships?

These questions are by no means an exhaustive list of the issues that underpin the research topic. The pilot interviews answered some questions as well as helping to clarify the most effective questions. It is striking that in the *in vivo* codes (Glaser, 1992), the words spoken by participants when describing the relational experience of the supervision relationship were very positive about their experience as supervisees and offering supervision. Words and phrases were used such as:

"Really human"

"Acknowledged"

"Working with horror"

"Really exposed"

"Mix of having confidence in your skills that is likely to extend me and being able to have that incredibly deep intimate relationship that we are talking about"

"Feel I am affirmed in my work and feel that I am doing the best I can"

"Trust"

"Safety"

"Treated somewhat like a schoolgirl" (When choosing a supervisor was not an option).

It became clear to me from these pilot interviews that for the participants the foundation of the supervision relationship was reliant on the interpersonal skills of

the supervisor and the supervisee.

In summary I found the pilot study very useful indeed, if not vital. The way questions were asked; my identity as a therapist and the new experience of asking questions from a researcher perspective was an invaluable learning.

Combining the roles of counsellor and researcher presented specific issues around the process, ethics and boundaries that are particularly challenging (Etherington, 1996). When reflecting on specific issues of process, it is important to be aware of the purpose of deepening questions. Does asking deepening questions help to answer the research questions or is this a therapeutic conversation? Another challenge that counsellors who are also researchers may experience is the tension between their empathic responses and lacking a clear boundary with the role as researcher. Although boundaries concerning roles can be a concern for people working in other disciplines who engage in research, the training of a counsellor is designed to develop space and empathy, so it is a particular challenge (Etherington, 1996).

The pilot study achieved the following:

1. Adapting questions on the interview schedule;
2. Allowing a trial of the grounded theory approach in an embryonic way. The methodology appeared compatible with the research topic; and
3. Providing an opportunity to review early in the research process the changes needed to make concerning interviewing techniques, and how I analysed the data.

Main Study Research Process

Participant Recruitment for the Main Study

As with the pilot study, it was difficult to recruit participants. I sent out letters introducing myself including the information sheet on the research, to five agencies and rang a number of people whom I knew through my collegial network. The letters did not receive a single response and a number of people did not respond to my telephone calls. I realised that sending out letters was not a relational way to find potential participants and decided to follow up two of the agencies that I had sent letters to. Contacting these agencies resulted in gaining two participants, one a supervisee and the other a supervisor. One factor for one potential participant was the question of whether I was seeking to interview both supervisee and supervisor in the same supervisory relationship. I reassured the participant that I was seeking supervisees and supervisors who were not in a supervisory relationship together. However, this important question bothered me and I revised the information single sheet I sent out to other potential participants. I continued to make personal telephone calls through my collegial network and gained two further supervisee participants.

As in the pilot study I found supervisors less willing to be interviewed than supervisees. My sense was that supervisors may have found talking about their practice as a supervisor, and being visible about their experiences more difficult.

Also given there was not a great deal of literature on the supervision relationship in the context of trauma perhaps this research topic was unfamiliar, and therefore perhaps considered unsafe, and/or exposing for supervisors particularly to take part.

Profile of Participants

Supervisees

The first three interviews were recorded from November 2005 to February 2006. These three participants were speaking from a supervisee perspective and were experienced therapists. There were two women and one man. All appeared to be European/*Pakeha*. The therapists were in an older age group, 45 and over. Their experience as psychotherapists and counsellors ranged from seven to twenty years although two of the three participants had training in psychology or a healing profession. My fourth interview with a supervisee occurred some time later as I was seeking a supervisee from a social work perspective, given that clients presenting with traumatic experiences also work with social workers.

At a training course I attended in April 2006 I met a person who offered, after reading the background and criteria for participant selection, to put herself forward as a research participant. This participant appeared to be in a similar age bracket as the other three participants and had five years experience as a social worker. As she lived outside the Auckland area, arrangements regarding travel and availability for both of us contributed to the interview being in the later stages of the interviewing period. I

also wanted to compare social work experiences with counselling and psychotherapy supervision experiences in the context of trauma and abuse. In addition the last supervisee interview offered an opportunity to compare commentary from two supervisor interviews I had completed earlier.

Supervisors

After three interviews with supervisees were completed, I began to follow up potential participants who offered clinical supervision to social workers, counsellors and therapists in the context of trauma and abuse.

Interviews with supervisors took place between June and September 2006. My first supervisor participant was from an agency I had contacted earlier; who offered supervision to counsellors working with trauma. She was also a therapist who offered therapy to trauma survivors. She had approximately twenty years experience in mental health and trauma. The second participant was a practicing psychotherapist who provided clinical supervision to trainees, counsellors and therapists. Her background was working in trauma and she has offered workshops for those in the sexual abuse field. Her experience spanned over ten years as a supervisor and longer as a clinician. The third participant was a senior social worker with more than 20 years experience and was a practice manger in a statutory agency. Her role was to supervise supervisors supervising social workers. My last participant was a man who has led a wide range of groups, has trained group leaders, and supervised counsellors, group leaders, and different workers in organisations. He identified as a Kiwi

with multiple lines of Maori and *Tau-iwi* inheritance.

Focus Group Interviews

Focus groups have historically been used in many research settings, such as market research and social science (Minichiello, Sullivan, Greenwood & Axford, 1999). The rationale for using focus groups is that the interactive process between the participants can yield rich and diverse experience about the research topic. Other benefits to this study included checking with participants the categories that emerged during the individual interviews. The amount of variation and discussion about the topic in question, in addition to the group dynamics can produce a group process that is stimulating, as well as generating new themes, ideas, and opinions (Minichiello, et al., 1999).

After reviewing the benefit of conducting focus groups, I decided during the planning phase to invite both sets of participants to be in a focus group. After the interviews were completed I facilitated two focus groups, one with each of the participant groups. The purpose of the focus groups was to discuss the categories that emerged from the interviews with both those receiving supervision (supervisees) and those providing supervision (supervisors). I wanted, as a way of member checking, to clarify my understanding of the categories and also create a space for other questions to emerge in a group environment.

In addition the notion of triangulation was considered important. Triangulation is exploring a research issue in different ways to allow the researcher to be creative and employ other means to access data sources (Minichiello, et al., 1999). Patton, (1990) supported triangulation as strengthening research practice and stated triangulation should in principle be employed where possible.

Finally, I wanted the participants to meet each other and potentially experience a stimulating and invigorating discussion that could provide ongoing connections and stimulate ideas for future practice within the supervision experience.

Focus Group Process

I facilitated two focus groups in October 2006. The first focus group consisted of three of the four supervisee participants. One participant could not attend. The second focus group with supervisor participants also had three participants with one not attending. Both interviews were recorded, transcribed and coded for sub categories to assist in conceptualising the meanings of the conversations as well as identifying new sub categories and recommendations. Before I began the focus group facilitation I asked for consent to record the interviews, and discussed confidentiality.

The initial opening of the focus group meetings began with a presentation of the sub categories derived from the original interviews of participants. Space was then offered to the group for questions, reflections, and deepening the experiences of

themes related to the supervision relationship. In addition new sub categories, recommendations and suggestions emerged from the group process.

A similar process was followed with the supervisor's focus group that took place a week later, with additional commentary concerning sub categories that emerged from the supervisee focus group. Both groups offered recommendations and fresh ideas that had not arisen in the individual interviews.

Data Analysis Methodology

Following the original work cited previously by Glaser and Strauss (1967) there have been significant differences between the authors about the application of grounded theory, and about epistemological standpoints and interpretations (Babchuk, 1997; Charmaz, 2000; Charmaz, 2006; Fassinger, 2005; Heath & Cowley, 2004; Ponterotto, 2005).

Method Variations between the Founders of Grounded Theory – A Brief Synopsis

The differences between the founders of grounded theory are important. Grounded theory methods vary in the manner research is conducted and the choices made concerning analysing the data, and the ways in which *a* theory rather than *the* theory emerges (Heath & Cowley, 2004). Following the publication of the original work,

The *Discovery of Grounded Theory* (Glaser & Strauss, 1967), there has been a plethora of literature concerning the differences not only between Glaser and Strauss, but also in other interpretations of the way grounded theory is conducted (Babchuk, 1997; Fassinger, 2005; Heath & Cowley, 2004)

Given the fullness of the literature, I will present a brief description of the different epistemological and procedural processes of Glaser and Strauss. Specifically, Glaser's position requires that the researcher allows and trusts the informant's world, their socially constructed reality, to inform and guide the analysis. The researcher is invited to take a more flexible and less rigid approach to following the procedures set out by Strauss and Corbin (Babchuk, 1997). For Glaser (1992), the emergence of data allows the researcher to sit with the fundamental question of 'what is really going on here'. Strauss and Corbin's classic *Basics in Qualitative Research* (1998) offers an explicit set of procedures for conducting grounded theory research that Glaser claims forced the data to 'fit' into the guidelines set by Strauss and Corbin (Babchuk, 1997). Strauss and Corbin were concerned that data demonstrated positivist elements of reliability, generalisability and verification, in the interests of "canons of good science" (as cited in Babchuk, 1997). However, Glaser made a clear distinction between theory generation and theory verification, stating that generation must emerge from the data rather than the data being fitted into preconceived theories held by the researcher (Glaser, 1992). Essentially, the differences between Glaser and Strauss offer a novice researcher the opportunity to ask, 'What is my epistemological standpoint on grounded theory and how will I decide which path to

take?'

Constructivist Grounded Theory

After much consideration, reading and questioning of both epistemological stand points offered by Glaser and Strauss (1967) I opted for a constructivist grounded theory approach. This approach offered a middle ground between positivist and post positivist underpinnings (Charmaz, 2000). According to Ponterotto, (2005) constructivist grounded theory is an increasingly popular research methodology within the counselling and psychology disciplines. Constructivist grounded theory sits well within a feminist framework and can be usefully applied to creating a grounded theory concerning the supervisory relationship between a supervisee and a supervisor in the context of trauma. An important feature of a constructivist approach in the trauma context is that this approach attended to the meanings people made from their experience. There has been criticism that few grounded theorists describe and make visible the relationship between researcher and participants as an interactive experience (Keddy & Sims as cited in Dignam, 2001). I have endeavored to make my role as researcher visible and transparent with the participants. Transparency has been achieved by being open with the participants about the reasons I am researching this topic and the potential learning from the research questions. Constructivist grounded theory allows the researcher to experience a more meaningful, interactive relationship with participants, and the data that the study produces (Charmaz, 2000; Charmaz, 2006; Ponterotto, 2005).

Open Coding

Coding is the beginning process of linking meanings from raw data, in this research from interviews with supervisee's and supervisors and, in the later stage of the project, two separate focus groups with the participants.

> (Coding is) the pivotal link between collecting data and developing an emergent theory to explain those data. Through coding you define what is happening in the data and begin to grapple with what it means (Charmaz, 2006, p 46).

Before beginning the initial coding process I re familiarised myself with the literature on the application of the techniques and procedures of grounded theory (Charmaz, 2006; Fassinger, 2005; Strauss & Corbin, 1998). After reading the variety of method applications to grounded theory I decided on the technique of line by line analysis by reviewing each line asking 'What is going on here'? In the margins of a transcript I wrote an interpretive analysis of what the participant was saying. When a question came up, or reflective thoughts arose I wrote memos to myself on interpretations of the data, including the meanings the participants made and other areas inspired by the questions.

The interpretive words constructed by the researcher within a grounded theory methodology are called conceptions (Charmaz, 2006). I was careful to ensure that my concepts would be as close to the participant's words and meanings as possible. Secondly I asked myself fundamental questions, such as, what is happening here?

What is happening on two levels, both social and psychological processes? These questions reflect the Basic Social Process described by Charmaz (2006). Basic Social Process is a way of seeking to discover the possible meaning of actions, ideas, situations and contexts of the participant's world. Questioning the ways in which Basic Social Processes unfolded and aided the memoing process throughout the research. Finally I used extensive *in vivo* codes, the participant's actual words to highlight their voices.

The analysis included scrutinising the questions, checking whether all the questions on the interview schedule had been asked, and being alert for other questions that may emerge. Finally, I considered whether the questions assisted me in exploring the supervision relationship when the supervisee was working with trauma and abuse. Applying a social constructivist approach when interpreting the data, seeking meaning and connections to my own experience and comparing my experience to the voices of the participants is termed comparative analysis (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1998).

The practical application of these procedures of coding, memoing and comparative analysis is at the heart of the process of tracking the sub categories emerging throughout the interviews, including the sub categories emerging in the focus groups.

The Process of Comparative Analysis

As the fragments of data emerged through the notes in the margins of the transcript, I realised that I needed another system to hold the fragments from all eight interviews. There were 61 codes that emerged from the supervisee interviews and 59 from the supervisor interviews. From the codes similar themes and words were placed into sub categories. In the initial process of categorising, each sub category that related to the core category was written on a card. For example one card was headed 'choosing a supervisor'. Under this category, subcategories of the participant's *in vivo* codes and my codes were put into the appropriate category, in this instance, choice. Initially the card system was useful. Later I became concerned that the interpretive analysis may be lost if the context of the participant's dialogue was not clearly linked back to the piece of transcript. I changed the way I retrieved the data and decided to do the following:

When I had completed all eight interviews I photocopied the transcripts onto different colored paper, one for each participant. I then cut out from each page my interpretive analysis codes. These I grouped together by theme. Once a theme was clearly emerging I designated it as a sub category. This process of bringing the fragments of data together for grouping into categories was the first step of the fundamental process to axial coding, the next stage in the development of grounded theory. I was also comparing incident with incident within the same interview, then comparing interview with interview, and comparing supervisee experience with supervisor experience. I decided to separate the two groups into one for supervisees

and another for supervisors including their *in vivo* codes (participants' actual quotes from interviews). This was a useful way to delineate the different perspectives and issues for each group as well as ensuring both supervisee and supervisor experience was visible.

The next section discusses how the data findings were organised by sub categories and categories that emerged from the open coding process that provided the foundation for axial coding, the second process of data analysis.

Axial Coding

Axial coding was originally presented by Strauss and Corbin (1998) to assist with the process of bringing together fragments of collected data into a cohesive framework to assist the researcher to link relationships from the sub categories emerging from the data, to a core or axis of a particular category (Charmaz, 2006). The researcher is invited to ask questions of each category concerning the category's context, purpose and meaning, or to answer the questions as to why, when, how, who, and with what consequence? These questions are expected to promote the researcher to think more deeply and conceptually about the themes emerging from the data, and the possible meaning attached to each category.

I considered the challenges of using axial coding, including the risk of forcing the data (Glaser, 1999). I had read commentary suggesting that this method can both

limit and extend the researcher (Charmaz, 2006). After reading other research examples where axial coding was used, I chose to adopt this form of coding. Axial coding is expected to demonstrate a depth of analysis that I found encouraging and inspiring.

I axial coded all eight interviews following the guidelines offered by Strauss and Corbin (1998) to develop the axial coding framework. The process was challenging and exciting, creating opportunities for reflection and weaving a deeper analysis of the data. I adapted a matrix (or table) (Bebbington 2000) containing all the elements of what, who, how, why, when and of what consequence into:

Basis for Phenomenon: What purpose does this phenomenon serve?

Context: When does this phenomenon arise, and what influences the context?

Conditions: What conditions inform the choice of engaging in this process?

Strategy: How is this choice to be enacted?

Outcome: What is the impact/consequence of this action?

These questions stimulated many other questions, and some anxiety as I could see the ways in which categorisation might indeed force the data. However, I kept asking wider questions outside the phenomena – questions such as what is the purpose, meaning and value of these actions and what is the impact of the symbolic meanings of these actions? I went back to the earlier axial coding process, went over the transcripts again and again until I felt I had really captured an essential understanding of actions that inter related with one another that held meaning for each participant. I

drew a table of the sub categories on the right hand column of the matrix as a summation of quotes expressed in the research examples. Interview quotes have been recorded in black bold italics. The category matrix or table is placed at the beginning of each section in supervisee and supervisor data finding chapters.

The next part of the grounded theory process involved selective coding, and the continuation of memoing that recorded my questions, thoughts and reflections on the data that emerged at the end of the axial coding phase. The memos assisted me in the next phase of grounded theory; selective coding.

Selective Coding

Selective coding is the final process of integrating and distilling the categories to flow into one central or core category. The sub categories and categories that emerged over the research process inform and contribute to the core category in forming an "explanatory whole" (Strauss & Corbin, 1998, p.146).

A core or central category reflects the storyline that in turn reflects the sub categories from the research and must also demonstrate that:

1. The category appears frequently in the data;
2. That the sub categories are clearly connected to other categories yet not forced;
3. The core category emerges at the end of the research process; and
4. An in - depth process of identifying sub categories and making linkages between categories has allowed the core category to slowly emerge (Strauss & Corbin, 1998).

The Core Category

As outlined by the above criteria the core category must be a running thread throughout the data and connect to other categories. The core category that emerged in this research study was multiple holding. Multiple holding is a theoretical construct that describes supervisees accessing resources outside the supervision relationship as well as within the relationship to support and hold them in their work with trauma.

Three of the supervisees stated that having personal psychotherapy was essential for their practice as a therapist, and the social worker participant stated she could see the personal benefits of having therapy. All the supervisee participants identified collegial support, spirituality and ongoing training as critical for their competence as practitioners.

Theoretical Saturation

Charmaz (2006) described theoretical saturation as being reached when there were neither new properties nor yields of any further theoretical insights on the emerging theory. As such theoretical saturation occurs when there is no new information or data emerging that provides new avenues to explore or to research. Obviously this is a contentious issue as in this study there may be many themes that could be judged as open to further exploration. However, in this study theoretical saturation occurred when there was nothing new that emerged around the core category identified from the data and emerging theory; namely multiple holding.

The emerging theory is that multiple holding supports those working with trauma and abuse. Multiple holding is seen as being part of the supervisory process and supporting individual clinical supervision. This theory emerged from the open, axial and selective coding process. I was satisfied that from the pilot study, individual interviews in the main study and focus group sessions, that I had saturated the data collection process and nothing new had emerged apart from a strengthening of the core category of multiple holding.

Conclusion

This chapter outlines the research process concerning the supervisory relationship when the supervisee is working in the context of trauma and abuse. Grounded theory was the methodology that was used to analyse and discover the core category of this study; multiple holding. This chapter described the methodology of grounded theory, the philosophical underpinnings that informs the process of grounded theory and the ways research methods, through procedures of data analysis were employed to discover the core category of this study; multiple holding. I have also described the way I recruited the participants for the study, including the pilot participants. The rationale for conducting a pilot study and an in-depth description of data collection and analysis has also been presented.

The next chapter introduces the data and the main sub categories and categories that arose from the interviews and focus group with the supervisee participants. The sub categories and categories are further explored. Chapter five presents the data findings from the interviews with the supervisor participants. Included in both the finding chapters is a full literature review that is related to the sub categories and categories that emerged in this current study.

CHAPTER FOUR

Findings from the Supervisee Participant Interviews and Focus Group

Introduction

This chapter presents the data findings from the four supervisee participant interviews and the supervisee focus group interviews. Literature related to the issues and themes that emerged from the categories is also integrated in each section. An axial coding table at the beginning of each section demonstrates the ways in which categories emerged and presents a summary. Following the open coding and axial coding process I identified the themes that emerged from the data regarding the supervision relationship. Themes identified in the axial coding table often recur therefore there may not be a commentary on each occasion.

The categories are listed below in chronological order as they emerged from the supervisee interviews. The sub categories that were axial coded into categories were:

1. Choosing a supervisor
2. The supervision space
3. Co – creating the relationship
4. Challenges in the supervision relationship
5. Developing valued skills and experiences from the supervisor
6. Multiple Holding.

The Table 4.1 identifies: the basis for the phenomenon, conditions and the context related to the phenomenon; strategies to achieve a desired outcome and the actual outcome or consequence of the action. The sub categories on the right hand column are related to the actual quotes from the participants. The axial coding table of 4.1 below presents the Choosing a Supervisor category. This category was the first to emerge from the open and axial coding procedures.

Table 4.1

Table 4.1 Choosing a Supervisor

	Framework	*Category*	*Sub categories*
4.1.1	**Basis for phenomenon**	Policy and Practice	Meeting clinical needs Organisational policy Normal and required practice
4.1.2	**Context**	Environment	During /Completed training Working with trauma Gender of supervisor Change of location
4.1.3	**Conditions influencing context**	Choosing supervisor	Level of experience Gender of supervisor Perceived characteristics of supervisor Capacity to work with trauma
4.1.4	**Strategy**	Knowledge of supervisor	Reputation and skills Personal contact Recommendation
4.1.5	**Outcome**	Setting the scene	Building trust and safety Clinical risk

Adapted from unpublished thesis *How Nurses Manage Triage Decisions* by J. Bebbington.

4.1.1 Policy and Practice

Choice — the supervisee's autonomy to choose a clinical supervisor — was the first category that emerged from the axial coding process. Choice emerged from processing the fragments of data into categories. I spontaneously drew a diagram (Appendix 7) mapping the sub categories that related to the category of choosing a supervisor. I reflected on the implications for the supervision relationship when choosing a supervisor was not an option. Questions about the reasons people chose the supervisors and the implications of not having the option to choose a supervisor are discussed.

The first sub category to emerge from the thematic analysis was what I classified as policies and procedures that inform choosing a supervisor:

The first three supervisees interviewed were able to choose a supervisor. One participant was advised to choose a supervisor from the same psychotherapy training:

> ***I was told to, this time*** [referring to the question about choosing this supervisor] ***because I am relatively new out of training in the psychotherapy course. You are expected to spend a few years solidifying – embedding – a better word.***

Selecting a supervisor in the above situation was influenced by the need of the supervisee and the training body to integrate theory and practice from the supervisee's training, making the supervisor's modality an important element of the choice.

Another participant said:

> ***I don't see how I could really move out of ... a post modernist framework anymore...***

Another participant named finding a supervisor from a different modality was useful and supportive as there was learning from different modalities:

> ***I had a session just the last supervision session I had which was full of some training. Some new teaching that I was curious about - cause I said tell me more about and she was talking about a particular way of working and I was curious because I thought that sounds kind of interesting. Because we are coming from a different modality too...***

The autonomy to choose a supervisor concurs with supervision literature that stated that choice is an important foundation for self disclosure and trust to emerge in supervision relationships (Davys, 2002; Sloan, 1999; Webb & Wheeler, 1998).

One study (Webb & Wheeler, 1998) examined supervisee's willingness to disclose sensitive clinical issues. In this study, a randomised sample of 212 counsellors who were members of the British Association of Counselling were sent a postal survey on discussing sensitive material with supervisors. The responses of 96 participants (45%); indicated that the ability to chose a supervisor was critical in supervisees' willingness to share sensitive incidents of clinical practice. Another finding of the survey was the importance of the supervisory alliance. Supervisees who identified a

positive supervisory alliance with the supervisor were more willing to disclose issues perceived as difficult.

Davys (2002) researched the elements of 'good supervision' in social work. This New Zealand study discovered that choosing was a key factor in the supervisee experiencing "a strong sense of ownership of the supervision process" (Davys, 2002, p. 90).

The final supervisee interviewed had experienced both choosing a supervisor and also having an allocated supervisor:

> ***When I was doing my... training I had a supervisor chosen for me and that was an excellent supervision experience as well.***

When I queried whether choice was important rather than having someone appointed.

> ***Yes because I think there needs to be a match doesn't there between personalities.***

Most of the supervisees in this study were able to choose a supervisor. Supervisees approached selecting a supervisor with caution and thoughtfulness, taking great care in their supervisor selection process. The cautious approach was related to seeking to meet clinical needs and the supervisees' knowledge or perception of the clinical experience of a supervisor.

The next section describes how the supervisees selected a supervisor, to meet their clinical needs, including needs related to working with trauma.

4.1.1 a) Meeting Clinical Needs

Supervisees were also thoughtful and cautious regarding choosing a supervisor in order to meet clinical needs. Clinical needs that were identified in the context of trauma work included the following:

> ***When you go to a supervisor you want to know that they know more than you do about a lot of important things but*** [*are*] ***not going to treat you as somebody who does not come with a lot of important things as well, a lot of skills ...***

Knowing about the supervisor was an important step in choosing, including knowing that the supervisor had a greater depth and knowledge than the supervisee. This may appear basic criteria for choosing a supervisor; supervisee's assumptions about the knowledge a supervisor holds can be imprecise as this supervisee noted:

> ***Like if you take a paragraph from an abuse survivor, the point of where I intervene in that paragraph and ask a question or what it might be*** **[is critical].** ***The nature of the question, no the point*** **[at]** ***which I chose to intervene, then governs the response. So I am providing some leadership in there and if somebody offers me something else then it is not any use. I had one supervisor who wanted – he wanted me to go walking with this male client to get him out of the room and get him walking and I just couldn't do it. I tried going walking***

with him and this was to try and unstick the situation. He didn't say anything helpful of what I was going to do with this complex situation.

Hence the same participant stated that choosing a supervisor was:

With incredible care.

The skills and qualities of a supervisor have an impact not only on the supervisee, but also on the client and therapeutic relationship discussed in supervision. A supervisor who is not aware of trauma symptomology or the impact of symptoms on the therapeutic relationship will impair the effectiveness of the supervision relationship. Walker (2004) presented commentary from a supervisee: "An experienced therapist commented that her supervisor "did not believe in dissociation" (p.184) when, "[dissociation] is of course, a front-line defense against trauma" (Pearlman & Saakvitne, 1995a p. 23).

One way of minimising the problems of choosing a supervisor when the supervisor did not have adequate knowledge and experience; was to rely on prior knowledge or reputation of a supervisor:

Somebody said to me I think you should go to (names supervisor) ***and I will talk to her about it for you. And I thought yes that would be great for me to go to her. Just like if I finish with*** (names supervisor) ***I could go to someone*** **[who]** ***holds a completely different perspective but is also known as good in their area and*** **[has]** ***a reputation in their area. A good supervisor and a good practitioner.***

The beginning stages of choosing a supervisor are dependent on a number of factors, which include: experience and reputation of the supervisor and supervisee clinical needs. Clinical needs were also related to the developmental needs of the supervisee, which are discussed in the following section.

4.1.2 Environment

The process of becoming more robust and receptive to being challenged in supervision develops over time.

4.1.2 a) Training and Learning Needs

Participants described how their learning needs were met in an environment of support and safety generated in supervision:

> ***Well at the time I first chose this particular supervisor she was very gentle, because I was a beginning therapist. I think for me safety is a really big thing I wouldn't want to go to someone who is very challenging of me and not hold that kind of what I would call a child space or feeling I'm going to get it wrong and I'm going to be judged.***

Another participant stated that earlier in his career, he would not have sought the challenges he seeks now:

> ***There was a time when I didn't feel sufficiently confident in my work well I sought something that was more contained and more supportive of me. I***

> ***wouldn't have sought out supervisors that would have pushed me so hard, because I needed to be held and supported in the stuff I was doing.***

These statements are supported by studies on supervision that have identified that support, containment and safety are necessary in a learning environment (Bernard & Goodyear, 1998; Bordin, 1983; Eagle, 2005). When support and safety are present, anxiety of the supervisee is reduced (Bernard & Goodyear, 1998). As Eagle (2005) observed in a clinical supervision experience with counsellors working in a trauma based counselling clinic in South Africa; anxiety for the trainee counsellor must be contained and reduce anxiety in supervision. Eagle (2005) wrote:

> A central function of supervision is to provide containment for the trainee or supervisee. Learning under any circumstances, including supervision cannot take place in the face of excessive anxiety. Just as clients are distracted and disabled by anxiety, so may therapists find it difficult to concentrate on absorbing supervisory input when their existing schemas and related affects are disturbed by exposure to traumatic material (p. 35).

In the context of trauma supervision literature supervisee anxiety is affected by how the supervisors' respond to the supervisees experiencing anxiety or shame (Eagle, 2005; Knight, 2005; Walker, 2004). Responses that have been effective in reducing

anxiety are: recognising the supervisee's beliefs and assumptions; having humility as a supervisor; and, working collaboratively (Alonso & Rutan, 1998; Anderson & Swim, 1995; Eagle, 2005; Sommer & Cox, 2006). Knight (2005) also stressed the importance of supervisors disclosing similar personal experiences appropriately in order for the supervisor to normalise the responses the supervisee experiences.

4.1.3 Choosing a Supervisor

4.1.3a) Experience

Supervisees identified the knowledge held by the supervisor relating to working with trauma as another basis for choosing a supervisor. A participant named the need for the supervisor to have specific experience in working with trauma and gave this example:

> ***I need my supervisor to help me with flashbacks, and flashbacks that won't move. My supervisor needs to have spoken with fifty people who experienced flashbacks. They need to have read it, talked about it and been to workshops and have done some thinking about it.***

In the following comment a participant names an incident in which trauma was present and both supervisor and personal therapist were helpful in working through the impact of the traumatic experience:

> ***Sometimes I have actually brought – there was an incident which I took to my personal therapy as well as I was working in supervision as there was some trauma. It was quite a strong reaction I was having in my body.***

Both participants quoted above explored challenging clinical situations related to processing the effects of trauma in supervision. Feelings of helplessness when trauma symptoms continue to intrude for the client or when the therapist experiences vicarious trauma have been reported in clinical supervision trauma literature (Eagle, 2005; Knight, 2005; Walker, 2004).

4.1.3 b) Gender

The last aspect of choice was the issue of gender. Two supervisees stated that choosing a supervisor was also about the gender of a supervisor:

> ***But you know I have consciously sought out women who will challenge me as a male. Me personally and then secondly my work ...***

I found little commentary in the supervision literature on male supervisees actively seeking to be challenged on gender issues by female supervisors, similarly there is little to be found in the supervision literature concerning women supervisees choosing a male supervisor:

> ***I've actually found that I prefer to have a male supervisor ... I felt like I wanted some balance in my life like having a male.***

Both these participants were seeking challenging experiences including the supervisor holding an analysis of gender. The male participant named the importance of the supervisor holding a feminist perspective.

4.1.4 Knowledge Held by the Supervisor

4.1.4 a) Reputation and Skills

Supervisees identified the following as helpful for the supervisor in terms of knowledge and skills to equip the supervisee in trauma situations:

> ***You know*** (names supervisor) ***recognised straight away that*** (referring to supervisor recognising) **– *that is where an experienced supervisor is important a lot of background in this case trauma and sexual abuse, to recognise it straight way and work with it.*** [Recognising trauma effects on the therapist].

Recognising trauma symptoms has been identified in the supervision literature as vital for supervisees when discussing therapeutic relationships in supervision. Recognition included empathic engagement with the supervisee and inviting ways to process the impact of trauma (Eagle, 2005; Frawley-O'Dea, 1997; Knight, 2005). The link between recognising symptoms of trauma and holding knowledge of trauma theory has also been an important factor for supervisees in the current study:

> ***But when it comes to basic trauma therapy I expect my supervisor to be able to traverse right across that – what I would say is basic trauma theory which is what I think I do, I hope. And that is another thing; I am completely dependent on my supervisor if I am not doing it and you know I do go through times of considerable self doubt in my work ...***

The level of dependency stated here appears to be linked to times of doubt about competent practice working with trauma. Dependency on a supervisor has the

potential of limiting information and experience needed to work with trauma. Most of the participants, including the above supervisee, in this study discussed having other supervision and training opportunities to assist in working with trauma. Later in the study the concept of multiple holding will be further explored.

The sub categories of supervisors having experience working with trauma were reinforced throughout the interviews as this participant stated:

> ***They need to have been a trauma therapist and having had a therapist themselves.***

This comment echoed a belief that to really understand the depth of working with trauma a supervisor needs to have experience in trauma and also experienced being a client. The emerging literature on the needs of supervisors supervising trauma workers advocated for supervisors to create supportive structures such as supervision of supervision practice; to promote psychotherapy and collegial meetings with other supervisors for their supervision practice. The literature supports an opportunity to explore parallel process issues that may emerge in the supervisory dyad. The impact of containing the therapeutic relationship presented in supervision can also create anxiety and similar responses to vicarious trauma for both supervisor and supervisee (Eagle, 2005; Pearlman & Saakvitne, 1995b).

4.2 The Supervision Space

The next category that emerged was the impact of the supervision space, including the impact of the physical space on the relationship. O'Donoghue, Munford & Trlin

(2006) stated that there was little discussion in the supervision literature on the impact of environmental factors on the supervision space. In this study supervisees described how the supervision space reflected the development of the supervision relationship. The space described by supervisee participants in this study included: the supervisor framing the space; designated time and space; inviting reflection; providing a container; and being present and available. The axial coding table for the category supervision space is presented.

Table 4.2

Table 4.2 The Supervision Space: Physical, Psychological and Spiritual

	Framework	*Category*	*Sub categories*
4.2.1	**Basis for phenomenon**	Elements of the supervision space	Significant impact of supervision space
4.2.2	**Context**	Designated time and space	Physical Spiritual Emotional
4.2.3	**Conditions influencing context**	Supervisor framing space	Space for reflection Supervisor creating sense of space
4.2.4	**Strategy**	Container	Designated physical space Regular
4.2.5	**Outcome**	Being present and available	Building trust and safety Deepening reflective process

4.2.1 Elements of the Supervision Space

The environment is primarily the physical space of supervision. A sub category that emerged in conjunction with creating the supervision relationship was the qualities of the space in which supervision took place, described as being vitally important for the development of relational experiences of trust and safety. This finding appears to concur with a study by O'Donoghue, et al., (2006) that stated that the physical environment provided the conditions for relational experiences between the supervisor and supervisee. Concepts such as time, place, comfortability and learning opportunities were identified as elements that arose within the ecological space, often provided in a supervision setting that was outside the agency or practice room of the supervisee (Donoghue, et al., 2006).

4.2.1a) Significant Impact of Supervision Space

The experience recounted here was that of safety, expressed in terms of the supervision space. The safety was described as an expansive experience that allowed all material to be discussed and is similar to psychotherapy. The following commentary is an evocative poetic response reflecting a supervisee's experience of the supervision space:

> ***The concept of the space between, whether it is cloudy, whether is clear, fragrant you know. There you are there you are my supervisor*** (names supervisor), ***you are a human being and I know that and you hold this huge frame which I do not, however I am learning about how to be as good as I can be in my work.***

The space is also a place of learning, yet as earlier commentary noted; learning needs takes place within an environment where the supervisee experiences containment and safety.

4.2.2 Designated Time and Space

4.2.2 a) Physical, Spiritual and Emotional

One participant described the physical experiences of the supervisory space as akin to the Maori concept of creating and holding a sacred space:

> ***I think it is the physical space, it is the space between you and the supervisor, it is what's going backwards and forwards in that space. I was thinking of Marae Atea ideas, that principle that I've been thinking through.***

Webber-Dreadon (1999) presented an indigenous model of supervision amplifying the concept of space in supervision relationships. The model included ways of beginning and ending supervision sessions by following Maori protocols relating to formal contexts such as in the *Marae*. The sacredness of the supervision space was emphasised in the model of supervision. As this participant stated, the space was experienced in this frame:

> ***You know how when you come onto the marae you've got the Marae Atea where you've got the visitors, the manuhiri and you've got the people that live there and there's that space between you where there is the toeing and froing and the talking and there's the Koha. It is Mason Durie's thoughts actually, but when you actually live and experience it you think yes this all makes sense.***

The supervision literature related to trauma, stresses the importance of the supervisor holding a space with supervisees that provides a safe, containing environment (Knight, 2005; Walker, 2004). How the space is experienced between the supervisor and the supervisee appears to be dependent on the environment, which reflects the supervisors' own sense of space.

4.2.3 Framing the Space

Participants in this study described similar experiences to O'Donogohue, et al., (2006):

> ***For me I always think of it as a place, a safe place I like to think that my supervisor and I have such a relationship that I can bring anything to her. And***

I know that that is not the case with some people that are in supervision.

4.2.3a) Space for Reflection

Supervisor Creating Sense of Space

A participant said, when asked how the supervisor frames the relationship:

> ***Yes and when you say framed,*** (responding to researchers question about how the supervisor framed the supervisory relationship) ***it is a lot in the language. It is how the person sits in the room*** (and names supervisor) ***is very spacious. She has her Buddhism training and things too, there is a big space between you.***

And, with another supervisor, ***"a great deal of warmth, which was lovely, and I did need that".***

4.2.4 Container

> ***I have never felt that I have been directed to do anything because my supervisor has said this is the way to do it and I think my supervisor is such that she wouldn't do that anyway, she wouldn't say 'you have to do it this way'. There is always kind of space for me to be able to go in there and say I am not very keen on that particular way of doing things.***

4.2.5 Being Present and Available

4.2.5a) Trust, Safety and Reflective Process

The environmental space and relational qualities of the supervisor are interconnected. The space has an influence on the level of comfort and relational experiences, including a space to be reflective and experience the supervisor's presence. Spirituality also emerged as an experience in the supervision space:

> ***My supervisor brings a very strong spiritual presence to her, so I never feel shamed about talking about something that would be happening for me or the therapeutic relationship you know. And she has worked with a lot of trauma.***

The supervision space was a key feature for the social workers and psychotherapists I interviewed from both supervisee and supervisor perspectives. The depth of the supervision experiences between supervisor and supervisee, outlined in the factors influencing choosing a supervisor and the description of the supervision space introduced the next area of exploration, the creation of the supervision relationship.

Table 4.3

Table 4.3 Co-creating the Supervision Relationship

	Framework	*Category*	*Sub categories*
4.3.1	**Basis for phenomenon**	Safety and Accountability of supervisee Client safety	Holding, support. Trust Duration of relationships challenge Client safety.
4.3.2	**Context**	Connection Deepening knowledge and skills of supervisee	Working with clients presenting with trauma Connecting with supervisor Developing skills and knowledge of supervisee Minimising risk of harm to clients
4.3.3	**Conditions influencing context**	Competence of supervisee Collegial support	Deepening expertise Awareness of self Striving for competence; motivation
4.3.4	**Strategy**	Relational supervision	Trust building Testing supervisor responses; Non shaming responses Supervisor engaging in conscious/unconscious knowledge and process
4.3.5	**Outcome**	Building relationship	Greater awareness of client/supervisee and supervisee/supervisor relationships Client safety

This section raised the largest number of themes that became categories in the axial coding process. The categories that emerged are: connection; client safety and accountability; deepening knowledge and skills of the supervisee; developing competence of supervisee; relational supervision and building relationships.

4.3.1 Safety and Accountability /Client Safety

Without exception, all the supervisees I interviewed were clear that building the relationship with the supervisor was a central element to a successful supervision experience. The relationship was commonly characterised by interpersonal experiences demonstrating a climate of safety in an atmosphere of acceptance, respect and challenge:

> ***I have also challenged my supervisor at times when I've felt angry at something that has happened or the way we have interacted or the way she might have dealt with an issue and I have always brought it back and that has also created a deeper relationship for us.***

The next participant's experience of peer supervision in a team described how she expressed herself in an agency context:

> ***I think it is the honesty - to be able to be really honest about what you think and feel. Not to feel stupid about anything that you say and then going through a reflective cycle trying to figure out what is actually really – I am one of these people that when I talk I start figuring things out.***

A climate of safety allowed trust between supervisor and supervisee to develop. Supervisees choosing to disclose inner felt experiences about their work appear to hinge on the supervisor responses, through the supervisor's demeanor and the way the issue is explored with the supervisee:

> Supervision must afford a place in which to discuss cases and one's responses to the work without shame. It is enormously helpful to have a safe place where one can acknowledge, express and work through the client's painful material with a supportive colleague. Supervision should also include a discussion of therapeutic successes (Pearlman & Saakvitne, 1995b, p.168).

This commentary implied that safety was a basic foundation for the supervisee to unload the impact of trauma work, just as the client needs to unload in a therapeutic relationship.

4.3.1 a) Duration of Relationships

In considering the question; how is a relationship between both parties constructed to be solid and big, other questions emerged. What are the factors that influence the construction of trust and safety in the supervision relationship? One of the elements of the construction of the relationship appeared to be related to time; the duration of the supervisory relationship. The longevity of the supervision relationship was discussed in the supervisee focus group at the end of the research project. One of the participants commented that it took two years before he ***"...could get anything decent out of his supervisor".*** This comment from the supervisee focus group served to remind me of an earlier comment from a supervisee participant:

> ***I have been with my supervisor now for quite a long time. And so we have built up a relationship over time ...***

The issues concerning the longevity of the supervision relationship created some questions and discussion in the group. There seemed to be some agreement that the relationship definitely took time to build, as demonstrated below:

> ***I have had some supervisors who have been very short-term supervisors and some supervisors who have been very long term. And probably go way beyond what some people think are OK ... Like I left behind a supervisor that I had for about eight years.***

I found little in the supervision literature specifically addressing issues of the length of the supervision relationship, particularly in the context of supervising clinicians working with trauma. However Wall, (1994) has issued a challenge to supervisors of trainees to introduce a discussion about the termination of therapy relationships with clients. Wall (1994) linked the concept of parallel process with the supervisory relationship. Parallel process is a psychodynamic psychotherapy term that described a parallel between the therapy and supervision processes. Parallel process occurs when experiences that emerge in the therapy setting between client and therapist appear in the supervisory relationship between supervisor and supervisee (Bernard & Goodyear, 1998). Supervisors, according to Wall (1994) appeared to avoid discussing termination issues with clients and subsequently supervisors did not discuss the ending of the supervisory relationship with trainees. Termination issues regarding the supervision relationship is an area that needs further investigation. In this current study, termination was discussed by most of the supervisees. Termination related to not having clinical needs met:

> ***Like if I am going to talk to somebody about um somebody who has dreams of the most appalling abuse that is continuing for some time or a black evil coming in at the middle of the night then I need my supervisor to help me with that. I need my supervisor to help me with flashbacks...***

Or when a parallel process impacts on the relationship:

> ***Then when we've decided after a period of about two and a half years that it was time we moved on, mainly because both of us have gone through a major grief process and my boss thought it might not be a good idea for us to be together anymore, and he felt like he needed to move on. I thought, well, I agree.***

4.3.2 Creating Connection with Supervisor

When supervisors were questioned about how trust and safety was built, to create a felt connection, a supervisee participant commented:

> ***Dalenberg and she talked about connection, the relationship. And that is why [creating connection] is not about the training. You can add to your training – that is great but it is not about the training. It is the relationship.*** .... Later ... ***constructing the relationship together, constructing the holding of the client's trauma.***

The emphasis of constructing the relationship together provided a perspective that resonated with my own experience as a supervisor and supervisee. The purpose of constructing relationships for the above participant was to provide holding for the client who was seeking assistance with the impact of trauma. The concept of constructing, building the relationship together, has been described as relational supervision (Gilbert & Evans, 2000). This concept is addressed later in the chapter.

4.3.3 Competence of Supervisee

A sub category that emerged in the pilot study and main study was the desire to be the best, do the best job as therapist/social worker. There was passion and commitment about achieving the best outcomes for those needing therapy or social services. As one of the pilot participants animatedly said "you don't want to do this job badly".

I explored the memos I had written; questioning what propels a supervisee to really commit themselves to be the best:

> ***And I thought that is who I am, I figure I am paying for the supervision sessions I am actually wanting to be the best therapist I can be and if I am not going to be bringing – if I am going to be censoring out bits that I feel are taboo subjects ...***

I reflected on the above quote from a supervisee participant, and recalled a comment from a supervisor:

> ***Because I am very careful about who I choose to work with often one of the really important things I am doing is really, usually they have high expectations of themselves don't think they are doing very well and actually being the person pointing out that they are doing well. Often I usually validate what they are doing. I find that comes up again and again.***

And a comment from a supervisee:

> ***Well I think I always have all the way along. I do realise that I had to push 150 percent into that job and they needed to employ two people to replace me. So no wonder I was doing long hours but I just loved it so much I was getting so much learning out of it as well***

4.3.3a Deepening Expertise

The question is, what motivates a therapist/social workers desire to serve? What draws people to what some have described as a 'calling' and others a 'profession' of social work and psychotherapy?

When I asked one participant what motivated her to be in this work she responded:

> ***Well I guess for me having good therapy and good supervision, I have a real***

commitment to my own personal growth and the way I work with clients, the way I am in a supervision session I challenge myself to go to the hard places. I have a strong commitment to my own personal growth and finding out who I am ...

Although there is little in the psychotherapy literature as to the reasons psychotherapists are attracted to this work (Norcross & Faber, 2005), a literature review of studies on the reasons for entering the field of psychotherapy shed some light (Faber, Manevich, Metzger & Saypol, 2005). Included in this review were narratives from therapists that included: childhood influences, often characterised by seminal experiences that informed a desire to make a difference (Brown, 2005); an interest in and passion to understand oneself and others (Hoyt, 2005); the influence of having ones own therapy and mentor (Brown, 2005); and a desire for self growth and healing (Ronnestad & Skovholt, 2001).

Ambiguity about being drawn towards the work is not always conscious, as this participant stated:

I was drawn towards finding out about trauma if not training in it because ... So I think I grew up all the time with being on the edge – as so many of us do. That is another part of why I was terrified of it and drawn to it.

When I echoed the comment of being drawn to trauma work she replied:

*"**Absolutely. But I didn't know I was drawn**".*

Personal therapy has the potential to meet the ethical responsibilities of being a safe practitioner, as one supervisee passionately stated:

> ***Damn me training – Training is training. What is it? You could probably get someone off the street that could probably do it … You could have someone trained to the gills but if they have not done their own work and if that is not part of the training then they can be dangerous then because they are not conscious enough.***

4.3.3 b) Awareness of Self

As Pearlman & Saakvitne, (1995a) commented, the awareness of self seems to be particularly important when working with trauma due to the intensity of the emotional and often unconscious processes that volleyed back and forth in the therapeutic dyad. Thus, the practitioner's own supervision can assist in becoming more conscious about the motivations of being drawn to working with trauma and other areas of therapy and social work. In addition, the desire to be more than a 'good enough' practitioner can be addressed in a compassionate, safe and empathic forum such as therapy (Geller, Norcross & Orlinsky, 2005).

4.3.3 c) Striving for Competence: Motivation to Profession and Attraction to the Work

Christie & Kruk (1998) researched the motivations of people training in social work. The authors noted a distinct shift in participants' reasons for entering social work from earlier studies. Previous studies found 'wanting to make a difference' and 'having a strong political analysis of society' were strong motivations for applying

(Christie & Kruk, 1998) for social work training. Christie and Kruk's study recruited respondents from two countries, Canada and the United Kingdom. The grounded theory study discovered that the over riding motivation for students training in social work was gaining the experience of working with clients, having a career, and being part of a profession, a major shift from previous studies. It is interesting to note there remains an attraction to working in social work at a time of increased negativity in the media about social work practice and social workers portrayed in the media as less than desirable role models for social change.

An earlier study undertaken in New Zealand 25 years ago cited in Christie and Kruk (1998) identified students stating dissatisfaction with 'normal' social values and seeking professional and economic benefits from social work as a profession (Christie & Kruk, 1998). No recent data concerning motivations to enter social work in a New Zealand context was found.

A supervisor of social workers offered this comment when interviewed for the current study about the staying power of social workers to remain in the field:

> ***And the other question too is why do you stay and some people will say because I've got to pay off the mortgage and I'll kind of like look at them and say to them, and...? If it's just staying to pay off the mortgage then there needs to be a whole pile more work done with them because you can't stay and engage in this work unless you are actually getting some positive feedback from clients hopefully, but definitely from your colleagues and your supervisor.***

In summary it appears that striving to be the best practitioner for the supervisees in this study includes being as transparent as possible and building the relationship with the supervisor. The sub category of being drawn is a useful one to consider, as the literature and participants experiences suggest there is a passion and commitment to do the best derived from a number of motivating factors. One factor remained seminal however and that was the commitment to the work and to clients to achieve the best outcomes and provide the best service.

The challenges and difficulties in the supervisory relationship, that includes working with the unconscious process, and vicarious trauma was the next major category to emerge from the axial coding process.

4.3.4 Relational Supervision

Relational concepts of therapy and supervision in the literature are connected to a developmental theory of human development (Gilbert & Evans, 2000; Rasmussen, 2005). The principles are one of mutuality, human beings relating to each other, and therefore influencing each other. This is a radical departure from the objective stance that privileges the impartial observer position of the therapist and supervisor (Gilbert & Evans, 2000). Relational supervision is embedded in a systemic way of viewing relationships in which the supervisee and supervisor impact on and influence each other. Relational ways of working were the dominant descriptions of supervision in this current study, and will be further discussed in the supervisor findings chapter. Relational processes of safety, trust, challenge, and power will be explored in the

next segment. The following sub categories emerged in the context of relational supervision embedded in connection of the supervision relationship.

4.3.5 Trust Building

Whilst some of the supervisees did not explicitly use the word trust, experiences were discussed that indicated confidence and a feeling of safety with the supervisor:

> ***Because, and in my experience especially with trauma, if I don't share it I get burdened by it. By whatever it is an image or a feeling or something that has happened in the session. I notice it affects me. So I find the supervision is also a place for me to kind of unburden what has happened for me as well and be able to share it with someone with whom I can trust so that I start getting an understanding of what is happening for me.***

In this study all participants were engaged with their supervisor to meet professional needs to work with clients, and to meet personal, professional growth and development. Yet none of these needs could be met if trust had not been established over time:

> ***I think as human beings we all have huge trust issues and safety issues and in my experience working with clients and in my own experience as a client and a supervisee it takes a long time to build up that relationship.***

The concept of trust and the ways in which trust develops and serves the supervision relationship was a key element in the current study, particularly within a trauma context. A published literature review examined the concept of trust across four disciplines, medicine, psychology, sociology and nursing. The review found that

although contexts of trust were different some key areas appeared across the four disciplines (Hupcey, Penrod, Morse & Mitcham, 2001). One of the common elements was the concept of time as a factor in the development of trust. In the psychological literature, a finding was that trust is built over time with repeated interactions. In addition trust involved choice/willingness to take risks, emerging from a need to be met by another. The need to be met is related to dependency on another's actions to meet expectations. A result of testing out the person's ability to meet a need and subsequently having the need met developed trust (Hupcey, et al., 2001).

A central element of therapeutic and supervision relationships is the importance of establishing a personal connection. The supervision literature has also noted the importance of a supervisory alliance as fundamental if the supervision relationship was to succeed (Bordin, 1983; Eagle, 2005). In summary, trust and safety are key elements of the supervision relationship in the context of trauma. Trust in supervision is as critical as in the therapeutic relationships that supervisee's present in supervision.

4.3.4 Testing Supervisors Responses; Non Shaming Responses

A participant said:

> ***I suppose one of my supervisors who was a male would challenge me about some things. In peer supervision there would be challenges and from our boss in this supervision time there would be challenges. There would be figuring out what your boundaries are and what was ethically right for you or for that***

person.

Challenging is also a two way process of a supervisee challenging the supervisor about the experience of supervision:

> ***Yes and I went to*** (names supervisor). ***And it was like a bucket of cold water thrown in my face. She was not cold and harsh ... but she said to me well now. Because I said to her I am experiencing our relationship as being a bit cold and mechanical. I was brave enough to say (it), and (she) said to me I wonder if you are confusing the role of your therapist (with) the role of your supervisor. And when she said that I thought I am!***

> The issues of supervisor power appeared to be implicit in the relationship, and not explicitly discussed between the parties. Further research into the issues of power and authority in the context of trauma in the supervisory dyad would be useful. In addition one of the supervisees commented on a need for the supervisory relationship to be under scrutiny similar to the therapeutic relationship:

> ***It is almost like we need to open up the supervision relationship to the same scrutiny as the therapeutic relationship gets through supervision. But how we do that without chasing our tails in a never-ending circle I don't know...***

Unvoiced Category: Power

This category is absent from the table because all the supervisee participants named power in the supervision relationship was not an issue discussed in the supervision relationship. However power and challenge became linked to the category testing the supervisor's responses in the relationship.

All the supervisees I interviewed informed me that issues of power had not been discussed within the supervisory relationship. One participant questioned what was meant by power and stated that power was discussed in the therapeutic relationship, but not in the supervisory dyad:

> ***Not so much – issues with power certainly in my therapeutic relationships with clients yes. Not within my supervisor and myself. It has never; it has never been talked about. It has been implied and certainly been in the room, probably I have brought issues that I feel, and I might have felt very vulnerable about you know.***

Yet later emphasises this point:

> ***Equality yeah, you know then it will switch again to the power differential between us. And that is quite nice because then I don't feel purely as a supervisee that I am this powerless person who comes in and has all these problems with clients. Um you know, sometimes we come to a place where I may share something from experience you know.***

Initially puzzled by the absence of discussion about power, I reflected on French and Raven's (as cited in Bernard & Goodyear, 1998) model of power, which situated power within expert, referent and legitimate perspectives. In this model expert power reflected a person's knowledge, power, status, skills and confidence. Referent power referred to perceived interpersonal characteristics and attitudes that are often comparable to student's opinions and attitudes. Legitimate power is officially sanctioned and represented trustworthiness in the role and was not expected to be motivated by the position for personal gain (Bernard & Goodyear, 1998, D. Hewson, 1999). Supervisors chosen by the participants in this study seemed to be located in

the realm of referent power; that is, respected for interpersonal characteristics and valued for expert power through knowledge and skills. Although supervisees responded that power was not discussed in the supervision relationship, comments were made about personal power. As one participant stated:

> (Pause) ***Power and control because I think I was very powerful in the relationship for*** (names supervisor) ***because I came with training and I think that was a major thing and I am very verbal.***

And the claiming of the supervision space by this supervisee?

> ***I haven't actually looked at it as a power issue at all.***

And later:

> ***This is something for me; this is my chance to go bluh! And he is somebody that is going to listen to me and someone who is going to give me advice and direction if I need it. Someone as sounding board ... Yes there is no power stuff in it at all for me.***

Despite the absence of power analysis discussed between the supervisor and supervisee in this study, supervisees described a strong relationship with the practice of collaboration; as well as feeling supported and challenged. In feminist supervision literature collaboration, working alongside and working with an analysis of power and gender awareness is considered central to the supervisory relationship (Keepler, 2006; Szymanski, 2003).

As this supervisee commented:

> ***But with my supervisors um you know, supervisors who present themselves, who have a strong feminist perspective it [power] comes up (emphasis) and it should and when they don't – it doesn't...*** **Because** (names supervisor) ***holds a very huge lens and feminism is just one of the things where as for me it is very strong and with*** (another supervisor) ***it is probably the strongest.***

The next section explores the challenges in the supervisory relationship that supervisees identified as challenging to both the supervisor and supervisee.

Table 4.4

Table 4.4 Challenges in the Supervision Relationship

	Framework	*Category*	*Sub categories*
4.4.1	**Basis for phenomenon**	Vicarious trauma	Processing trauma and effects
4.4.2	**Context**	Provide containment	Getting needs met Holding vicarious trauma Processing events
4.4.3	**Conditions influencing context**	Trust and safety	Ripple effects Choosing to disclose strong emotions
4.4.4	**Strategy**	Supervisor / supervisee capacity, resilience and responses	Multiple holding. Supervisor available between sessions
4.4.5	**Outcome**	Strengthen relationship/ challenge relationship	Deepens relationship Seeks help elsewhere

This section addresses the challenges reported in the supervision relationships. These included vicarious trauma, shame, working relationally, and building relationship.

4.4.1 Vicarious Trauma

Vicarious trauma was the most challenging issue and experience for the supervision relationship in the context of trauma. The experience and impact of vicarious trauma was a sub category that I anticipated. In the first three supervisee interviews, I did not ask about vicarious trauma, preferring to see whether participants raised the issues. After two supervisees spontaneously offered experiences referred to as vicarious trauma, and the third interviewee named a traumatic incident I decided to compare the supervisors' responses concerning vicarious trauma.

This was one participant's description of experiencing vicarious trauma:

> ***All I know is that when I am traumatised as I was with that particular case, um I had to for the first time ever,*** **[emphasis]** ***I had to say I need to take this week off. I had to cancel my clients. I had not done that ever before but I knew that I was not safe to hold the trauma my clients were going to bring me until I had dealt with this pain that I felt.***

4.4.2 Providing Containment for Vicarious Trauma

All four supervisors concurred that vicarious trauma was experienced in supervisory practice. Supervisees interviewed spoke of vicarious trauma as incidents that occurred as therapists with clients and one named being vicariously traumatised by a worker in her organisation. All the supervisees described the impact of vicarious trauma and in most cases took the issue to supervision. Three out of four supervisee interviews described a traumatic experience resulting from client traumatic material that had a ripple effect on the client, supervisee and ultimately impacted on the supervisory relationship. Vicarious trauma was also cited in response to my final question as to whether there were any other issues in the supervisory relationship that we had not discussed.

4.4.3 Trust and Safety

> ***I think the one time where I mentioned to you that I became traumatised. Now I did not see that coming. Because it could not have been predicted ... It is a – it had a devastating effect on her and when I heard about it, it had a devastating effect on me. I could not somehow prevent that – I am not quite sure and it is not something that I have had a conversation with my supervisor about yet and I need to.***

4.4.3a) Choosing to Disclose /Not Disclose Vicarious Trauma

As the above participant realises, she had not discussed a traumatic incident with her supervisor. During this conversation she realised she did not have the holding and trust she needed to discuss the incident of being vicariously traumatised. The extent of disclosure is reliant on the qualities of trust, safety and holding in supervision. The experience of being met emotionally and having vicarious trauma recognised by a supervisor is a powerful joining moment as another supervisee stated:

> ***But really good that my supervisor is recognising vicarious trauma ... And my therapist is wonderful too. I had a situation ...*** (describes the situation) ***I felt really traumatised by. I actually stopped the therapeutic relationship, I felt I couldn't go on and I was really supported by my supervisor and my therapist because of what it was bringing up for me at that time. And it was really helpful to actually work with it; it was very much in my body.***

And later:

> ***But I went back and kind of shared with my supervisor what I had done in therapy that was actually really effective that had not happened in the supervisor role. So that was one of the situations where I went back to my supervisor and said how come you did not bring this up....***

4.4.4 Supervisor Capacity and Responses

Vicarious trauma may also be experienced in an organisation. And the organisational response to vicarious trauma may include supervision for an employee who was traumatised (Bell, Kulkarni, & Dalton, 2003). The following excerpts are from one of

the participants speaking painfully about her traumatic experience at a previous organisation and the frustration of not getting needs met by supervision or the organisation:

> ***Yeah it was a gut feeling thing and I was so angry … maybe I might have been at fault at not taking enough of it to supervision or expressing how angry I was. But I think I was in shutdown mode actually and the only way that I could express it was to write it because I was so traumatised by the whole experience.***

And later:

> ***That woman spoke down to me*** (referring to a worker) ***about quite a few things just on real simple things and I just thought no this is wrong and that really traumatised me. I found at times like that the best thing for me to do is come home and write about it to get it out because even in my own supervision and my boss called in extra supervision for me over this. In fact I got about three supervision sessions in the one month it wasn't fixing what was going terribly wrong for me.***

Organisations can have a powerful mediating effect when supervision as in this case cannot meet the needs of a supervisee. Unfortunately so often where there is not a process to work through seemingly intractable situations, the supervisee is left to deal with the impact on their own, seeking their own solutions (Bell, et al., 2003).

4.4.4 a) Supervisor / Supervisee Resilience

Steed & Downing (1998) noted that working with survivors of trauma can heighten an appreciation of survivors' resilience and strengthen their coping strategies. This resonated with one of the participants who described the way a supervisor guided her

to embracing her work with trauma survivors from a position of fear and avoidance when faced with clients presenting with trauma:

> ***And I kept away from sexual abuse*** (pause). ***I was horrified and distressed. This was picked up of course … and she treated me very gently around this and said something about, how could you get more robust? – You can and so I then determined to become robust in it and here I am working in it and loving it*** (laughs). And later… ***So her really wonderful approach to me and not saying to me - well lets face it you cannot be in this work if you can't handle this. She didn't say that. It is the inspirational. It's that being drawn upward, a kind of spiritual thing there. It was being inspired by the prospect by being able to manage this part of my life that I had been frightened [of].***

I found this story of moving from fear of working with sexual abuse to loving working with survivors inspirational indeed. This story demonstrates that supervisors can offer people new to the field of trauma sufficient support that confidence increases and a sense of dread diminishes. A supervisor may be grounded in a belief that a supervisee can experience choosing to attain what was beyond expectation and the need is perhaps for an exploration of the elements of inspirational supervision.

Finally, a sub category that arose in four interviews, two with supervisees and two with supervisors, was the issue of client safety when issues of suicidality and interpersonal violence arose:

> ***I don't take clients at the moment who are suicidal. I had one seventeen year old girl and in my experience she wasn't being held safely there and I couldn't hold her safely seeing her once a week… I rang up and said I cannot hold this client anymore and I want – I think you have to find somebody else. I am not***

> ***happy. And in doing that, that was a great breakthrough for me. I had a weekend of horror*** (emphasises) ***thinking she is going to kill herself and she is only seventeen.***

Another participant named her holding of a client who was actively suicidal:

> ***I think a lot of it I found within my self and with experience. One example I can give you is when a guy was threatening to commit suicide and he was just really down. I went down to his flat one day and he had a knife, 'I'm going to take it to my neck' and I was totally unprofessional, I growled him like a mummy ... He dropped the knife and put it on the sofa and said 'Oh all right then'.***

Both situations called upon each supervisee to use wisdom, authority and particularly in the second example, use instinctual real responses.

The following supervisee's story was touching and sad, revealing loss and grief:

> ***I am a male and that has been there all through my life and*** (names supervisor) ***used to confront me about that quite regularly. Both as a person and when I was doing work in the domestic violence world and*** (names supervisor) ***used to say come on – make sure women's voices are kept alive, addressing it respectfully*** (sighs) ***um so there is that aspect to it. There is a nurturing aspect to it too. I have had shit happen*** (emphasis). (Names incident when client completed suicide) ***So I took it along to*** (names supervisor) ***with all the tears you know, there was a lot of nurturing in there and a lot of giving me back some um feelings of, of OK ness with my work. Not giving me back but sort of re establishing that sense of my self, she helped me and it was nurturing ...***

There appears to be a silence within the counselling community concerning loss of clients to suicide and the impact on therapists. Recent research suggested therapists needed support from peers and supervisors particularly to break the professional isolation that can emerge after an experience of client suicide. The nurturing quoted above was extremely important and helpful for this supervisee. Further discussion on client safety will be discussed in the focus group section.

The emergent idea of multiple holding has been alluded to and will be fully discussed in section 4.6 the Multiple Holding category.

The next table explores the skills, knowledge and experience named by supervisees as important for the supervisor to hold working when supervising trauma work.

Table 4.5

Table 4.5 Valuing Skills and Experience of Supervisor

	Framework	*Category*	*Sub categories*
4.5.1	**Basis for phenomenon**	Learning	Seeking understanding theories/ knowledge
4.5.2	**Context**	Deepening understanding	Solid, big in their experience Experience with trauma Being present
4.5.3	**Conditions influencing context**	Building relationship	Carrying the burden/ unburdening
4.5.4	**Strategy**	Reflective process	Collaborative /sharing experience Leadership Supervisor questioning conscious /unconscious
4.5.5	**Outcome**	New experiences emerging	Awareness Release of burden Holding client and self differently

4.5.1 Learning

It was initially difficult for some of the supervisees to identify skills and experience expected from a supervisor. However, common sub categories emerged:

- Learning,
- Deepening understanding,
- Building relationship,
- Reflective process and new experiences emerging

4.5.2 Deepening Understanding

Most learning opportunities that supervisees identified happening in supervision were in the form of collaborative enquiry. Deepening understanding was a key category that emerged in every interview I encountered with the supervisees in both social work and psychotherapy practice:

> ***The supervisor is not there to learn off me – that is not the purpose but of course if we share information and experience together and come to an understanding of what next to do or not to do or be or whatever with a particular client, it is a joint process I am very happy to pay if the supervisor comes back with look, we seem to have come here. Does that feel solid to you – it feels solid to me and this is about construction.*** (Emphasises) ***It is constructivist. It is constructing together.***

4.5.3 Reflective Process

The process of drawing out feelings, thoughts and behaviours as well as body reactions was reported as being helpful, and powerful:

> ***He would say things to me and I would think 'Wow'. That flashed through my mind so quickly at the time and it was gone. It was unconscious knowledge and then he would draw that unconscious knowledge out of me and that was really amazing having him for a supervisor.***

The movement from 'unconscious' to 'conscious' was a major thread to learning in the process of collaborative enquiry:

> ***Because that is when my body starts to tell me that something is happening. It is an unconscious thing that I am seeing – just a shadow. There is something going on but it doesn't feel right and I am noticing, acting in a particular way with a client and I will notice it and when I bring it to supervision with the***

therapist skill to be able to work with me in my body, what is happening in the background and sense what is happening for me.

The questions the supervisees reported as useful were questions that alerted their consciousness levels to issues and processes of which the supervisee was not aware of previously:

If the supervisor is not pushing me to move from the known into the unknown then I am not comfortable with my supervision. In that area if that supervisor is not encouraging me to examine my subconscious in my relationship to my work then that is not actually doing the supervision.

And later:

And being able to put words to it (alluding to the experience of transference). ***And is able to say things like what is the transference here ...***

4.5.4 New Experiences Emerging

In response to my research question: "What specific skills do you think are important when supervising a person working with trauma" a supervisee said:

I try to always to look at what is – what is happening unconsciously with the client I am working with and that is what I notice with my supervisor she has always been aware of what is not in my consciousness. What am I not aware of that I need to be aware of? And I think that is a great skill you know.

And later:

That is very important because that is where the learning is, that is where the counter transference is, that is where vicarious trauma is, that is where, - I am trying to think that is where if I am carrying images from a session, it may be in my dreams, it may be in holding my body, and I may not be really aware of that and that is when it will come out in a session.

The supervisor's response to the challenge of what is happening in the intuitive and unconscious process is critical for ongoing deepening and development within the supervision relationship. However, what emerged strongly in this study was the need for supervisees to also go beyond the supervision relationship to meet their multiple needs required to sustain them working with trauma. It is my hypothesis that the need to look beyond the supervision relationship is also present for people who work in other challenging areas of psychotherapy and social work.

The next table explores multiple holding, the core category of the research. Multiple holding included the supervisee describing ways they were held to continue working with trauma outside the supervision relationship.

Table 4.6

Table 4.6 Multiple Holding

	Framework	*Category*	*Sub categories*
4.6.1	**Basis for phenomenon**	Sustenance	Preventing burnout from trauma Personal therapy
4.6.2	**Context**	Impact	Recognising personal triggers Stress
4.6.3	**Conditions influencing context**	Getting needs met outside the supervision relationship	Seeking support
4.6.4	**Strategy**	Taking control	Seeking self care Holding spirituality Peers and collegial support
4.6.5	**Outcome**	Well being/making choices	Balance Increased capacity to hold trauma

This is the last of the themes that were processed into categories that were identified in the four supervisee's interviews. The four categories that were discussed were sustenance, impact, getting needs met outside the supervision relationship, taking control and well being, making choices and multiple holding. Throughout the interviews with supervisees a theme was the need to seek support outside the supervision relationship in order to effectively stay working in the field of trauma. These needs could be classified as attending to self care needs; yet as one participant stated ***"this is more than self care; it is "protection for the client".***

4.6.1 Sustenance

To maintain working with trauma, supervisees stated the following requirements which emerged as the sub categories:

Receiving personal therapy; holding spirituality as an active force; connecting with colleagues including peer support; and, continuing the quest for learning.

4.6.1 b) Personal Therapy

Being in therapy appeared to be an active and important adjunct to supervision, particularly when an experience of vicarious trauma was present. Two of the participants named the importance of having a personal therapist to assist working through the effects of being traumatised. The intervention of personal therapy was later instrumental for one supervisee and her supervisor to gain a greater depth of appreciation and understanding of the impact that vicarious trauma had on the supervisory relationship:

> ***I have always stressed to the other students I am working with the importance of having a supervisor and having a therapist as well because I think that sometimes in the therapy – in the supervisory session you don't deal with what is happening personally – there is not the time. Though occasionally I have brought issues to my supervisor to understand a bit more – yeah.***

A study of psychotherapists' experience of receiving psychotherapy (Geller, et al., 2005) in the United States, Europe and other countries including New Zealand, was conducted to compare previous research in the United States. The research discovered a "vast majority of mental health professionals have under gone personal

treatment" (Geller, et al., 2005, p. 177). The study included 5,000 therapists from across twelve countries. The findings from this survey indicated that 80% of psychotherapists who answered the survey stated that receiving psychotherapy was helpful personally and professionally.

4.6.2 Impact

4.6.2 a) Recognising Personal Triggers

Reasons for attending therapy were personal growth and professional development followed by personal issues, namely identified problems associated with personal and professional experiences:

> ***It is just that I felt it so strongly in myself*** (referring to strong body responses) ***And I think that is another edge with the trauma stuff and I don't do that in the room with clients because I am well trained and I get all that stuff out with my therapist.***

The study also highlighted not only a high percentage of therapists seeking therapy but often having more than one course of psychotherapy (Geller, et al., 2005). Perhaps the main achievement of such a widespread study was that the issue of psychotherapists receiving psychotherapy became visible from such a comprehensive research project (Geller, et al., 2005).

In this next excerpt I had asked a participant if she felt it was important to have access to a therapist:

> ***"I knew that was the question you were going to ask, and yes. My answer is yes".***

The following was added later:

> ***Look these are the ones that say, you can only work in trauma work for a couple of years. Four years at the most and you are burnt out. I don't get worn out by working with traumatised people because what I am doing in a sense is opening up to what may be. Well there has been - most of the time I have been like that. There have been one or two occasions when I haven't been and I've been accidentally traumatised.***

4.6.3 Getting Needs Met Outside the Relationship

Many of the participants in the current research have said that their practice was greatly enhanced and supported by receiving personal psychotherapy. One participant became aware that she had discussed a traumatic incident with her therapist and had not spoken to her supervisor about the situation. When asked whether not disclosing the incident to her supervisor was about the quality of the supervisory relationship; she responded:

> ***Imm, of course it is relational, but it is about what the supervisor brings out. What is named, what does the supervisor see, you know the wider the lens the more you see the deeper the lens the more accurate your sight...I don't think that operated in the same way between my other supervisor and me. And I take responsibility for that as well... I did take it to my [therapist] - absolutely***

A supervision relationship, to be effective needs to have the supervisee's trust and confidence in the supervisor; as Walker (2004) stated:

> Therapy is private but, unlike child abuse, not secret. It is the supervisor's ability to enable the sharing of the privacy that assists the healing process that provides a space where the difficult and unacceptable feelings often communicated through the counter –transference can be expressed, heard and worked with (p. 191).

A third participant sought a way of processing the traumatised experience with writing, finding the ***'wisdom at the end of a pen'.***

4.6.4 Taking Control

4.6.4 a) Spirituality

Spirituality was a thread throughout the participants' life and practice. An inseparable thread that appeared to provide holding and offer a larger perspective on the meaning of life and work, as this participant describes:

> ***A strong belief in spirituality for me ... it is kind of rather than the client and me, it is a bigger picture.***

Spirituality has a fundamental place in many therapists' working life. Spirituality supports a therapist to guide another person through their life (Frankl, as cited in Geller, et al., 2005). Spirituality, in relation to therapists holding a spiritual practice, often impacts on the meaning making, and sense of hope that can be found and sometimes lost, when working with trauma. As this supervisee participant so eloquently stated, in the face of trauma, spirituality can enrich and strengthen when you are in a place of anguish and uncertainty:

> ***I think it is very important*** (referring to spirituality) ***because I think it is what prevents you from having poverty, the spiritual poverty. If you've got spiritual richness it helps you look at those horrible things in life and not get beaten down by it because you try and give a positive side to life or balancing it. In my assessments I always look at the spiritual side of things and I actually ask people where they are spiritually.***

A study researching the link between working with vicarious trauma and spirituality (Brady, Guy, Poelestra, & Brokaw, 1999) conducted a national survey of 1000 women psychotherapists in the United States to ascertain if psychotherapists should limit clinical work with trauma survivors. The study found that 63% of respondents did not have clinical supervision for practice working with sexual abuse survivors, a startling figure similar to Pearlman and McIan (1995) study that reported that only 17% of newer therapists working with sexual abuse had clinical supervision.

Despite these figures the Brady, et al., (1999) study provided heartening findings that vicarious trauma symptomology in women psychotherapists was not as high as previous studies had suggested. However the greater exposure to the effects of trauma witnessed in therapeutic relationship the higher the incidence of symptoms similar to Post Traumatic Stress Disorder (PTSD). The authors also found a strong correlation between working with the effects of sexual trauma and spirituality being strengthened and not diminished by exposure to human cruelty:

> Practitioners who treated more abuse survivors reported a more existentially and spiritually satisfying life than those with less exposure to trauma clients (Brady, et al., 1999, p. 8).

All the supervisee participants in this current study described holding a spirituality practice or the importance of having an awareness of spirituality to enhance and support working with the effects of trauma. Research cited in the clinical supervision literature supported and attested that spirituality was helpful, if not essential for

holding the clinician and deepening the ability to work with trauma.

4.6.4 b) Peer and Collegial Supervision and Support

Supervision relationships are not confined to one supervisor and one supervisee, although in this small qualitative study that was the dominant paradigm discussed. One of the participants spoke of peer supervision and supervision that took place in an agency that provided deep sharing and trust building that appeared to have a powerful impact on the participant's experience of positive supervision. In the quote below there is a heartfelt portrayal of the strength of peer supervision with team members from an agency. Much of the work the participant describes involved confronting strong emotions; where trauma issues were confronted on a daily basis:

> ***I think I fell into it*** (referring to how she became involved with trauma work) ***that would be the best way of describing it. Peer supervision as well. I think lots of learning from that as well, the team, the staff team and our peer supervision round some of the cases that we had to work with because we were so hands-on residential work so you were faced with lots of trauma many days in a row sometimes.***

And later:

> ***Peer supervision was more a coping with what the here and now was and what was going on and how something could be handled or how we felt about things, any time have a good old tear.***

In response to my query about the way trust and safety were manifested in the team the above participant described the manager's approach and peer supervision. The supervisee said the manager led by example:

I think her leadership style for a starter. Her looking at us as a flat team, so there was no power over anybody. Encouraging honesty because she set the example of honesty herself and a lot of other staff members would be very honest. Those who were shyer took a lot longer to learn how to be honest but they did eventually open up.

The value of sharing and unburdening the individual experiences of working with trauma is also reflected in the literature. Sharing with others and getting emotional and clinical support are ways agencies and practitioners in private practice can provide effective holding for those working with trauma (Bell, et al., 2003; Fontes, 1995). Fontes (1995) presented group supervision as "Sharevision". Sharevision promoted team members meeting and sharing clinical work, including practitioners seen as part of the family system that the therapist presented to supervision. The sharing invited emotional responses from therapists working with a client or family that evoked feelings for the therapist. The purpose of Sharevision was to allow therapists to share emotional experiences when working with trauma with the intention of honouring the work with clients and the impact of the work on the therapist,

> Therapy for trauma is a deeply moving experience for all involved, not a cognitive exercise. We recognise and honour this often. Interaction around effect builds team solidarity, reduces hierarchy and keeps us working as whole, feeling human beings (Fontes, 1995, p. 251).

In summary the findings from the supervisee interviews, including the supervisee focus group were open and axial coded for the purpose of assisting the core category, multiple holding to emerge. The following focus group findings are presented. The findings are presented as themes, because the focus group discussion preceded the axial coding process. However a completed open coding process had taken place before the focus group interviews that assisted me in presenting preliminary themes from the interviews to the participants.

Supervisee Focus Group Findings

The purpose of the focus group, as mentioned earlier, was to review the themes and commentary that emerged from the interviews and was also to member-check with participants. The focus group discussion provided an opportunity for new themes to emerge.

In this final section of the supervisee chapter the focus group findings including new themes, insights and recommendations are presented. The focus group occurred at the latter stages of the research project at a meeting held at my home and involved three supervisee participants; two women and a man. It was approximately 1.5 hours duration.

Multiple Holding – Focus Group Themes

The theme multiple holding emerged spontaneously in the supervisee focus group, which I will now discuss. Multiple holding was a phrase I put to the supervisee focus group following discussion about the need for multiple ways to meet supervision needs. The discussion included new ideas, providing multiple avenues where supervisees could access information, support and sharing to enhance knowledge and concerns. Multiple holding refers to the opportunities created by the supervisee, who goes beyond the supervision relationship to address issues of practice, specific to vicarious trauma or needs connected to working with trauma. The participants identified that supervision alone was not adequate to address all the needs that emerged from trauma work, and possibly other areas of psychotherapy and social work. This is not to suggest that supervision *should* be able to address all needs. When I asked in the focus group:

> ***Do you think that in supervision … Have you thought of anything else that might support your work outside our relationship? Has anyone ever asked that?***

In response all three answered:

> ***"No",***
>
> ***"No*** (laugh) ***too risky",***
>
> ***"Good question".***

The discussion that followed this question raised suggestions and a sharing of ideas. One of the participants described what she called "traumatic debriefings" which

consisted of a group of therapists having an understanding that they could ring each other after a session and de brief if needed:

> ***Sometimes we have traumatic debriefing. I've been left by a client who said it is finished and the client goes out of the room and I start shaking. So I immediately ring and hope I can get somebody to actually get rid of it.***

In addition the need for 'multiple holding' within a supervision context was discussed. Suggestions were discussed such as group supervision with other trauma focused therapists to review specific areas of practice such as coping with suicidality, sexual abuse and other forms of interpersonal violence:

> ***When you mentioned that I thought if I had had not just one, but a group. I reckon there should be a group of senior practitioners, experienced practitioners who are also experienced in the area of suicidality, to which you can take a client.***

The basic need is to avoid isolation and have other connections that offer supervision, particularly for sole practitioners. Situations that required more support and holding included: dealing with suicidality, sexual abuse and interpersonal violence.

> ***I think*** (names participant) ***idea is worth a good look because that's what you're talking about is the idea of putting a group of experienced practitioners who work in a particular area, by the natural filtering processes, is probably going to get them more difficult stuff than having regular group supervision. I guess now that kind of thing where you have a group of practitioners who you do know have expertise, have experience and are solid to go to, I would be there. I would use it definitely.***

An experienced group of practitioners to consult with is particularly helpful if the supervisor is not able to be available emotionally for the supervisee:

> ***Absolutely. Just the opportunity to talk with others about those huge issues, because in truth again once I got quite shocked in supervision, I shouldn't have been really but I guess it's because I wanted to lay everything, the burden of responsibilities passed on and of course that is not really possible at all.***

And later:

> ***Sure because you're holding the trauma for that client so it's the same thing as we saw that kind of movement it's passed on and if it's not going to be well held then you are unsafe.***

A clear recommendation came for the group to supplement clinical supervision, irrespective of the individual supervisory alliance. The need was reinforced for experienced collegial support in areas when safety of the clients was at risk was stated. These areas include suicidality, interpersonal violence, and abuse.

Competent Practice in the Context of Trauma Focus Group Theme

The theme of competency and best practice was further explored in the focus group discussions. Further insights into questions of competence and desire for best outcomes personally and professionally in the context of trauma were discussed. A powerful example is given below, where trust in the relationship with a client was the conduit for a life saving intervention. This participant named the intervention as not 'professional' yet it was the relationship that allowed the supervisee to be with her client in a desperate and life threatening situation:

> ***You just made me think too about the long relationship and the building of the trust, I'm thinking of a person that I worked alongside who actually threatened to commit suicide right there in front of me and had the knife and how I got him out of that situation mainly because I knew him ... So how I responded to him seemed to be quite appropriate but again it's that relationship that building up relationships with people, knowing them understanding them before you even say things to them that may be useless. Because I was far from professional.***

A participant responded:

> ***If you have been 'professional' maybe there would have been a much different outcome. So in fact the word professional then is almost, we're using it in a derogatory sense, we're saying put that out of the window; it is relational that's what you were and that's the word. And how that fits with the supervisory relationship I'm not sure, but then that's what you're finding out about isn't it?***

The above vignette was an example of an instinctive response. The second participant noted, in a relational way, the social worker's intuitive response as responding in a moment with authenticity. The vignette is a good example of not *consciously* accessing her skills as a social worker, yet she responded in a real and relational way that was crucial in the situation. Morrison (2001), as previously mentioned, would call this an action in the realm of unconscious competence and I suggest this action echoes Schon's (1991) work on reflective practice. Schon (1991) described a process of 'knowing in action' when practitioners in moments of practice experience a felt sense, a feeling for something that becomes an intuitive experience of knowing. Through repeated action of acting on an intuitive sense new experience

can be drawn. Schon explored two disciplines; architecture and psychotherapy. The common learning elements from both these very different disciplines were that the practitioners used similar processes of problem solving. Rather than coming from a position of certainty, the experienced practitioner, engaged with a less experienced practitioner. The problem was explored with a more experienced practitioner who asked questions when working through a problem solving situation; constructing a "virtual reality", a construction of the reality of practice that assisted in creating a reflective experience. In summary intuition was described as being derived from experience and clinical judgment (Schon, 1991).

The following excerpt is an example of a supervisee naming questions rather than answers as an element valued as a learning experience:

I asked the question, "What is helpful supervision in the context of trauma"?

> ***I want trauma peers to ask questions that they themselves had been asked or have had to face or use their richness of experience. And if people don't have the experience and this includes the supervisor and this is where [with] my supervisor there was a gap there between my experiences.***

The exploration of the elements that contributed to a helpful and rewarding supervisory relationship in the context of trauma generated much discussion. Links were made between the supervisees concerning their experience of positive and effective supervision as this participant notes:

> ***I think what I find most helpful is the questioning that allows me the questions***

that I have failed to ask myself, deepening down into what in fact is going on and doing the kind of safe holding stuff of checking that these things are being addressed that sort of may be more peripheral rather than the depths as well.

Literature on professional development in the supervision relationship stressed the context of learning. The learning needs of a novice and of an experienced practitioner are different. There are principles of learning that support the practitioner within the context to achieve the learning outcomes desired:

What hasn't been helpful is somebody telling me what to do. Somebody who comes from their own personal synthesis of practice around trauma and says this is the way you do things and that's not been helpful. What's been helpful – good supervision. A lot of listening and a lot of encouragement for [me] and some very good questions I think. And the ones that just pick up on the little off beat comments that you've made and pull you right back in and get to the guts of what's going on.

Invitations to reflect, not being 'given' an answer concur with the supervision literature and literature on constructive learning opportunities (Morrison, 2001, Schon, 1991). Further discussion on effective learning patterns and engagement will be explored in the discussion and conclusion chapter.

An issue that emerged at the latter stages of the focus group was the inevitability of 'mistakes', and 'empathic failures' that occur in both therapeutic and supervisory

relationships (McWilliams, 1994). Whether the experience of empathic failure or mistakes are met or not by the supervisor appears to have important outcomes for the supervisory relationship:

> ***I've just really blown it and it was quite ... When you make mistakes in this area they reverberate.***

Another participant spoke of the frustration of how to receive understanding from a supervisor when both supervisee and supervisor were stuck in a communication process where understanding was not reached between the two:

> ***I can talk to that what hasn't been helpful because I think I didn't realise how stressful it was and I didn't let my supervisor know how stressed out I was. In saying that he didn't know me well enough to realise how stressed I was either.***

As this example illustrates, there is often a ripple effect from the therapeutic relationship that flows onto the supervisory experience:

> ***Well I just made a big mistake and this is what I rang my supervisor about and it just comes to me that it is an issue for me ... If she could have said to me oh you poor thing it must be awful ... But there was none of that and yet this is a good supervisor.***

As a supervisor outside this study stated to me recently, it is not the mistakes or empathic breaches that is the issue, it is how supervisors, and the clinicians meet mistakes. What can be learned from these often-painful experiences can become a learning experience and the supervisor can also remain compassionate and open to

hope, understanding and redemption although supporting the supervisee to learn from the mistakes? Skovholt, Grier & Hanson, (2001) commented that it is vital for a person to develop confidence and competence in the role as a counsellor, that there is compassion and acceptance that mistakes are inevitable in the work.

A final theme that emerged in the focus group was the issue of how long to remain working in the field with trauma. All the participants discussed questioning the length of time required to sustain the demands of the work. This was in contrast to the earlier individual interviews with the supervisees. I reflected on the following statements that emerged and wondered whether multiple holding of each participant was more robust would these questions arise?

> ***I come to a point where I think should I keep on doing the trauma work? Am I now in danger? And I think damn, that is not a good place to be really.***

> ***I'm not so much thinking of giving up trauma work but I'm actually just thinking of if I am going on doing trauma work then I'm going to have to cut away some other stuff and work less.... don't feel vicariously traumatised at the moment there had been times when I have.***

> ***I've gone from a highly stressful job dealing with people that are in stressful situations day in and day out to more of a supervisor role not actually doing the coal-face stuff. I'm even one back from the people and I'm just recently starting to feel like I'm feeling a bit more normal again. So I hear what you're saying***

but there's another half says this is very important work you know, this is gutsy stuff and it's satisfying on another level.

In summary the supervisee focus group was an opportunity to check themes that emerged from the research and also allowed new sub categories and ideas to emerge in the subsequent axial coding phase. The participants spoke of heartfelt experiences and shared willingly of challenges and positive outcomes for themselves personally and professionally.

Conclusion

This chapter is a presentation of the findings from the four supervisee interviews and the focus group discussion. The sub categories from the interviews were processed from the open coding to the axial, then by selective coding analysis. This process of analysis provided the sub categories and allowed the core category of multiple holding to emerge. What has emerged from the tiered levels of analysis is that supervision cannot meet all the needs of supervisee participants. Recent literature particularly related to working in the context of trauma, eloquently named the need for those working with trauma to access self care, collegial support, continuing education for the impact of working with trauma, and also personal therapy (Etherington, 2000; Fontes, 1995; Knight, 2005; Walker, 2004).

Just as the people seeking assistance from therapists and social workers have

multiple needs, and seek various ways to meet their needs; so too do the practitioners and agencies providing assistance. Multiple holding, the question arises; how is it done and what does this really mean for the therapist/social worker in the healing professions? Multiple holding as the core category consistently arose in the supervisee interviews and was amplified in the supervisee focus group discussion. As the supervisor interviews demonstrated multiple holding and chain of holding emerged as the core category to support the supervision relationship.

This will be further examined in the discussion and conclusion chapter.

CHAPTER FIVE

Findings from the Supervisor Participant Interviews and Focus Group

Chapter five explains the categories and sub categories that emerged from analysing the data of the supervisor interviews and focus group. As in the supervisees' chapter, the summary of each phenomenon is presented at the beginning of each section in an axial coding table. As in the supervisee chapter, literature relating to the categories will be presented.

Supervisors' Categories

The table below is a summary of the first category that emerged from the data.

Table 5.1

Table 5.1 Becoming a Supervisor

	Framework	*Category*	*Sub category*
5.1.1	**Basis for phenomenon**	Overview of clinical practice	Central function of social work/psychotherapy
5.1.2	**Context**	Recognition as supervisor	Experienced practitioner Identified as potential supervisor Accepts role
5.1.3	**Conditions influencing context**	Experiential	Experienced in trauma Recognised in the field Valuing learning Responding to pressure
5.1.4	**Strategy**	Preparation. Being chosen and impact of choice	Training Contracting/not contracting Influenced by own supervision
5.1.5	**Outcome**	Setting context	Foundation for emerging relationship

5.1. Becoming a Supervisor / Being Chosen

Three supervisors in this study were initiated into supervision, following a training course and/or by an individual invitation to supervise. The fourth supervisor was promoted in a statutory agency to supervise social workers. The supervisors named early influences as being supervised; being an experienced clinician; being experienced in trauma work; and for some participants, having group facilitation experience.

5.1.2 Recognition of the Experienced Practitioner

Literature describing developmental pathways for new supervisors identified that supervisors came to their role through clinical experience, and often without any prior formal training (Beddoe, 2001; Bernard & Goodyear, 1998; Bird, 2006; Heid, 1997; Ladany, Lehrman-Waterman, Molinaro & Wolgast, 1999). A participant supervisor described entering the role of supervisor:

> ***I think it came out of my teaching role in a way because I have a background as a teacher before I became a therapist and I also think I was asked to supervise someone about ten years ago and enjoyed it very much, and realised increasingly that I am good at helping people to understand theory that they find difficult and take it in bite size chunks and take it on easily particularly in the early stages of supervision. I find this is a huge asset.***

Most supervision literature advocated for the need for clinical supervisors to train specifically in supervision (Bernard & Goodyear, 1998; Hawkins & Shohet, 2000).

5.1.3 Experiential Learning

In this research the supervisors initially learned to supervise through practical experience, followed by formal training to enhance the role. Some of the supervisors found supervision training useful:

> ***I didn't have the training at that point. The group that I worked with did a small training at some point and I had trained in various capacities, not specifically with supervision from memory but enough to be very prepared for supervision because of the teaching the time I spent engaging in that kind of role with another teacher. And then I did the advanced supervision course provided***

through (names training organisation).

5.1.4 Training to Supervise

A supervisor in this study discussed the importance of supervision training to enhance effectiveness in the role of supervising other supervisors of social workers:

> ***I have reflected on what worked for me so that was the first thing, but I've also completed about three years ago the advanced certificate in social work supervision at*** (names training organisation) ***and that was really, really helpful in terms of just clarifying my thoughts, the things that I've believed that did work for me. Like separating out administrative supervision from clinical supervision.***

This developmental pathway to supervision is typical of the ways many social work supervisors became trained in supervision (Beddoe, 2001). Within psychotherapy, supervisors in this study were inducted into the role via their modality. Emphasis was placed on knowledge and skill development within that specific modality. Therefore, of primary importance to professional development as supervisors was a deepening of knowledge and skills within a specified modality and not receiving specific supervision training outside their modality:

> ***The first person I supervised was in 1991, and I think that the opportunity just came up and I thought that would be a good thing to try doing. So I guess at that stage I didn't know terribly much. Oh well what I knew about it was what I had known through being supervised ... Originally I didn't have any training but I did have some later though.***

As the supervision literature concluded, most clinicians who supervise are not

initially trained in the role. However value was placed on experiential learning, from the experience of being supervised and supervising others.

5.1.4 a) Preparation: The Impact of Being Chosen and Choosing

Most of the supervisors in this study identified that supervisees chose a clinical supervisor and thus the supervisor being chosen, was an important foundation of the supervision relationship. A participant describes being chosen as a supervisor as central and significant:

> ***Well it has to do with empowerment and forming a clear contract. So it doesn't matter whether it is supervision or therapy but the receiver makes conscious choices or it is in their hands to say yes I want this person and not this one. It's got to make a big difference, the buy-in - it is much clearer and as a supervisor it is also very freeing isn't it, to know I've been chosen. This supervisee wants me; it is a big difference.***

The value of being chosen as a supervisor for this participant involved the supervisee making a conscious choice. This supervisor also linked the act of choosing with a supervisee feeling empowered and contracting with the supervisor.

5.1.4 b) Contracting or Not Contracting

The process of contracting can be both formal and informal. Contracting is clearer when the supervisor assists the supervisee to understand the wants and needs of supervision. In addition the supervisor poses the question – can this supervisee's needs be met within my resources?

Negotiating a possibility of working together, and stressing that the relationship has to be 'two way' must be clear to avoid the supervisee feeling unsafe:

> ***As you were chatting I was thinking about a particular situation and wondering I haven't thought of it from the perspective of choice so I got into a difficulty with a supervisee who didn't feel safe. Felt very threatened, felt that I wasn't being direct enough and thought his practice wasn't safe and he basically tried to get rid of me without doing it directly with me.***

As this example demonstrates, contracting expectations, assumptions and needs are not always clear-cut. Heid (1997) made the valid observation that what is unsaid or unknown is often sitting in the unconscious of both parties. Contracting therefore is a process that happens over time, where needs and expectations are reviewed on an ongoing basis (J. Hewson, 1999). Contracting is also a process in which the supervisor needs to be open and flexible, allowing what is necessary for insight to emerge, as this supervisor acknowledges:

> ***They've got to have flexibility in their functioning where they can move between different perspectives and different states of being. Sometimes they need to be quite naïve and not knowing so that there is plenty of space for me to express myself and to get to know what is arising in me. At other times they'll need to have a clear holding of the learning of the movement forward, so what's the progression, where's the health, what's the new area that's opening out. Now that might come from a theoretical framework so that like in psychodrama the core belief is in spontaneity so that each individual is a creative genius and that the enabling solutions are in that person. You relax a lot yeah; you don't have to fix anyone.***

There are implications for those who cannot choose a supervisor. Interesting

questions are raised for the supervisor and supervisee. In what ways is trust built in the relationship if neither party can choose? What impact does not choosing have on the supervisory alliance? Choice has been identified as key to the development of trust (Hupcey, et al., 2001). Yet in the social work context particularly, choice of supervisor is often not an option:

> ***People don't get to choose their supervisor but if there is a real problem around personality or something like that then we would work through that. There is a supervision policy in our organisation and it is a requirement that everybody has to abide by.***

The supervision literature strongly suggested that the issue of choice was a predictor of the capacity to build a strong working alliance between the supervisor and supervisee (Davys, 2002; Sloan, 1999; Webb & Wheeler, 1998).

5.1.4 c) Being Chosen and Impact of Choice

Studies undertaken on disclosure of sensitive issues and building rapport in the supervisory relationship demonstrated that the capacity to choose a supervisor affected the fundamental outcome of supervision. Supervisees need to establish a level of trust and affinity with a supervisor (Davys, 2002; Webb & Wheeler, 1998) in order to be able to disclose counter transference and relational difficulties with clients.

Studies have also shown that external supervision increases the likelihood of a positive experience in the supervisory relationship. Trainees, particularly those in

learning institutions, were less able to choose a supervisor or to disclose sensitive issues (Ladany, Hill, Corbett & Nutt, 1996). However one of the participants in the study, speaking from a supervisor's perspective, raised the question of decision making by both supervisor and supervisee when choosing each other.

> ***How do supervisors, supervisees choose each other? We are obviously self selecting, going to people whose viewpoints are consistent.***

And later:

> ***So my usual process is to meet with the person and keep it open on either side that they can choose ... the other thing I was going to say before; that this process now is bringing out is some of the little fears and concerns and worries that I hold that I have never voiced to anyone but and are not my own unique to me but might people*** (sighs) ***who have certain viewpoints seek one another out and what is the word?*** (Researcher says 'co–foster, collude'). ***Yes in a certain viewpoint and that could be an issue and an issue for my supervisee as well ... But if I was to supervise someone as a private practitioner then I would want to know if they were meeting regularly with other people and hearing dialogue, engaging in dialogue. There is something about people keeping up the training and keeping it fresh.***

Impact of Choosing continued: Collusion in Choosing

According to Shaw, (2004) the possibility of collusive practices within the supervision relationship can range from a lack of challenge of the supervisee's practice to the supervisee feeling frustrated that the supervisor is too hesitant and unclear when confronting issues of competence, compounded by the supervisor's unease in exercising their authority. However, the sub categories that emerged in this study suggested that choice appears to be based on the perceived level of the clinical

experience of supervisors, and the clinical needs of the supervisee.

In summary choosing supervisors is related to perceived or known clinical experience. The importance of the clinical experience of the supervisor is reinforced in the literature related to the choice of supervisor (Carroll & Gilbert, 2006; Hawkins & Shohet, 2000). As one participant exemplified, when choice was not available, the supervisee needs to be clear with the supervisor about expectations and responsibilities so both parties have a clear contract of understanding. The capacity of the supervisee to contract is dependent on the supervisee's sense of agency, personal power and authority.

5.1.4 e) Influence of Own Supervision

One participant recognised that their capacity to supervise was affected by the support received during a journey working through personal trauma:

> ***What holds me at the moment? ... Then there's the road to that - the preparation. What comes to me immediately is my journey of working with my own trauma, my own dissociation and abuse that I've suffered and how people have worked with me. And then as I've begun to work with people that have suffered trauma and abuse the supervision that I've got for that both from my supervisor and from peers and there's different groups that I'm in that hold that in different ways.***

The supervisors' personal stories of becoming a supervisor, and the impact of personal journeys and personal stories, is largely absent in the supervision literature. The supervision literature identified the road to becoming a supervisor as being through clinical experience, and being supervised (Carroll & Gilbert, 2005; Heid,

1997). All the supervisors in this study discussed the influence of being supervised. The stories of the supervisors' own supervision were moving and clearly covered the spectrum from being invaluable and positive to being challenging and inspiring them to supervise differently:

> ***The advantage is that I have taken what has worked for me and used them with supervisees as I did in the supervision training. The things that worked for me I have used with other supervisees. I actually think my learning around how to supervise other people is more about how people supervised me. It has been more about what not to do.***

Another participant named a negative experience that influenced her/his supervision decision-making:

> ***And she said to me - you're so good you don't need supervision and that made me feel so totally unsafe and cast to drift that I never ever do that to any one or allow anyone or the supervisor to do that. It doesn't matter how experienced a person is, they always in my opinion require supervision.***

A participant who trained in the 1980s and did not receive the support that has subsequently become the norm, said:

> ***I guess it [the way I supervise] is [about] not doing things that I had done [to me] when I was training and when I had supervisors. [For me now the way I supervise is influenced by] doing things that I would have liked to have done [for me] and that I would like to have had. Offering levels of support that I would have liked to have had ...***

The positive experiences of good supervision, being respected and valued also

appears to be a major influence:

> ***That's because management has actually seen that if we want to have best practice, if we want to promote best practice, then we need actually to have champions that are there actually doing that.***

5.1.5 Setting the Context

The influence of a framework or theoretical approach was a way for the following supervisor participant to set the context for supportive practice and offer challenges in a respectful way in the supervision relationship. The positive strength-based approach of supporting best practice and championing a supervisee is reflective of this participant's positive role modeling:

> ***The ability to reflect, the fact that it needed to be a safe environment. So I was actually able to put out ideas that maybe might have been a little bit left field and the supervisor didn't sort of say 'what the hell you are doing?' They said 'tell me about it, so why are you thinking along that sort of line' and I was actually then able to sort of get a clear idea myself about what needed to happen which was sometimes different to what I was exploring there before. That it was regular so that I knew that once a week I was going to see my supervisor and I was going to talk about the cases and to having an agenda so that I could actually write down the cases that I needed to talk about.***

A supervisor participant spoke of having had a supervisor who met her fully, as a whole person:

> ***Another source of information has been through my own supervision. The first proper supervisor I would say I had, who attended to the whole person, to my whole process of well-being and work, was a psychotherapist where so many principles being observed really. Keeping me informed and being respectful of***

my needs. What I might want and the different options.

In conclusion, the experiences of both positive and negative supervision influenced the participant supervisors in their approach to supervision. Further research to measure the influence that being supervised has on a supervisor's practice would be useful. The next table introduces the ways in which supervisors frame the supervision relationship and the impact that the frame has on supervisees working with trauma.

Table 5.2

Table 5.2 Framing the Relationship

	Framework	*Category*	*Sub categories*
5.2.1	**Basis for phenomenon**	Safety and trust	Learning Support practice Building connection
5.2.2	**Context**	Building relationship	Establishing/not establishing needs
5.2.3	**Conditions influencing context**	Assessing and working with supervisee levels of experience	Location of supervisee experience/learning needs
5.2.4	**Strategy**	Collaboration Leadership	Holding meta view Responding to unspoken cues Processing strong emotions Strength based approach
5.2.5	**Outcome**	Relational approach	Working together Joining their world Creative genius

5.2.1 Safety and Trust and

5.2.2 Building Relationship

Once the supervisee has chosen, or been allocated, a supervisor, the next part of the process, creating the relationship begins. Creating the relationship was of central importance to the supervisors in this research:

> ***It is crucial you've got to have it; you've got to build it*** (the supervision relationship). ***I'm thinking of a Maori facilitator I supervised who works with some pretty traumatised people who have run out of ideas and are violent and we (the supervisee and myself) didn't establish a good enough relationship in the beginning. So it didn't work.***

According to this comment the relationship is crucial for both the supervisor and the

supervisee. Aspects of the relationship that needed to be established were identified by the supervisor as safety, trust and disclosure:

> ***So the first part when you are beginning to supervise as a new supervisor the first thing you actually really need to do in my opinion is to build up that trust*** ...

And later:

> ***[[] know they are checking me out and I'm checking them out but that's OK because we are just trying to sort of work out how can we work out a relationship that is safe but also respectful. And I think it is down to the skills of that particular supervisor and if you value supervision as a tool to keep you safe in your practice, then you actually commit to that process and you work really hard.***

Trust is a two way process between the supervisor and supervisee as exemplified in the above quote. The following comment by a supervisor from a psychotherapy background also identified trust as a two way process: "***And that trust, gosh I don't know them,*** *(supervisees)* ***now this is happening for them, is this normal for them or is it unusual for them, I have to ask them.***"

5.2.3 Location of Supervisee Learning Needs

Trusting, for both parties, requires time, and evidence and knowledge of practice. In Bordin's article (1983) on the supervision alliance there is a strong recommendation for transparency, and building the supervisory alliance by hearing or seeing a supervisee's work. During a discussion on transparency the researcher asked one supervisor in the current study whether supervisees presented live recordings or transcripts of practice.

> ***If they are interns** (in training) **yes they have. That is an automatic part of their work, and supervising someone for the registration process now there is part of what we are doing. I think that its one of the ideals - is it an ideal or is it an essential? I think I should do it a lot more with my supervisees than I do.***

In the above example the function of reviewing work within a training context is clearer, as an assessment of a trainee is necessary in order for them to qualify. In supervision with more experienced and qualified supervisees, viewing or listening to recordings may not be as prevalent. In this study most of the participants described self reporting or recalling processes to discuss their work.

Safety has also been identified as necessary in order to able to trust. To this researcher safety means being able to share emotional experiences and ideas transparently: "***The other thing I say to trainees is you have to be comfortable with your supervisor you need to have support and a good holding with a supervisor".*** One supervisor explained the complexity of discussions on safety in this way:

> ***Just attending to safety for safety's sake is very unsafe I've found. So if you just focus on let's make this super safe, let's make this all anonymous and we won't raise a conflict in the beginning, that gives rise to anonymity, that gives rise to unsaid things. It's like a vacuum in my experience and whenever you have a vacuum then all the worst behaviors and all the worst fantasies get projected into the vacuum.***

Clearly a sense of safety and feelings of comfortability needs to be established so that supervisees can voice unsafe or uncomfortable experiences to the supervisor. How

does the supervisor frame the relationship so that the supervisee can share, disclose and learn in an environment that builds safety and trust in the context of trauma?

5.2.4 Collaboration and Leadership

The supervisor in the next quote named the ways of engaging with supervisees, stressing a collaborative approach in a straightforward way:

> ***...also I don't stand on ceremony – I say come on we are all in this together and you are a colleague you know, you need to be here with me, I am not going to tell you what to do. We do this together. I also share anecdotes about OK this and that. So yes I think that can be incredibly reassuring for them*** (supervisees).

Other relational ways of supervising that were identified include: holding a frame of learning, healthy dynamics, and spontaneity; the supervisor holds an expectation that new learning will emerge within the supervision experience:

> ***The supervisor must identify the emergent healthy functioning. So my belief is that we all want to learn, we're always on a learning edge and what's the new bit? A lot of the conflict will be around that area, the distressing thing or the thing where you're functioning as a therapist or as a worker or as a supervisor, you're on that edge. So as a supervisor or as a supervisee I want to know that bit because it is embryonic and it may only be fleeting.***

5.2.4 a) Processing Strong Emotions and Responding to Unspoken Cues

Both the supervisor quotes above are stressing the importance of not having the answers, of being open, seeking strengths and sharing learning and ideas from their experiences. A key strategy described by supervisors was to share their own experience of challenges:

> ***I guess that we sort of went over it fairly quickly but I am really, really aware that vicarious trauma and it's like something ... it's still for me a work in progress and it [vicarious trauma] is something that for different reasons that social workers don't like to talk about, because hey I'm a social worker and I should be able to cope with this. It's getting over that barrier.***

In response to my question as to whether shame contributed to the barrier a supervisor said:

> ***There is*** **[shame]** ***and I also think too that there is a certain belief that not so much shame, I think it is more a belief that I have the skills and experience and other people aren't feeling like I'm feeling 'they are coping so I should.' So that's about supervisors being honest about their own personal experiences and being able to share those experiences, that's how we break down the barrier.***

In the supervision literature, supervisors sharing personal stories of vicarious or challenging experiences of trauma is considered relational and helpful responses: "This supervisory skill, - normalising the clinician's feelings – is of critical importance and parallels that of clinical practice with survivors of trauma" (Knight,

2005, p. 97).

Knight (2005) in the above quote was addressing normalising the feelings many clinicians feel when vicariously traumatised. When a supervisee confirms the experience of intrusive symptoms the supervisor may share the experience of the impact of intrusive symptoms at an earlier time. Shulman (as cited in Knight, 2005) cautions; when a supervisor or therapist chooses not to share their feelings or experiences in supervision a supervisor can "reach for" "and put the supervisee's feelings into words" (p. 97).

5.2.5 Relational Approach

Most of the supervision literature emphasises the importance of building a supervisory alliance featuring empathy, clear agreement of the tasks and goals of supervision and a strong emotional bond between supervisor and supervisee (Bernard & Goodyear, 1998; Bordin, 1983; Carfio & Hess, 1987; Ladany, Lehrman-Waterman, Molinato & Wolgast, 1999). The supervision literature also emphasised the need for trust, clarity of roles and providing a facilitative environment that included interpersonal communication skills similar to that of a psychotherapist (Carfio & Hess, 1987). However the word '*relational*' frequently appeared in the limited literature specific to supervising trauma work (Eagle, 2005; Knight, 2005; Pearlman & Saakvitne, 1995a). Relational supervision is characterised by the supervisor's interpersonal qualities of warmth, acceptance, validation of the

supervisee's felt experiences and being open, curious and undefended in a supervisory role.

Walker (2004) stated "Working with abuse either directly or as a supervisor demands a theoretical flexibility, theoretical and educational soundness and a relational style" (p. 188). The experience of trauma often takes place for the client in the context of secrecy, terror and abuse of power and trust. Walker (2004) contended that the supervision relationship must model an openness and understanding that allows the supervisee to feel understood, and met in a relational way. "It can be argued that a relational and collegial style is anyway the essence of good supervision. But in supervising trauma work it is absolutely essential" (p. 189).

The question is raised as to what is specific or different in supervising those working with trauma that stands in contrast to other supervision contexts?

> It is this simultaneous and deliberate focus on the client the work and the therapist that most clearly distinguishes supervision in trauma work from other forms of clinical supervision (Knight, 2005, p. 95).

An example of working with a relational focus is offered here, where the supervisor participant describes the following interchange in supervision:

> ***What came to mind and I am not sure if this is what you mean but there are times (where there seems to) be a much greater level of need, from a supervisee than in other work — it is much less likely that the supervisee is just reporting in. It is 'I really need you to help me with this. I do not know what to do' and it***

> ***is the transferential dynamic. And I say just sit with what the client - I mean it is so useful to just say to a supervisee just sit for a moment and check out what the client is coming in the room feeling, and they go 'oh yeah, probably'; they have got the space to start working it.***

In exploring fully the world of the client and therapist relationship, the supervisor in this instance found it most helpful to share experiences and to model good practice in supervision. In the next instance the supervisor was supervising other social workers:

> ***With the supervisors that I supervise I get them to talk about their own personal experiences about vicarious trauma and they start to recognise those triggers on them as well. If people can recognise their own triggers then they're actually more alert in my opinion to when it happens to a social worker.***

In summary the supervisors identified the need to build the supervisory alliance as critical in creating an effective supervision relationship. Emphasis on being chosen by a supervisee was discussed, although choice is not always available for the supervisee or the supervisor. Finally holding a relational way of engaging supervisees was stressed as important, particularly in the context of trauma and abuse. Commentary on the importance of the supervision alliance is supported by the supervision literature

The next section addresses the knowledge and skills supervisors named as important to have when supervising in the context of trauma and abuse.

Table 5.3

Table 5.3 Knowledge and Skills

	Framework	*Category*	*Sub categories*
5.3.1	**Basis for phenomenon**	Empowerment	Effective practice
5.3.2	**Context**	Sharing knowledge and skills	Locating theory/knowledge Effects of trauma
5.3.3	**Conditions influencing context**	Experience	Depth of experience Developmental theories
5.3.4	**Strategy**	Processing and containing	Working with transference and counter transference Weaving theory and experiential learning Containing vicarious trauma
5.3.5	**Outcome**	Bridging realities	Collaborative experience of supervisee/client /supervisor Teaching by doing. Empowerment

5.3.2 Sharing Knowledge and Skills

There was unanimous agreement with those seeking supervision for the therapeutic relationship that a supervisor needed to have a solid grounding in trauma theories, particularly familiarity with writers in the trauma field. The naming of particular theorists repeatedly emerged in this study:

> ***But one of the things I find really useful when I go back to Herman, Briere and components of similar methodology when working with sexual abuse is pacing, and relationship and safety. You know – the window. The mistake I find all the time, all the time, all the time even when they are reasonably experienced practitioners is they try to rush what Herman calls the first stage of the work and I just keep going back to no you have to go back, you haven't built the capacity and even just to sit with where are you, if you were to sit with a set of***

scales. Bringing in that all the time, all the time. Because I think that most people feel that, particularly if it is ACC work they think (they) have to get on with the stage two work.

And another supervisor amplified:

The core trauma knowledge's; Herman, Briere, Van der Kolk, Rothschild. The people who have come here, *(to* New Zealand*)* ***which are fabulous - there is no excuse for not knowing them - the trauma literature.***

5.3.2a Developmental Theories

It seemed imperative to the participants that theory was not only important but vital in the whole approach to working with survivors and to understand the importance of human development. As one participant unequivocally said:

Out of a hundred, a hundred. You've got to have it I think you got to have some training or some insight into human development; you've got to have it. Alan Schore has worked with attachment theory and looking at the emergence of the social self which is in the right ventricle lobe [of the brain]. What they found is that physical hardware is actually formed in the infant in response to their first social field. A lot of abuse and trauma is about dissociating and losing relationship so the reparative work is the maintenance of relationship through that experience.

The emphasis on knowledge of human development is further emphasised:

A lot of people don't understand that, they continue to work cognitively or in a narrative when it's pre-verbal and they won't get anywhere. So as a supervisor I want to point that out give them theory, here's attachment theory, here's psycho-drama theory; about that - the body doubling comes before the mirroring, comes before the verbal. That people wanted to experience it being

> ***alongside and having their entire existence totally affirmed no matter what - which is pre-verbal and is the foundation for mentalisation or being able to individuate. Being able to separate your feelings from someone else, people who are traumatised may not have that.***

The depth and breath of knowledge a supervisor of trauma needs is considerable. Knowledge is constantly deepening and changing, it ebbs and flows through the lifetime of a supervisor, therapist and social worker. Walker (2004) commented:

> In the context of assuming that all supervisors who work in this field have a sound knowledge base that specially includes a thorough theoretical grounding in trauma and its impact, a knowledge of child development and attachment theory; an ability to work with complex counter transference; an awareness of secondary traumatisation and the symptoms of post traumatic stress disorder (p. 180-181).

In the social work literature, theory was also acknowledged and highly valued as significant to informing practice:

> ***Also to getting them to link it back to theory and practice, which for me is really, really critical because it actually gives them a basis to actually be really, really clear about why they're doing it. So when they are doing reports for the courts, for example they can actually say research shows or systems theory has shown. I think it is just really important.***

5.3.4 Processing and Containing

The depth and complexity of theoretical understanding needed by the supervisor has been strongly stated by both supervisees and supervisors in this study. Both supervisor and supervisee participants linked the facets of trauma theory with the capacity to work with the 'unknown, unconscious process' and 'counter

transference/transference'. These terms refer to common dynamics between therapist/social worker and client and supervisor/supervisee. Much of what has been reported in this study as 'unconscious process' by both supervisors and supervisees has also been referred to as transference and counter transference.

5.3.4 a) Counter Transference

The term counter transference is situated in psychoanalytic literature, originally named by Freud. Freud defined counter transference as that

> ... which arises in him (the therapist) as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist that he shall recognise this counter–transference in himself and overcome it (Pearlman & Saakvitne, 1995a, p. 41).

Further understanding of counter transference included a therapist's thoughts, feelings and body reactions in a relational paradigm. The term 'relational' refers to transference and counter transference dynamics that influence both client and therapist that may serve the therapeutic relationship.

> Counter transference in the inclusive sense is indispensable to empathy, is a necessary condition for empathy (Orange, as cited in Forester, 2000, p. 37).

Following Freudian times when counter transference was viewed as a hindrance to therapy, there has been a major shift in psychodynamic thinking. Current theory ascribes the experience of counter transference providing a valuable source of information that can be held both consciously and unconsciously (Dalenberg, 2000; Pearlman & Saakvitne, 1995a).

The process of becoming aware of and trusting responses, feelings and thoughts was a sub category identified as providing the greatest learning and challenge: "A trauma therapy supervision or consultation is always a consultation on a therapy relationship and not a client" (Pearlman & Saakvitne, 1995a, p. 359).

5.3.4. b) Weaving Theory and Experiential Learning

The emphasis on the experience and dynamics of the relationship is the key focus of trauma therapy supervision as this participant describes:

What I am seeing supervisees doing is bringing it in [supervision material], without having interpreted it, not knowing what is going on transferentially and I get the felt sense of it because they are holding it. Even if they are blocking it off, they are holding it. It makes sense to me, and the other thing I am quite clear and do a lot of with my supervisees is using maps and models. I will say 'what does this mean, use that language, use this map, and use this model'.

Within the trauma literature there has been an expansion of the meaning of counter transference to include traumatic transference, known as somatic or 'body felt' transference (Dalenberg, 2000; Forester, 2000; Herman, 1992). Body/somatic transference refers to body sensations, including movement, kinaesthetic responses and proprioception (Forester, 2000). Traumatic transference is a phrase describing in-depth relational experiences characterised by the therapist experiencing similar feelings of say despair, hopelessness, and intrusions on their psyche that clients often describe. It is common for clients who have experienced trauma to describe strong body or physically felt experiences.

5.3.4 c) Containing Vicarious Trauma

Pearlman & Saakvitne (1995a) drew a clear link between counter transference and vicarious trauma, citing vicarious trauma as 'permanently transformative' and counter transference as a component in all therapy; the greater the vicarious trauma the more intense the counter transference experience. Pearlman and Saakvitne define 'permanently transformative,' as the name suggests, as any experience that leaves the therapist or supervisor changed in some way enduringly. Earlier work by McCann & Pearlman (1990) presented descriptions related to their meaning of therapists' cognitive schemas, that is the therapists' world view or sense of self became changed in a fundamental way as echoed here:

> We understand the effects on therapist as pervasive that is potentially affecting all realms of the therapist life: cumulative in that at each client's story can reinforce the therapist gradually changing schemas: and likely permanent, even if worked through completely (p.136).

A supervisor shared an incident when the researcher questioned whether the incident was vicarious trauma. She replied:

> ***Well hugely emphasised. It has certainly left me terribly afraid of suicide so...*** *(Pause)* ***well no that has faded quite a lot, it did initially.***
>
> And later...
>
> ***Utterly - uhh oorr this is the most the ultimate vicarious trauma in my opinion. Like I say I was second hand to it and even though I worked with the person*** (referring to a colleague whose client completed suicide) ***I didn't have to take responsibility for it. If I get the slightest hint of suicide, I wonder about taking***

them on (as clients). And I still feel enough of that, but you know being a supervisor I get it anyway. And I've still got to face the possibility of suicide, of somebody going to court and hearings and yeah.

One supervisor stressed the importance of naming the experience and exploring vicarious trauma as an explicit part of the supervision contract.

I think that it is important that it [vicarious trauma] is made really explicit, that there is a contract at the start. It is part of what you will be looking at, that you and your supervisee whether it is written down [in the contract] or not.

In response to my question of mentioning vicarious trauma on meeting supervisees:

Yeah ... I don't think I would be describing it as vicarious trauma. But just stating up front that concepts of looking at self- care and self monitoring: really important that they need to be talked about. And I have had the experience at the (names organisation) ***where there was a - I really speak very highly of this – we went through the trauma transformation questionnaire that was brought in and we went through that together, the supervisee and I and we went through that one year and looked at it again a year later.***

Raising awareness of triggers and signs of vicarious trauma are also emphasised within the social work context. Watching out for 'burnout' is also a common experience. The themes through the burnout literature are self-care through stress management, receiving regular supervision, having a balanced caseload including non-trauma clients, and also the supervisor discussing 'early warning signs' of personal distress.

I'm saying to the social workers too is that when they get all upset about cases I say it's OK you can't engage with clients unless you allow your emotions to be

> ***engaged. The other thing is you talk about vicarious trauma like it happens because your emotions are engaged and so how can you shut down your emotions and still do good social work, you can't... We have really angry clients who ring up and abuse social workers on the phone and they'll cope with that for some time and then all of a sudden the classic, someone will ring up and they'll go Aahhhh!***

The knowledge and skills needed to supervise those working in the context of trauma and abuse was clearly named by the supervisors in this current study. The universal naming of trauma theorists and the importance of holding an in-depth knowledge and appreciation of human development was also a consistent finding among the supervisors group. Finally the linking between counter transference and vicarious trauma was described as an important skill and a relational experience between the supervisor and supervisee.

The next and final section of the supervisor findings is a discussion of the concepts of holding and multiple holding. Both these categories are linked, and as the table demonstrates a holding environment in the context of working with trauma and abuse is most poignant when vicarious trauma are present.

Table 5.4

Table 5.4 Holding: Multiple Holding

	Framework	*Category*	*Sub categories*
5.4.1	**Basis for phenomenon**	Framework for holding trauma	Recognising vicarious trauma Burnout
5.4.2	**Context**	Responding to vicarious trauma	Vigilance, watching for signs Acknowledging frequency
5.4.3	**Conditions influencing context**	Isolation Ripple effects Dynamic system	Linking vicarious trauma and transference/counter transference Minimising risk Not being isolated
5.4.4	**Strategy**	Quality holding Containing Leadership	Being available Reducing distress Organisational response Assessing vicarious trauma Identifying own ways of managing Strengthening systems/safety
5.4.5	**Outcome**	Multiple holding	Connection in supervision relationship stronger/weaker

5.4.1 Framework for Holding

The term 'holding' or creating a holding environment was originally introduced by Donald Winnicott, a paediatrician who trained in psychoanalysis. Winnicott described the creation of a facilitative environment in the mother and child dyad. The quality of the mother's nurturing provided the child's psychological scaffolding or holding environment through which the infant developed a healthy psychological experience of emotional safety and containment (Winnicott, 1971). A supervisor participant in this study links the notion of a holding environment as described by Winnicott to the holding environment in a therapeutic relationship.

> ***Yeah like a good mother almost you know, without infanticising them. Needing them to let them know that they are OK, yeah you dropped the ball - in the Winnicott sense of 'good enough'. I am here for you and I believe in you. I believe in you. I respect you and I believe in you.***

The same supervisor described the role of the supervisor as being a ***"Champion - needing to be their champion".*** The researcher clarified by asking: "Being supportive? Cheering them on"? Later...

> ***I think one of my major commitments and one of the major things I have found the benefit with my supervisor, one from a long time ago; when I had a horrible idealising transference that flipped on me was knowing that the supervisor would be there for me. I am confident and I know it because supervisees often call me um that I can give them that and knowing that I will be there, no matter what is happening I will be there with them. I might not have all the answers but I will be there...***

The passion with which the supervisor spoke of providing a holding environment within the supervision relationship for the supervisee was striking. Another supervisor strongly echoed the sentiment:

> ***Yeah you have to hold them. You have to support I think, it's the quality of being present for that person no matter what. In therapy there's a clear contract, the therapist says I will be with you no matter what. Whatever you experience, whatever you express I will be there. Supervision doesn't have that as a clear contract but I think it is essential. Perhaps it's the time frame that's different, that if as a supervisor you find that you are continuing to have to hold a person then that would indicate that they need something else.***

5.4.2 Responding to Vicarious Trauma and Holding the Supervisee

The quality of holding and being present for the supervisees' experiences and needs was in this study identified as one of the main functions of the supervisory relationship. The supervisees and supervisors in this study stated that when they felt met, and held by their supervisor the relationship deepened. ***"I need relational supervision and being a private practitioner I need relational supervisors but personally being a private practitioner I think most of us do".***

This supervisor employs a theoretical approach in containing the vicarious traumatic experience:

> ***So if I see the emergence of that dissociation or terror or grief to double that would be a psycho dramatic approach to believe in the expression... The expression is important so to create a means for that expression to occur through doubling which is to get alongside, to accurately be with that person ... So I think support is important.***

5.4.4 Quality of Holding; Being Available

The metaphor of holding was clearly depicted when one of the supervisors described what she termed a "chain of holding". The chain of holding referred to the supervisor's supervision and holding of the supervisor's supervisor:

> ***Well to know that my supervisor is aware of a particularly difficult case for example. And that I may even say to my supervisee look don't do anything until I have consulted my own supervisor about that. To feel I am not alone in holding what might be quite difficult stuff. I am aware as I say (it) that (there's) a kind of chain.***

'Chain of holding' is a new phrase that emerged from one of the supervisor interviews and relates to the concept of multiple holding. Chain of holding refers to the supervisor stating that she is aware of being a link in a chain that holds her work as a supervisor and is in turn held by her own supervisor. 'Multiple holding' is holding that spans the spectrum of both supervisors and supervisees. In this study most of the supervisees have established multiple support systems to hold them in the personal fallout of working with trauma survivors.

Summary of Categories

Interviews with the four supervisors from different disciplines have brought out categories that are similar to the supervisee categories. All four supervisors identified the following categories:

- Being chosen to supervise and preparation for the role of supervisor;
- The importance of framing the relationship – including building trust and safety in the relationship. The building blocks of trust and safety were named as fundamental for the relationship to survive and deepen:
- Being a relational supervisor. The relational definition offered by Walker (2004) described being empathic, challenging within a climate of acceptance and curiosity, holding an in-depth knowledge of trauma theory, being curious, and not making assumptions about the supervisee's process on transference and counter transference. Asking questions about the transferential nature of the therapeutic relationship discussed in supervision

has been referred to as the 'unconscious process' by the supervisees in this study. Finally, a feature of relational style of supervision is being aware of the signs of vicarious trauma.

- Supervisors also need to be held within their own supervision, as one supervisor named a 'chain of holding'. 'Chain of holding' is the first aspect of multiple holding. This first step in a chain of holding is a supervisor being supervised.

Supervisor Focus Group Findings:

Introduction

As mentioned in the methodology described in chapter four, I conducted a focus group with the supervisor participants. Three out of four participants from the individual interviewees attended. The focus group echoed the findings of the individual interviews and was an opportunity for the participants to meet each other, as this participant stated:

> ***Claire thank you for the opportunity to meet with*** (names other participants) ***because it's been extremely rich for me because I don't get to talk to people in other areas and this is lovely; and it makes me think of another recommendation that there could be more cross fertilisation between all the different places ...***

The focus group meeting generated new recommendations and deepened the categories that had emerged in the supervisor interviews. The following section addresses each theme that emerged in the focus group and is supported by participant quotes and supervision literature related to the emerging categories.

Categories from the Supervisor Focus Group

Choosing a Supervisor

The focus group discussion reflected the categories on choosing a supervisor that arose in both the supervisor and supervisee data findings chapters. One supervisor stated that in her employing organisation the option to choose a supervisor was not available:

> ***Well in our organisation you are not choosing. You are put in a team and the supervisor of that team is your supervisor. There have been some problems with that but as I've said when I was talking with you. I see that as an opportunity to check out why, so why is this person struggling with this particular supervisor but it is also about creating the right environment.***

Creating the right environment is linked by the next supervisor participant with the issues of safety:

> ***I always say to supervisees in training and in early post-training it is absolutely essential they have a supervisor that they feel safe with. That they feel the challenges are only ones that are appropriate to their level of development.***

A condition of trust and safety within a supervisory alliance has been linked in the supervision literature with the ability to choose (Davys, 2002; Sloan, 1999; Walker,

2004).

As this supervisor mused:

> ***So I was thinking did he choose me, no he didn't and the added complexity is that it is a Maori practitioner with a Maori group following the kaupapa Maori approach. I was, because I am part Maori but I was down on the list in terms of potential supervisors so I wasn't very well chosen ... It kind of related to choice I think and power.***

This example demonstrates how the issues of culture, gender and power dynamics add a complexity to the issue of choice of supervisor. Both supervisor and supervisee are Maori men yet both experienced difficulties in establishing a supervisory alliance. The application of principles and models of cultural supervision within a *Pakeha* organisation was not discussed in this research study. However local cultural models of supervision practice are emerging in the New Zealand supervision literature (Thomas & Davis, 2004; Webber-Dreadon, 1999). Further research into cultural models of supervision practice and application is needed.

Safety and Trust

There was universal agreement that the primary task of the supervisory relationship was to establish trust and safety if the relationship was to be effective and provide a holding, facilitative environment in which the supervisee could disclose difficulties. As this supervisor passionately states:

> ***It is death to a young practitioner of any sort if they feel, and I know it happens, judged etc. whether it is their stuff or their supervisor's it doesn't matter but if they feel that they're just not going to succeed.***

The supervisors in the focus group were unanimous that it was the supervisor's responsibility to create an environment where safety and trust could develop:

> ***It is also about creating the right environment. Creating an environment of trust and of safety.***

The role of trust in the supervisory relationship was considered an essential component for the development of the supervisory relationship. Mutuality is one of the hallmarks of trust within a supervisory experience. Mutuality refers to all three parties in supervision; the client, the supervisor and the supervisee all having a common experience of trust (Bernard & Goodyear, 1998):

There is an old aphorism that 'trust is efficient'. That in an interpersonal relationship to trust means to relax vigilance, which consumes energy and even time. For both supervisee and supervisor then the challenge is to find an optimal level of trust (Bernard & Goodyear, p. 73).

Contracting

The ways in which the relationship is framed through creating trust and safety were explored in the focus group discussion and the following commentary emerged on *how* trust and safety were built. Trust and safety are linked for this supervisor through contracting.

> ***By being transparent. I think the supervision contract is a really, really useful start and actually being really clear that you're going to abide by this. So being really clear about what you're going to do and what the expectations are. There is also a lot of modeling that goes on in terms of that trust process but it can take some time and it's a gradual process.***

The contracting phase of the supervisory relationship is also linked to motivation for this supervisor. A participant describes the ways in which both parties were motivated to 'do the best'. The interpersonal qualities of the supervisor are named as important here:

> ***What is the contract? It's getting clear about what we're going to do. The other thing is motivation; I think a lot of the people that I work with are highly motivated in the work, so they see it as a service, like they really believe. Most of them are working with men so they've really got a commitment to helping men out and when they see that I've got it*** (motivation) ***then that's a big thing. They've said it to me quite a bit, you know, worked out that this is where your heart is you know. Once they got that we're in. That's probably the key thing.***

As mentioned in the supervisee findings in chapter five, contracting is not always a straightforward experience. The supervision literature on contracting makes the important point that supervisees are often untrained in the role of supervisee. The ability and level of knowledge and needs are not always clear or conscious (Carroll & Gilbert, 2006; Davys, 2002). Another aspect of contracting is the interpersonal qualities of the supervisor. As the above participant portrayed, the supervisor's commitment is crucial. Interpersonal qualities that transmit to the supervisee an experience of empathy and commitment from the supervisor and to the process of supervision, enhances outcomes. A sense of empathy creates an emotional bond between supervisor and supervisee: The bond is the keystone of the supervisory alliance, just as it is of the therapeutic alliance. A strong bond is characterised by mutual caring, liking, trust and respect between the supervisor and supervisee (Ladany, Friedlander & Nelson, 2005, p. 13).

In summary, the supervisor is the person responsible for creating an environment in which safety and trust develop over time (Hupcey, et al., 2001). Contracting and being able to choose a supervisor (when choosing is an option) are essential conditions that form the basis of trust and safety.

Relational Supervision

The following quote from a supervisor made clear the need for relational supervision for both her own supervision and for supervising others. In the earlier part of this chapter and in the supervisee's findings, relational supervision was passionately identified as a desirable supervisory practice:

> ***I am enormously committed to trauma areas for example. And I know that I'm also well versed in theory. I need to be clear with boundaries, some things can slip like I often have to change appointment times because of family but the ones that are important is the boundary that lets them know I can hold them when things are really, really hard. I do that by letting them know that yes I do have this experience, I have done this to let them know how equipped I am. To let them know that I also make sure I've got places I can go when I don't have the answers and don't feel that we're going to be able to get them together and letting them know my humanity.***

Relational supervision was named as a way of working by this participant, and echoed by the other two supervisors who portray the supervision practice as valuing the qualities of being relational:

> ***That's what I'm picking up in our conversation is I think we've all got an orientation to learning that we're all learners. So it's not just about holding a trauma or getting through some way. In fact we are all learning so we are all***

> ***learners, we're all faced with a new situation and we're going to go away and get some learning from different places. To me that creates a big difference in me and everyone when you orientate to learning rather than just safety or survival.***

The orientation by supervisors towards learning and not taking a position of 'knowing', or 'expert' was strongly emphasised. The participant's supervisory role was one of collaboration, cooperation and being flexible.

In this next example of working relationally there is an acknowledgment of the challenging nature of social work, and the difficulties of the work. This supervisor is also reaching out to supervisees' personal and professional processes and underlining the extent of the difficulty working with trauma and the possible personal impact:

> ***The beginning stages of the supervisory process needs to be very clear about things like there will be triggers that come up for you in this work. This work is really, really hard and there will be times when you feel unsafe and this process here (supervision) is supposed to be helping to make you safe and if it is not then you need to be telling me about that.***

Although these examples are not exhaustive of working relationally, as Walker (2004) argued, a relational style in the context of trauma is needed to demonstrate qualities of openness and being emotionally present:

> It consists of a non – defensive attitude that models good interpersonal interactions, and explores and validates the impact of the work on the supervisee. It counters the very dynamics of secrecy, denial, disbelief and the misuse of power that were the original core experience of the abused child (p.189).

Responses to Vicarious Trauma and Client Safety Issues from a Relational Perspective

One supervisor's response to a supervisee experience of vicarious trauma was:

> ***I can often say well you need to take that to your own therapist and in other areas I will often have to do a more open kind of supervision that includes whatever level of counselling or other context. If I were concerned about anyone's health around vicarious trauma I would insist that they must get somebody apart from me to help them work that through.***

For one supervisor policies and procedures were named as supporting the supervision process when dealing with vicarious trauma. When asked what supported her when supervising issues of vicarious trauma a participant named the policies and procedures of her department:

> ***What assists me and as I've become older and hopefully a little wiser; I used to rebel against it when I was the newer social worker, are policies and procedures. That's what really assists me and also too my theory. Things that are actually concrete I guess because when you are dealing with really intense trauma there is a lot of emotional stuff that is going on and going around and a lot of feelings. Having something concrete to hold onto and to actually help in the analysis of the situation that's what really helps me.***

The above participant was the only supervisor to come from a government agency. However I wondered about the value of polices and procedures for private practitioners. The following excerpt is a reply to the above comment:

> ***When I'm supervising with trauma I'm very pleased to have Herman, when I say hang on a minute where are we in this, go back think about that what is***

> ***happening here .....OK give me a percentage of how much of this you have done and find it really useful that I'm held by theory and that I'm part of a greater whole that contains this which is very, very hard. I'm aware too this is where I'm really, really working on packing the transference because the potential and evidence of the inadequacy coming into the person working with trauma. The 'I can't do this I'm hopeless, I'm useless, I'm not doing any good this' ...***

The chain of holding is evident here – whether it is from seeking out support from colleagues or agencies, and "part of a greater whole" referring to spirituality. Literature concerning responding to vicarious trauma promotes systemic support and a creative approach to assistance; "Agencies have to be prepared to bring in professionals external to the organisations to facilitate peer support and in service training. Outside consultation and support provides a different, fresh perspective" (Knight, 2005, p. 100).

An imperative commentary that echoed supervisees' focus group comments was the need for the supervisor to be available. Availability was endorsed and emphasised and also the importance again of working relationally was stressed. A key sub category that emerged in the supervisor interviews was the drive that neither party be isolated when working with severe/life threatening situations. As clearly expressed in the next quote, systemic holding and assessment was seen as crucial by this supervisor:

> ***But my experience is more with individual supervisees and my contracting with them including being available for them especially if they are private***

> ***practitioners, being available if they need me. For example with a suicidal client I just feel that I must be available -as a supervisor, because usually I say if you have serious concerns you need to get CAT*** (Crisis Assessment Team) ***team I don't take risks at all ever.***

Recent literature concerning the supervisor responses to working with suicidality concurs that working collaboratively was of central importance to ensure safety for the clients and important for the therapist to have professional support to assess risk (Feldman, Moritz & Benjamin, 2005). In the advent of a completed suicide a therapist can experience similar grief reactions to those who have lost a family member to suicide. Supervisors can make a significant contribution to assist the therapist who is in the devastating situation of losing a client to suicide (Schultz, 2005; Weiner, 2005). Interventions from the supervisor include exploring grief and reactions such as feelings of responsibility, fear, guilt, shame, and responses similar to PTSD (Schultz, 2005).

In summary effective support and working through the results of vicarious trauma and client safety issues, were provided by more than the supervisor alone. Supervisors and supervisees held strong agreement that supervision was a systemic process of holding the supervisee, and being held themselves by their own supervisor and collegial networks.

Spirituality

Finally, the last theme to receive unanimous agreement was spirituality. All the supervisors believed in the value of and held spirituality as important in their client work and as supervisors. Carroll (2001) presented a powerful challenge to supervisors, naming spirituality as a way of life rather than an adjunct to a supervisor's practice,

> Supervisors live the supervisory life precedes being a supervisor of others in much the same way as spiritual directors have lived and been involved in what they are helping others find and discover for themselves (p. 13).

Carroll (2001) summarised the supervisory life in six key categories; becoming reflective, learning and learning how to learn; becoming process orientated; establishing healthy relationships; including learning how to connect, and becoming an interior person. An interior person reflects internally: "Supervision is a form of retreat, leaving our professional world, leaving our work for a while we come to stop and listen" (p. 19).

As this supervisor described she stopped, looked and reflected:

> ***I just had it there in my office and every time that I had a sense of oh god the issues for this woman, generally it was, is just so overwhelming I looked at Tane Mahuta (god of the forest) and I'll be thinking - look this tree was there way before this person was there, way before like, there's the sense of these other things that are going on and while this is really, really huge and not to minimise that, that in the greater sort of sphere of things ... The other thing***

> ***that it gave me too is that people do grow, people do change and people actually have the ability to do that within them and this goes into the supervision realm as well.***

Spirituality for the supervisor quoted below was the basis of the model in which she trained. She held spiritual values over all spheres of her life, holding a greater perspective for herself and her work:

> I work with what is actually overtly spiritual in its holding not that it is mentioned in the room ... ***that I am held by that which is greater. Whatever that might be for each individual and I couldn't work without it.***

Conclusion

The focus group provided rich conversations between the supervisor participants and made recommendations for supervisors supervising trauma that will be discussed in the Discussion and Conclusions chapter next. The focus group echoed categories from the supervisor interviews and also allowed three supervisors from different contexts and disciplines to discuss supervisory experiences. The findings from the supervisor's interviews including the supervisor focus group concur with many of the supervisee categories that emerged during the axial coding process. In summary the findings identified the need for supervisees to have access to other holding environments that has been named as multiple holding.

Multiple holding includes personal therapy, spirituality, collegial support and ongoing education in trauma. One of the findings mentioned by both supervisees and supervisors was the important role in the New Zealand context of Doctors for Sexual Abuse Care (DSAC) seminars that have promoted ongoing education in working with trauma and abuse. DSAC invited overseas trauma theorists to present their work in New Zealand. As one supervisee participant stated:

> ***And I think they*** (DSAC) ***are helpful for me personally as a trauma counsellor and they are helpful for me because it means I can put more understanding in my work and take along to supervision. They are helpful for New Zealand because it really does put a clear stamp on the direction of therapy across New Zealand – Invercargill, the west coast of the South Island hopefully most of those people will go to DSAC workshops and be situated in there some how.***

The supervisors' focus group recommended ongoing training for supervisors supervising in the context of trauma and abuse. DSAC may play a vital role in this recommendation and ACC may also be a stakeholder that could provide funding for training and supporting supervisors who supervise practitioners in the field of trauma.

The next chapter concludes the research findings and explores the recommendations and limitations of this study. Included in the discussion and conclusion chapter is a development of the core category multiple holding and related literature. Further, an overview of the research project is presented and an assessment of the questions that informed this current study. An assessment includes checking to ascertain whether the questions have been answered and commentary on the ways the findings have been reached. Finally the Discussion and Conclusion chapter will also address further areas of research that could be undertaken.

CHAPTER SIX

Discussion and Conclusion: Multiple Holding – The Holding of the Supervision Relationship in the Context of Trauma and Abuse

Introduction

The purpose of this chapter is to review the research questions and research process. A summation of the research findings will be explored and discussed with a concluding commentary on the findings of multiple holding as core in the supervision relationship in the context of trauma and abuse.

Recommendations are presented on the supervisory relationship within the context of trauma and abuse, including training needs for supervisors as identified by supervisees and supervisors. This chapter concludes with recommendations for future research into the area of supervision in the context of trauma. Limitations of this study are also presented including future research areas to address some of the gaps identified in this research.

Review of the Research Questions, Objectives and Methodology

The purpose of this research was to examine challenges, issues, questions and experiences within a supervisory relationship in the context of trauma and abuse. To discover the supervisory relationship experiences from both supervisee and

supervisor perspectives, interviews with representations from both parties were undertaken. For purposes of emotional safety, particularly for the supervisee, I chose to interview supervisors and supervisees who were not in a supervisory relationship with each other.

Research Questions and Objectives

One primary objective of this study was to identify significant elements of the supervision relationship for both supervisor and supervisee when working with trauma and abuse. Are there specific areas within the supervision relationship that are more challenging, requiring specialised knowledge and ways of working as a supervisor that are distinct from other supervision contexts? Secondly what supports and deepens the supervisory relationship when working with trauma, and how does this support assist practitioners who work in the area of trauma become more effective? Finally what impact does an analysis of gender, and power dynamics have on the work with the survivors of trauma and abuse within the supervision relationship?

Review of Method

Pilot Study

In this study a total of ten participants were interviewed. The first two interviews were with pilot participants. The purpose of the pilot study was to test the method, methodology, and research instruments, which were the research questions. The pilot

study participants were a male supervisor and a female supervisee. Both had more than ten years experience in the roles of therapists, supervisee and supervisor. The pilot participants were European/*Pakeha* and in the 40-60 year age group.

The pilot study achieved the objectives. Firstly the questions asked in the pilot study provided some initial answers. The pilot study also generated more questions and reflections not previously considered. The testing of the methodology was essential at the early stage of the research process. I undertook the transcribing of interviews, open coding and analysis of the two interviews. This process provided insight into the coding and analytic procedures required for the grounded theory method. The process was rigorous and challenging, yet suitable for this project. Another realisation for me was that as a novice researcher the analysis of the data was in-depth and exciting, albeit time consuming. The other major learning was the different role required of a researcher compared to that of a therapist. As Etherington (1996) stated these roles are different. An invaluable learning gained from the pilot interviews was to appreciate the distinction in roles and practice being a researcher.

Main Study

In the main study eight participants were interviewed. The participants consisted of six women of European/*Pakeha* descent and two men; one European/*Pakeha* and one who described himself as Kiwi with multiple lines of Maori and *Tau-iwi* inheritance. The participants came from counselling or psychotherapy and social work backgrounds. Participants were selected by purposive sampling.

I chose to use grounded theory as a methodology to conduct this research because grounded theory is suited for research projects where there has been little or no research undertaken (Fassinger, 2005). Grounded theory also has procedures to analyse data with a view to creating a theoretical understanding of the phenomena under study (Charmaz, 2006; Glaser & Strauss, 1967). The grounded theory method has a variety of grounded theory research procedures and standpoints (Charmaz, 2006; Glaser, 1992; Strauss & Corbin, 1998). A constructivist grounded theory methodology was undertaken in this study.

Constructivist grounded theory allows the researcher to be active and transparent with participants, sharing reflexivity and not being too rigid and proscriptive. In addition a constructivist grounded theory approach included making meaning from the overall data and the participants' voices rather than limiting the understanding to interpretation of codes and descriptions of experience (Charmaz, 2000). There have been benefits to using a constructivist grounded theory approach to inform this study. The method has allowed the inclusion of my own experiences and reflections with participants. In the interviews and focus groups the research method has required me to be clear as to my motivation for conducting this research. I stated to participants that in my initial review of the literature no research was uncovered on the supervision relationship in the context of trauma.

Findings

Discovering the Supervisory Relationship within the Context of Trauma: Categories, Sub Categories and Conclusions

Categories

The depth of sharing of experience by the participants was moving and informative and allowed me to reflect on my own experience as a supervisee and supervisor. The categories from the eight interviews, from both supervisor and supervisee perspectives are summarised below:

1. The supervisory relationship is central for both parties. Further the supervisory relationship aim is to improve client safety and practitioner competence;
2. The supervisor needs to create a climate of emotional safety for the supervisee to explore issues of fear, shame, terror and responses named as counter transference and the unconscious process. This approach is termed working in a relational way and is particularly important when working in the context of trauma and abuse;
3. The supervisor balances the timing of challenge, support and collaborative dialogue dependent on supervisee developmental needs, disturbances (the context of disturbances are vicarious trauma experiences and presenting issues that need addressing) and caseload;
4. Supervisors require specialised skills and knowledge on the dynamics of working

with trauma and abuse;

5. The supervisor is required to understand and respond to strong emotions and emotional pain that may lead to vicarious trauma and also issues of client safety including suicidality and interpersonal violence;
6. Supervision cannot meet all the needs of supervisees working with trauma and abuse. Supervisees identified the need for holding beyond the supervision relationship to support their work. This has been named as multiple holding;
7. Positive and negative past experiences helped frame supervisor practice.

These points will be fully discussed in the more detail in the following section.

The Supervisory Relationship in the Context of Trauma and Abuse

Supervisors and supervisees unanimously agreed that the supervision relationship was of central importance to good practice. This finding was expected. What was surprising was the importance placed on the relational qualities of the supervisor; the time taken to build the supervisory alliance and the impact of being able to choose or not choose a supervisor. Supervisees approached choosing a supervisor with great caution. The participants valued and remained in supervision relationship for periods of up to a decade. There is a paucity of literature on issues of review and ending the supervisory relationship. It was difficult to assess whether long-term supervision relationships were the norm. Because the finding of length of relationship was not anticipated, questions were not asked of participants and the data was discovered incidentally.

The participants in this research stressed the importance of taking time to build the supervisory alliance. For some the minimum time was two years for the alliance to develop a foundation. The supervision relationship is of central importance in a trauma and abuse context due to the high needs and holding required by the supervisee. As one supervisee participant said, the holding needs to be solid and big to hold the client, the therapist and the impact of the trauma.

Other aspects of the relationship including the supervision space and the ways in which the supervisor frames the relationship are also influential factors in the development of the relationship. In the supervision literature there is little attention given to the supervision space. The physical locality of supervision was noted as important. Over time the supervisee experienced the supervisor's presence in the space. One participant valued the traveling time to reflect on issues to raise in supervision and as opportunity to contemplate the session on departure.

Relational Supervision: A Way of Being

The literature on supervision in the context of trauma emphasised that working relationally as a supervisor was critical (Knight, 2005; Pearlman & Saakvitne, 1995a; Walker, 2004). Hearing and seeing the participants lived experience of working with issues of trauma and recounting the experience of the supervision relationship brought the meaning of the word relational to life. Participants did not universally use the word relational. The narratives shared of being supervisor, a supervisee and

practitioner described the core component of working in a relational way.

Relational ways of working included being present, allowing feelings to come forward that may be shameful, fearful or unknown, and being met with respect, curiosity and the supervisor declining to take a position of certainty. The emphasis placed on working collaboratively and yet holding a position of greater knowledge is a delicate dance for the supervisor. The dance includes being flexible, open and challenging.

For some participants in the study the impact of poor and unhelpful supervision that did not met clinical needs guided future practice as a supervisor. This description of a poor supervisory alliance was described by both parties and was likely to result in the relationship becoming stuck. Other issues identified by supervisees were the supervisor not being available, and not offering an in-depth understanding of the critical issues of the therapeutic relationship. Another characteristic of poor supervision was not receiving a compassionate response in times of crisis.

In the context of trauma the issue of choice is critical. Most of the supervisees in this study were able to choose their supervisor. For supervisees when choice of supervisor was not an option the parties were left with a potentially difficult situation for themselves and their clients. As Davys (2002) and Sloan (1999) note the opportunity to choose a supervisor is critical for supervision relationships to function well.

To be Challenged and Supported: A Collaborative Relationship

A central component of working relationally requires the supervisee to disclose their work fully and be held in a challenging yet supportive supervision environment. Both supervisors and supervisees as critical for clinical safety and accountability discussed the issue of extent of disclosure. The decision to disclose was based on a desire to provide the best service and ensure safety for the client.

In reviewing this critical issue, choosing to disclose appears to be dependent on having confidence in the supervisor, a need to talk about the issue, becoming 'unburdened' by the event and the supervisee being committed to putting themselves in a place of visibility. The extent of disclosure was influenced by previous experiences of being emotionally met. Hence for the relationship to function well and meaningfully, risk taking by both parties appears paramount. One supervisor in this study also discussed the importance of the supervisor sharing experiences and challenges, particularly concerning vicarious trauma. Another supervisor suggested that a start was to name and share experiences appropriately in order to reduce supervisee shame and embarrassment at the impact of vicarious trauma. This strategy was most helpful when the supervisor's self-disclosure was driven to benefit the supervisee and commensurate with the supervisee context.

A supervisor discussed the extra benefit of hearing recordings or viewing supervisee's practice. Bordin (1983) discussed the supervision alliance and recommended seeing or hearing the supervisee in practice to promote transparency,

and build the supervisory alliance.

> The greatest professional growth is likely to occur around review of sound or videotaped recordings of ones interviews, I do not insist that the supervisee record immediately. We do have a discussion of this medium for our work (p. 39).

Supervisee participants particularly identified the sub category of challenge and transparency. Of equal importance was the ways a supervisor responded to disruption in a therapeutic relationship or other issues related to the therapeutic relationship. The issue of supervisor responses emerged in the supervisee focus group. One supervisee described the need for other support systems when or if the supervision relationship was not able to offer the holding required. The issue of having access to other supports including collegial/peer supervision will be discussed later in this chapter.

Skills and Knowledge to Supervise Trauma and Abuse Therapists and Social Workers

Both supervisees and supervisors discussed trauma theorists, and theories including human development that informed their work as practitioners in the counselling and psychotherapy context. Social work theories and political analysis was also described as important for informing interventions and change. Psychotherapy supervisees and supervisors stated the importance of supervisors being knowledgeable about trauma

theory, working with transference and counter transference and having an in depth understanding of human development. For social work practice, holding an informative stance on social justice, marginalisation, cultural awareness, and social work theories was considered fundamental in their approach to the role of a social worker. It was evident from participant descriptions that theories and knowledge concerning trauma were not shared in a didactic fashion. A process of questioning that emerged was to take a curious stance as a supervisor to assist supervisee understanding of theory and practice. In summary both social work and psychotherapy disciplines emphasised cultural and political understandings as well as skills and knowledge held by the supervisor as important for the supervisory alliance to work.

This process of mutual engagement in the supervisory relationship was named as valuable for many of the supervisees. One supervisee reported that being told what to do was unhelpful. Supervisors also concurred that engaging with supervisees and reviewing alternative ways of working with presenting issues of trauma was more process than teaching orientated.

The particular way of supervisors and supervisees engaging with each other mirrored the therapeutic process with therapy clients and social work clients. I reflected on memos written on the data collection and analysis phase. The data revealed that information was imparted to supervisees via a process of enquiring by supervisors without assumption. The stance of being curious, of not presuming, and questioning

with openness appeared to allow learning to occur, as noted by the supervisees in this study.

Challenges in the Supervision Relationship

As mentioned in the supervisee and supervisor data findings chapters, the most challenging moments or experiences in the supervisory relationship, in the context of trauma and abuse was the supervisee experience of vicarious trauma, and client safety related to interpersonal violence and suicidality. After reviewing the data from the individual interviews a category emerged that a healthy response to working with trauma was to build multiple support systems. I termed this multiple holding. The strategy of multiple holding was corroborated by the focus groups.

Multiple Holding

Multiple holding was the core category that emerged in the last stage of the study. The supervisees in the focus group identified the need for support from experienced colleagues who have worked or are working with trauma. The supervisee participants concurred that multiple holding was different from individual supervision. Outside the supervision relationship: supervisees sought experienced collegial supervision groups to process reactions, questions and personal processes when faced with critical traumatic situations. Examples of multiple holding were debriefing with colleagues, ongoing training, spirituality, personal therapy and ongoing self-care.

Recommendations

The supervisors and supervisees in this study have made clear recommendations. The most prominent recommendation was the training for supervisors in the area of trauma and abuse. Both parties in the supervision relationship identified the necessary holding aspects that working in the area of trauma demanded. The supervisees recommended the formation of supervision groups consisting of experienced practitioners with expertise working with a number of areas of trauma including interpersonal violence, sexual abuse, suicidal clients, and vicarious trauma. The purpose of the groups would be to share ideas and gather support; learn from each other strategies and collegial ways of working to reduce isolation in their practice.

The supervisors recommended that funding be available for further training of supervision in the context of trauma. Suggested sources for funding were stakeholders such as ACC, in partnership with training institutes that offer supervision courses. Another related recommendation was the need for supervisors to be knowledgeable about the signs of vicarious trauma and human development including recent studies in brain development and attachment theory. A strong need that emerged from many of the participants was for people working with trauma to be able to have easy access to colleagues and to ongoing training in the field of trauma and personal therapy. In addition there was a strong category from all the participants identifying spirituality as bedrock for sustenance and meaning in

personal lives and work.

Finally a common category that both supervisors and supervisees shared was that of working relationally. The supervision literature supports the value of working relationally as an important foundation for holding the supervisory and therapeutic relationships.

Social work and psychotherapy disciplines have common elements when working with trauma. These elements are that both social workers and therapists experienced vicarious trauma that was mediated by speaking out with others in collegial settings and in individual and group supervision. Both social workers and psychotherapists need trusting supervisory relationships to allow the supervision relationship to serve the work and both parties need multiple holding to assist their work with trauma survivors. A final recommendation is that there needs to be further research into the supervisory relationship in the context of trauma and abuse.

Limitations of the Study

This study interviewed participants within a similar age range, and only one participant identified as Kiwi with multiple lines of Maori and Tau-iwi inheritances. A broader demographic of participants would have been desirable. Only one other study researching the supervision relationship in the context of trauma was uncovered. The study (Sommer & Cox, 2006) enquired whether story telling in

supervision was helpful to mitigate the experience of vicarious trauma. This current study did not investigate this issue as it was not the focus of the research questions. In spite of the different approaches some similarity in the findings was noted. It is hoped that this study will inspire further enquiry into this important area of supervision.

Future Research

There is little research into the area of supervision in the context of trauma. Hopefully this study will inspire others to continue researching the supervisory experiences in the context of trauma. Areas for consideration that would further this research are identifying training needs for supervisors, and supporting the ideas of collegial networking with experienced colleagues working in the areas of trauma counselling and social work.

Conclusion

All the participants in this study contributed fully and willingly with passion about working with trauma and their experiences of supervision. The supervisees reported positive and relational supervision experiences that held them and supported the practice of working with trauma survivors. Supervisees also discussed supervision relationships that were not as effective and holding. For some participants this was the first time they had been asked about supervision in the context of trauma and abuse. The conversations were full, engaging and lively, sometimes moving and

powerful. There are specific needs in the context of trauma and abuse that supervision addresses. The relationship between the supervisor and supervisee is dependent on both parties being willing to engage in relational conversations. The supervisors in this study were clear that they supervise from a relational perspective, with passion and commitment to those they supervise and to the clients they have met through the medium of supervision. The methodology of grounded theory was a useful and an appropriate choice to investigate this topic of the supervisory relationship in the context of trauma and abuse. Grounded theory and feminist principles sat well together and guided me to employ respectful practices with a thorough set of procedures to analyse the data. Although the data analysis was rigorous the end result has been worth the effort. Grounded theory is also a methodology that is well suited to exploring areas where there has been little or no research undertaken.

In summary this current study has achieved the initial goals. To explore the research questions underpinning the topic of supervision in the context of trauma and abuse and the core category that of multiple holding has emerged. It is hoped this study will inspire others to further explore this area of clinical supervision.

Multiple Holding: Supervision

Appendices

Appendix One: Ethics Application

Massey University

Application to Human Ethics Committee

Name:	*Claire Gabrielle Virtue*
Status of Application:	*Masterate Student (MSW)*
Department:	*School of Social and Cultural Studies*
Project Status:	*Masters of Social Work Thesis*
Title of Research:	*Multiple Holding: Clinical Supervision in the Context of Trauma and Abuse*

Attachments:

Information sheet

Letter to participants

Consent form

Confidentiality agreement for transcriber

Interview schedule

Supervisors: ***Dr Christa Fouché, Department Social and Cultural Studies, Massey University, Albany***

Christine Thomas, Department of Sociology, Social Policy and Social Work, Massey University, Palmerston North

1.1 Justification

The focus of the research is to explore the supervision relationship between clinical supervisors and the counsellors being supervised in a context of working with issues related to trauma and abuse. In the supervision relationship issues that are related to traumatic experiences presented by counsellors often challenge both counsellor and supervisor. The challenges are often complex requiring care, thought and reflection of both the supervisor and supervisee (Etherington, 2000). Issues such as parallel process, vicarious trauma and other relational issues often arise in the supervision relationship. These issues can also arise in the therapeutic relationship between counsellor and therapist with clients seeking assistance for past and present trauma (Etherington, 2000; Frawley -O'Dea, 1997).

To date I have found no specific research on the supervision relationship in the context of working with trauma, despite an extensive literature review, undertaken in 2001. The literature available on supervision issues concerning the supervision relationship working with trauma is also scarce.

The purpose of the research is to conduct a qualitative study with supervisors and supervisees to discover the reported supervisory issues in the supervision relationship when working with the experiences of traumatic impact on the clients seeking counselling, psychotherapy and social work assistance. The study will also investigate the skills the supervisor and supervisee identify as fundamental to the supervisory relationship. Consideration of knowledge, theoretical approaches and interpersonal

qualities will also be explored.

1.2 Objectives

The purpose of the study is to explore the knowledge, skills, theoretical approaches and relational ways that inform a supervision practice when working with clinical issues concerning trauma and abuse. Particular emphasis in this research study will be to address the complexities and challenges that are often experienced by both supervisor and those seeking supervision. Given the paucity of literature currently available in the study area and the complexities of working with the effects of traumatic experience the study is expected to contribute to the literature on supervision. Qualitative research methods informed by grounded theory and feminist methodology will be employed.

Some key questions to be addressed in the research will be:

1. What are the supervisor skills, knowledge, expertise, maps, models and frames of supervision that offer assistance and support to supervisee's seeking supervision on clinical issues of trauma and abuse?
2. What constitutes feminist supervision practice and in what ways does anti – hierarchical practice benefit the supervision relationship?
3. From the supervisee's perspective what are beneficial qualities, knowledge, skills and experience from the supervisory relationship that has enhanced the supervisees work with trauma and abuse issues?
4. What issues are identified within the supervision relationship when working with trauma and abuse material, including issues found in the literature review?

These questions will be explored through individual interviews and two focus groups. The research will be conducted with supervisors and supervisees who are not in a supervisory relationship with each other.

1.3 Procedures for Recruiting Participants and Obtaining Informed Consent

The participants will be selected through a purposive sampling recruitment method. I will be seeking participants through my collegial networks. The participants will not be in a supervisory relationship with each other. To establish they are not in a supervisory relationship I will be requesting that potential supervisee participants identify their supervisor if they choose to; so I can eliminate them from the study. It is not ethical to ask supervisors to name who their supervisees are.

Participants will include social workers, counsellors and psychotherapists who identify as clinical supervisors and supervisees; working with clients presenting with issues of trauma and abuse. The participants will be required to be a member of a professional body and be in a regular supervision relationship that fulfills the ethical requirements of their professional body.

Both supervisees and supervisor participants will be sent an information sheet after an initial approach to a potential participant is made by me, the researcher. Once a participant has signaled an interest to participate an information sheet is sent (Appendix two). Upon receiving confirmation that a participant wants to be a participant in the research project a further letter will be sent summarising the research project and emphasising the criteria for participation and that participants will be interviewed who are not in a supervisory relationship with each other (Appendix three).

All participants before interviewing takes place will be presented with a consent form (Appendix four). In the initial interview the particpant will be informed that the audio recording can be turned off at any time during the interview. Participants will also be informed that any identifying information will not be named in the transcript. In the advent of a transcriber being employed they will be bound by the same confidentiality contract as the researcher. All participants voluntarily participate in this research project. Informed consent can be withdrawn up to the data analysis stage. Before the

data analysis stage all participants will have their transcripts back for amendments by participants and returned to the researcher for research analysis.

1.4 Procedures for Research Participant's Involvement

There are two procedures research participants are asked for their involvement. The first stage is participation in a 1.5 hour recorded interview with the researcher. The second procedure is being part of a focus group that will happen at the later stages of the research. Both supervisors and supervisees will be asked for their availability in attending a focus group. The focus groups will take place separately for supervisors and supervisees. The duration of the focus group discussion will be approximately 1.5 to 2 hours. The group discussions, with participants consent will be recorded. Refreshments will be provided for the participants; as well as travel costs for those having to travel from outside the Auckland area.

1.5 Procedures for Handling Information and Material Produced in the Course of the Research including Raw Data and Final Research Reports.

The individual interviews will be recorded and transcribed by the researcher. I, the researcher will be bound by a confidentiality contract as the transcriber. In the advent of employing a transcriber the same confidentiality contract will be signed. Each participant will be sent a copy of the transcript. Each particpant can make amendments to the transcript if they wish and then return the transcript to me within a specified timeframe – in this case two weeks. Once the transcripts are returned from the participant then the data from the transcripts can be available for the thesis.

The focus group meetings will be audio recorded, as well as notes and a record of central themes that emerge from the meetings. The focus group meetings will be transcribed and those participants who attended the focus group meetings will be sent a copy of the transcript; unless they choose not to have a copy. Once transcripts have been returned with amendments then the focus group material will contribute as data

to the thesis.

1.6 Procedures for Sharing Information with Research Participants

All participants will receive a copy of transcripts of individual interviews and will be asked if they want a copy of the transcribed focus group meetings. Those that wish to have focus group interview transcripts will also be asked to make amendments within a specified time frame (two weeks) and then be informed the information will be contributing as data to the thesis. A summary of the data findings from the research project will be distributed to the participants at the end of the study. Any questions pertaining to the methodology and any aspect of the study will be welcomed by the researcher.

1.7 Arrangements for Storage and Security, Return and Disposal or Destruction of Data.

Electronic data will be password protected. All hard copy data of tapes and discs, including focus group recordings will be stored in a locked filing cabinet. Security of information will be maintained by the secure storage of all research information that will be held in a locked filing cabinet. The researcher will ensure that confidentiality will be maintained by

1) All-identifying information such as participant's name and location remains confidential to me.
2) Confidentiality will be achieved by using pseudonyms and omitting any potentially identifying information. Each particpant will have a separate file with a pseudonym, consent forms, transcripts, and tape, disc of their interview contained in each folder. All folders will be held in a locked filing cabinet.

The researcher will retain all tapes, discs and transcripts for a period of five years as per Massey university policy on research practice, section 2.2. However those who

have requested their tapes be returned to them at the end of the study will be returned by the researcher. At the end of the five year period all material including tapes, hard discs and transcripts will be destroyed.

2. Ethical Concerns

2.1 Access to the Participants

The participants will be sourced through collegial and professional networks of the researcher. Any ethical concerns that may emerge thorough the study will be discussed with the participants concerned and with my two academic supervisors.

2.2 Informed Consent

All participants are informed by the information sheet and consent forms requesting their consent to be a research participant. Both documents are to ensure there is explicit consent given before any aspect of the research is undertaken. The information sheet outlines the research process and the level of involvement asked of each research particpant. Included in the information sheet is the invitation to be part of a focus group informing the participants of the anticipated time the focus group will take and with consent of the participants be audio recorded.

Consent forms that are given to participants also state that consent of a participant's involvement can be withdrawn up to the data analysis stage. Withdrawal of participation can be given in writing or verbally.

Potential participants will also be informed that at any time during the recorded interview they can request for the recording to be turned off. The participant will also be advised that the interview after transcription will be sent to them for checking and

to amend any changes to the transcript. A time frame will be offered as to the approximate time needed to transcribe. A request that the transcript be sent back within a two week time frame upon receiving the transcript will also be made by the researcher.

An emphasis will be placed on not having to answer any questions they are not comfortable in answering and if there are any feelings of discomfort after an interview an invitation to contact me at any time throughout the research project will be offered.

2.3 Anonymity and Confidentiality

As mentioned in other sections concerning ethical considerations, the main strategy for maintaining confidentiality is by pseudonyms and omitting any potentially identifying information. The attendance by participants to each of the respective focus groups does preclude anonymity. However a clear contract concerning confidentiality will be discussed before the focus group begins and consent to record will be discussed before any recording is undertaken.

2.4 Potential Harm to Participants

Given there may be personal issues about a past or current supervision experience for both supervisor and supervisee, before an interview takes place a discussion of what needs the participant may include the following:

1) Have you a support person or persons that you can talk about the issues this interview might raise?
2) Do you have any concerns about being a participant? If so can you tell me what they are?
3) Have you access to a supervisor or allied professional to talk about the issues the research may rise for you? There may be issues you have not discussed with any one else concerning the supervision relationship.
4) Would you be willing to discuss the issue's that come up in the research interview with someone you nominate or what other process is suitable and available for

discussing these issues further?

At the end of each interview checking with the participants how they are feeling and making a clear statement that I am available for any questions or process that may emerge from an interview is an important approach to minimising harm to participants. Another way of minimising harm is to follow up with participants if they have not responded to member checking transcripts. Following through with member checking can be a beneficial process for the particpant, as a way of prompting their awareness and ensuring that amendments can be made.

2.5 Potential Harm to Researcher

If participants provide clinical examples of working with trauma that they share with me when exploring issues of the supervision relationship, I might have emotional responses from hearing their story. I will ensure that I have in place extra academic supervision from my academic supervisors and supervision from my clinical supervisor if the research process affects my own clinical practice emotionally, spiritually and psychologically.

2.6 Potential harm to the University

I do not for see any actual or potential harm to the university

2.7 Participant's Right to Decline to Take Part

All participants will only participate if they have given written and verbal consent to be part of the research project. I as researcher will make a clear statement to potential participants that they are entitled to withdraw at any time up until the data analysis stage of the research process. Included in the participant's rights to decline is gaining consent for all recordings and having the recordings of interviews and focus groups terminated if any one is uncomfortable with being recorded.

2.8 Uses of Information

The information from this research will only be used for the purpose of data for this research report, and for the publication of academic work.

2.9 Conflict of Interest/ Conflict of Roles

I do not foresee any conflict of interest or role conflict with potential participants. I will not be interviewing any one who is in a supervisory relationship with me. If there is a participant that is in my collegial network I will discuss with them and my supervisors if there is any foreseeable conflict of interest or conflict of roles.

2.10 Other Ethical Concerns

I do not foresee that there will be any other ethical concerns arising in this project. It is my responsibility as researcher to keep addressing any concerns, particularly ethical issues that may arise in the duration of the research project

3. LEGAL CONCERNS

3.1 Legislation

3.1.1 Intellectual Copyright

Copyright of the published and unpublished papers from this research will belong to the researcher. It is also my intention that all literature cited in this research project is related to proper citing of literature and information sources.

3.1.2. Human Rights Act 1993

All participants will be treated with dignity and respect.

3.1.3. Privacy Act 1993

Following and adhering to the privacy act1993, confidentially and anonymity will be adopted practices to conduct this research.

3.1.4 Health and Safety in Employment Act 1992

Not relevant to this research project.

3.1.5 Other Legal Issues

None

4. Cultural Concerns

As a pakeha feminist woman I will do my best to appreciate and respect other cultural perspectives that may emerge in the development of this research project. As I do not know the cultural nature of the participants at this stage I will seek cultural supervision should cultural and ethnic issues arise. I will be coming from a respectful position acknowledging cultural differences. Any cultural differences that may arise in this project will be discussed in the final research report.

Other Ethical Bodies Relevant to This Research

As a full member to Aotearoa Association of Social Workers (ANZASW); a provisional member of New Zealand Association of Psychotherapy (NZAP), I am accountable to their ethical processes and codes of conduct that members are required to abide by. Both associations do not require me to seek formal approval of this project.

5. Professional Codes

I am full member to Aotearoa Association of Social Workers (ANZASW) and provisional member of New Zealand Association of Psychotherapy (NZAP) I am required to abide by the set standards of practice of these associations. These

standards will also be guiding how I conduct this research project.

6. Other Relevant Issues

No other relevant issues have been identified in the preparation of this project.

Appendix Two – Information Sheet

Information Sheet

Title of Research: The Supervision Relationship Between a Clinical Supervisor and Supervisee in the Context of Trauma and Abuse

Dear Potential Participant

My name is Claire Virtue and I am completing my Master of Social Work by doing a research study exploring the supervisory relationship in the context of trauma within a feminist framework. I am a supervisor and supervisee and identify as a feminist practitioner. Currently I am in private practice as a supervisor and Psychotherapist. I am also employed to provide supervision on a contractual basis to Waitemata Health Service in west Auckland to social workers in the early care and child protection prevention team. I am a full member of Aotearoa New Zealand Association of Social Workers (ANZASW). And more recently provisional member of New Zealand Association of Psychotherapists
I have worked as a counsellor and therapist for the past seventeen years. I have been a clinical supervisor since 1991.

I am available to be contacted regarding any aspects of the research:
Claire Virtue can be contacted as follows:
Phone: (09) 3787 684 (home and work) There is an answer phone to leave a message if I am not available.
Email: the.claires@xtra.co.nz

My supervisors are **Dr Christa Fouché** and **Chris Thomas** from Massey University

Associate Professor **Christa Fouché** can be contacted by

Phone (09) 414 0800 Extension: 9082

Email: C.B.Fouche@massey.ac.nz

Chris Thomas

Phone: (06) 414 0800 Extension: 2834

Email: C.Thomas@massey.ac.nz

Purpose of the Research Study

The purpose of the research is to explore the knowledge, skills, theoretical approaches and relational ways of working that inform a supervision relationship when working with issues presented in supervision concerning trauma and abuse.

Particular emphasis in this research study will address the complexities and challenges that are often experienced by both the supervisor and those seeking supervision. Issues such as parallel process, vicarious trauma and other relational issues often arise in the supervision relationship. These issues can also arise in the therapeutic relationship between counsellor and therapist with clients seeking assistance for past and present traumatic related experiences (Etherington, 2000; Frawley, 1997). Given the paucity of literature currently available in the study area and the complexities of working with the effects of traumatic experience the study is expected to contribute to the literature on supervision.

Who is invited to be Part of this Study?

I am inviting you to consider participation in this research if you:

- Are receiving supervision for your clinical practice
- Receive supervision related to working with people seeking counselling or psychotherapy for trauma issues
- Identify as holding a feminist perspective / gender analysis to your work
- Offer clinical supervision to people seeking supervision who work with clients seeking assistance for trauma related issues.
- Are a member of a professional body for your clinical practice

What does the Study Involve?

I am looking for four supervisors and four supervisees who are willing to participate in an interview. **NOTE the supervisors & supervisees are NOT in a supervision relationship with** each other. The interviews will be approximately 1 and 1/2 hours in duration. With participant's consent the individual interviews will be audio taped and transcribed by the researcher, Claire Virtue. Participants will be offered the opportunity to review recorded interviews for accuracy and any comments or changes to be made. The second part of the research involves participating in a focus group interview over a period of 1.5 to 2 hours. The researcher, Claire Virtue will facilitate the group, which will be held in Auckland. There will be two focus groups; one for supervisors and one for supervisee's. The group will focus on the issues that emerge for you as a supervisor / supervisee, how these issues affect the supervisory relationship. The focus group meetings with the consent of the group participants will be taped and transcribed by the researcher.

How will People be selected for the Study?

Participants for the individual interviews are being sought through the researcher's counselling networks including contacts through professional counselling associations.

Rights and Responsibilities of the Participants and the Researcher

If you have agreed to take part in the study the following points outline your rights and my responsibilities as the researcher. These are:

- Participants written consent will be obtained (see sheet on consent form)
- Participants have the right to ask for the tape recorder to be turned off at any time during the interview, and to withdraw from the project at anytime of the study prior to completion of the data collection stage of the thesis.
- All hard copy data such as transcripts and audiotapes will be stored in a locked filing cabinet and electronic data will be password protected.
- In accordance with the recommendation made by Massey University Policy on Research Practice the data will be archived for five years unless participants request the return of their transcript and interview tape.
- A summary of the research findings will be sent to each participant.
- Participant privacy will be maintained by holding all research information and all identifying information securely. e.g. Name and location confidential to the researcher. All names will be fictitious and any identifying information will be omitted. All participants will be asked to review their individual transcript and ask for removal of any identifying information.

Support Process

It is not envisaged that the interview and group process will have harmful effects for the participants. However if a participant does experience responses including feelings about past or recent supervision experiences as researcher I will be willing to explore support they may need to address their reactions. I will also as a trained therapist and supervisor assist them to identify what supports they may access. For example, Employee Assistance Programme (E.A.P), personal counselling etc may be adequate supports.

Before the interview process I will also discuss with the participant their ideas of what support they could access if they were to experience discomfort in the interview process and reiterate that they will not have to proceed with the interview if they are uncomfortable with what emerges in the discussion with me.

Thank you for considering participation in this research study. If you have any questions concerning this study please feel free to contact the researcher and / or the supervisors.

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee, ALB Application _05_/_018_ *(insert application number)*. If you have any concerns about the conduct of this research, please contact Associate Professor Kerry Chamberlain, Chair, Massey University Campus Human Ethics Committee: Albany, telephone 09 414 0800 x9078, email humanethicsalb@massey.ac.nz.

Appendix Three: Letter to Participants

Dear

Re: Seeking participants for research project

Title of the Research Project:

The Supervision Relationship Between a Clinical Supervisor and Supervisee in the Context of Trauma and Abuse

My name is Claire Virtue. I am a therapist and supervisor and have supervision for my clinical practice. I am doing a Master of Social Work (MSW) degree at Massey University - Department of Social and Cultural Studies.

I am keen to speak to you about the supervisor / supervisee relationship when the issues of supervision relates to trauma. As a supervisor and supervisee I have a real passion about the importance of supervision, particularly the ways in which the supervision relationship is challenged by the complexity of trauma related experiences. Trauma challenges both the therapeutic relationship and the supervision relationship.

I am seeking participants for the main study; four supervisors and four

supervisees. The participants in the study will not be in a supervisory relationship with each other.

I have piloted the study with one supervisor & one supervisee.

I am seeking both supervisor and supervisee participants who:

- Receive supervision for their work in the area of trauma / abuse
- Have a gender / feminist analysis that supports their work
- Hold membership to a professional body

Participants interested in this project will be asked to join in a 1 to 1 ½ hour semi-structured interview and also be part of a facilitated focus group meeting with the other 3 supervisors or supervisees later that will take about 1 ½ - 2 hours.

With participant consent all interviews will be audio taped and transcribed by me. All identifying information will be omitted and transcripts of interviews checked by each participant for accuracy, comments and response. Participants may terminate their involvement with the research study before data analysis of the research has been undertaken.

If interested in being part of this research project please get in touch via phone or email. My contact details are (09) 378 7684 home and work. Email is the.claires@xtra.co.nz This project has been approved by the Massey Human Ethics Committee no: 05/018. My academic supervisors are Dr Christa Fouché and Chris Thomas of Massey University. Thank you Claire Virtue

Appendix Four - Consent Form

Consent Form

Project Title: The Supervision Relationship Between a Clinical Supervisor and Supervisee in the Context of Trauma and Abuse

I have read the information sheet for this study and have had the details explained to me. My questions have been answered and I understand that further questions that may arise throughout the project will be answered as best they can by the researcher.

I understand that I am free to withdraw from the study at any time up until the data analysis is complete and am entitled to not answer any questions in the study. Confidentiality is a foundation for this project and any information I give is with the clear understanding that information given is confidential.

I do / do not consent to have taped interviews

I do / do not consent to have my taped interviews transcribed by Claire or a nominated transcriber who has signed a confidentiality contract.

I wish / do not wish for the tape of my interview to be held in an official archive for 5 years after which time the tape is destroyed.

I wish / do not wish for my tape to be returned to me once the study has been completed. I participate in this study under the conditions set out on the information sheet.

Continued on next page

*Signed*_____

*Name:*_____

*Date:*_____

Appendix Five - Confidentiality Agreement for Transcriber

Confidentiality Agreement for Transcriber

Project: The Supervision Relationship Between a Clinical Supervisor and Supervisee in the context of Trauma and Abuse

*I*_____ *(name)*

Agree to transcribe the tapes provided to me accurately.

I agree to keep confidential all the information provided to me.

I will not make any copies of the transcripts or keep any record of them, other than those required for the project.

Signature: _____

Date: _____

Appendix Six - Interview Schedule

Interview Schedule

Each supervisor and supervisee will be interviewed for one hour. The format of the interview will be semi structured around the following questions:

1. What prepared you to become a supervisor? /supervisee specific to working with trauma survivors
2. Explain the extent of your involvement as supervisor/ supervisee working with people who present with issues related to trauma and abuse i.e. How long have you been a counsellor/ therapist working in the field of trauma? What prepared you to do this work?
3. What specific skills do you think are important when supervising a person working with issues of trauma / being supervised when you are working with issues of trauma? Do you think those skills can be learned / or taught
4. Is there any particular theoretical orientation that you consider important that informs your work with trauma survivors? Do you choose a supervisor who shares your theoretical orientation? Or do you think it is important to have more than one modality when working with trauma?
5. What Specific knowledge areas would you consider important when supervising a person working with issues of trauma / being supervised when you are working

with issues of trauma?

6. What are the supervision relationship issues experienced between yourself and your supervisee/ supervisor that you consider central to the relationship – specific to supervising trauma material
7. Do you think it is important that the supervisee has the option to choose you as a supervisor?
8. As a supervisor do you have the choice to take on a supervisee – what informs your choice?
9. Do you ask supervisee's if they have done any personal therapy and check personal background of the supervisee that might impact on their work with clients presenting with trauma.
10. Would you consider it important for you to have had experience of being a client?
11. How much of your own experience of being a supervisee has influenced the way you supervisee?
12. Have you experienced as a supervisor a supervisee experiencing vicarious trauma?
13. If so do you feel you were able to support the supervisee and in what ways did you think your support was effective?
14. How are power and authority issues discussed within the relationship?
15. In what way has feminism and/ or gender issues been discussed in your supervision relationship?
16. What are the interpersonal qualities that you think are important for the supervisor to have when working with issues of trauma?

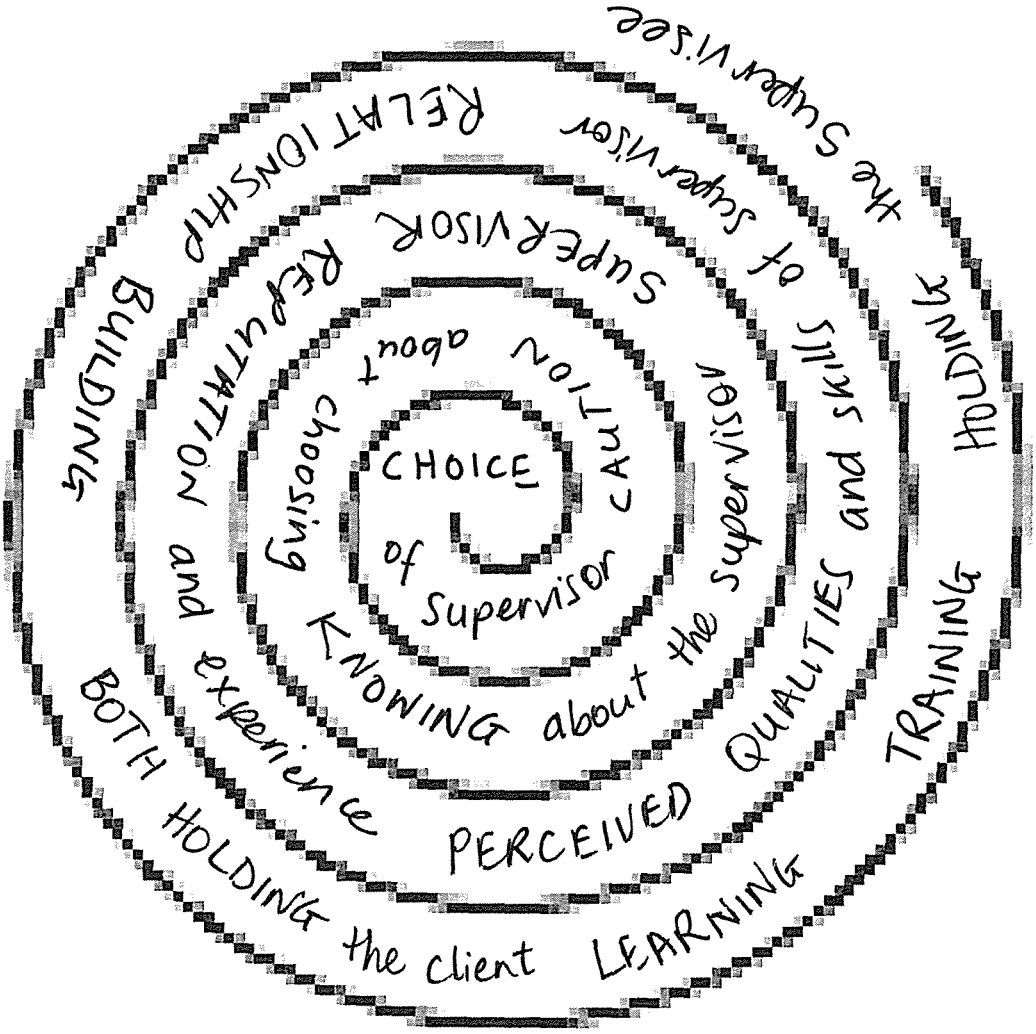
17. In your view, what understandings of trauma would be important to hold as a supervisor?
18. Do you regard it as important that a supervisor has had experience working with trauma as a therapist?
19. What are the questions that have challenged you as a supervisor that have been asked in supervision?
20. Do you think supervisors should have access to training specifically related to supervising Counsellors and therapist s working with trauma - if so what would you like to see in the training
21. What has challenged you as a supervisee your supervision relationship that is specific to working trauma specific therapy/ counselling issues i.e. Have you been concerned that you are not getting a breath and depth of the therapeutic relationship you are presenting in supervision
22. As a supervisee what have been the discussions and ideas that impacted on your work that have been raised in supervision?
23. What effects of working with trauma survivors have you noticed in yourself? And the work over time from beginning to now
24. Has supervision been responsive to those affects and if so how?
25. Has there been times when you have not been able to talk with your supervisor about specific trauma work - if so what have been the restraints to speaking
26. Have you experienced parallel process issues come up between you and your supervisor - if so how has this been discussed in your supervision relationship
27. Do you have an opinion about how long the supervision relationship is advisable

to have? (ACC policy that was floated a few years ago)

28. What advice would you have for someone experiencing the supervisory relationship that is finding their relationship difficult i.e. supervisee feeling judged, not disclosing, supervisor experiencing supervisee struggling to engage with supervisor
29. Is there anything I should know about the phenomena under study that I didn't ask?

Appendix Seven – Choosing a Supervisor Diagram

Choosing a Supervisor – thinking process



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