

EMDR supervision

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What is clinical supervision?

- 'Supervision' vs 'Consultation' in USA
- This presentation is about what Americans call 'consultation'

Derek Milne (UK) definition of supervision (‘bones’)

- ‘FORM’ OF SUPERVISION / ‘The formal provision by senior/qualified health practitioners of an intensive relationship-based education and training that is case-focused and which supports, directs and guides the work of colleagues (supervisees).’
- ‘FUNCTIONS’ OF SUPERVISION
 - (1) quality control (2) maintaining and facilitating the supervisees’ competence and capability; and
 - (3) helping supervisees to work effectively

Joyce Scaife: Clinical supervision ('flesh')

- is supportive
- is in the context of a facilitative relationship
- is centred on developing best practices for service users
- is challenging
- is brave (because practitioners are encouraged to talk about the realities of their practice)
- is safe (because of clear, negotiated agreements about confidentiality)
- provides an opportunity to ventilate emotions without comeback
- is not to be confused or amalgamated with managerial supervision
- provides the opportunity to deal with material and issues that practitioners may have been carrying for many years

Joyce Scaife continued...

- is not to be confused or amalgamated with personal therapy or counselling
 - offers a chance to talk about difficult areas of work in an environment where the other person attempts to understand
 - is regular
 - takes place in protected time
 - is offered equally to all practitioners
 - involves a committed relationship from both parties
 - is an invitation to be self-monitoring
 - can be both hard work and enjoyable
 - is concerned with learning to be reflective
 - is an activity that continues throughout one's healthcare career
- What did Scaife miss out?
 - Supervision also includes evaluation of the supervisee

What isn't clinical supervision?

- Supervision is not training
- EMDR training does include some supervision after Part 1 training
- But training is
 - “structured education for groups of trainees... [and] involves a standardized set of steps” (Hill & Knox, 2013, p. 776)
 - “whereas teaching is driven by a set curriculum or protocols...

“...supervision is driven by the needs of the particular supervisee and his or her clients”
Bernard and Goodyear (2019)

Supervision is not therapy

- “In supervision, it is the therapy that is the ‘patient’...
- “...the supervisee’s feelings and fantasies are examined only insofar as they may throw light on what is happening in the therapy.” (Mollon, 1989, p. 121).

	Therapy	Supervision
Aims	improve client's life	develop supervisee's skills
Presentation	presents verbally	variety of media eg video
Timing	client chooses pace	depends on demands of clients
Relationship	client is held emotionally	Professional & collaborative
Expectations	client not expected to prepare for session	supervisee expected to prepare
Responsibilities	therapist's responsibility is to their client	Supervisor's responsibility to client can take precedence over their responsibility to supervisee

Does supervision increase treatment fidelity?

- CBT research: If supervision includes
 - skill modelling role-play corrective feedback
 - then, CBT competence and fidelity is increased (Bearman et al., 2017)

Does EMDR supervision increase adherence to Standard Protocol?

- We don't know But therapists are more likely to actually use EMDR if they receive supervision (Grimmett & Galvin, 2015).
- On my trainings, unlikely to have practiced EMDR without supervision

Does supervision affect therapeutic outcomes for clients?

- Accredited EMDR therapists report better outcomes for EMDR therapy (Farrell and Keenan, 2013)
- correlation between treatment fidelity and clinical outcomes in EMDR (Maxfield and Hyer, 2002)
- But a reviews of the research concludes that supervision's impact of client outcome is yet to be proved (Watkins 2020; Tugendrajch et al., 2021)

But there are other benefits

- supervision increases
 - job satisfaction
 - job retention
 - ability to manage workload (Watkins, 2020)
- reduces burnout and stress (Wallbank, 2013)
- improves staff well-being and productivity (Hyrkäs, Lehti, & Paunonen-Ilmonen, 2001)

How does EMDR supervision differ from supervision in other therapies?

- Other therapies use their own model for conducting supervision
 - CBT supervision involves agenda setting, Socratic questioning & homework
 - psychodynamic supervision is more supervisee-centred and looks at supervisee's dynamics
- But even literature on CBT supervision draws on psychodynamic ideas e.g. supervisory relationship

- AIP model does not suggest a particular way of doing supervision
- EMDR draws on the best of behavioural, systemic and psychodynamic models
 - ... and so does EMDR supervision

Integrating EMDR with existing models

- Every trainee has experience of another model before EMDR training
- 45% of EMDR trainees had difficulty incorporating EMDR into their practice due to their pre-existing therapeutic modality (Dunne and Farrell, 2011)
- Supervision must take account of this

- The AIP model is relevant here
- Assimilating new information into the concepts we have already developed
- EMDR supervision must integrate with basic EMDR training
 - Trainees will not remember or have assimilated everything they have been taught!

The “Supervision Question” (SQ)

- Analogy with finding the correct NC in Assessment Phase
- SQ encapsulates and focuses on the issue
- e.g. “how can I overcome my client’s resistance?”!
- SQ may be the wrong question to ask
- e.g supervisee may be asking about technique when they should be asking about formulation

teaching from the theory

- “Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime”

Models of supervision:

- **Functions**
- **Modes**
- **Levels**

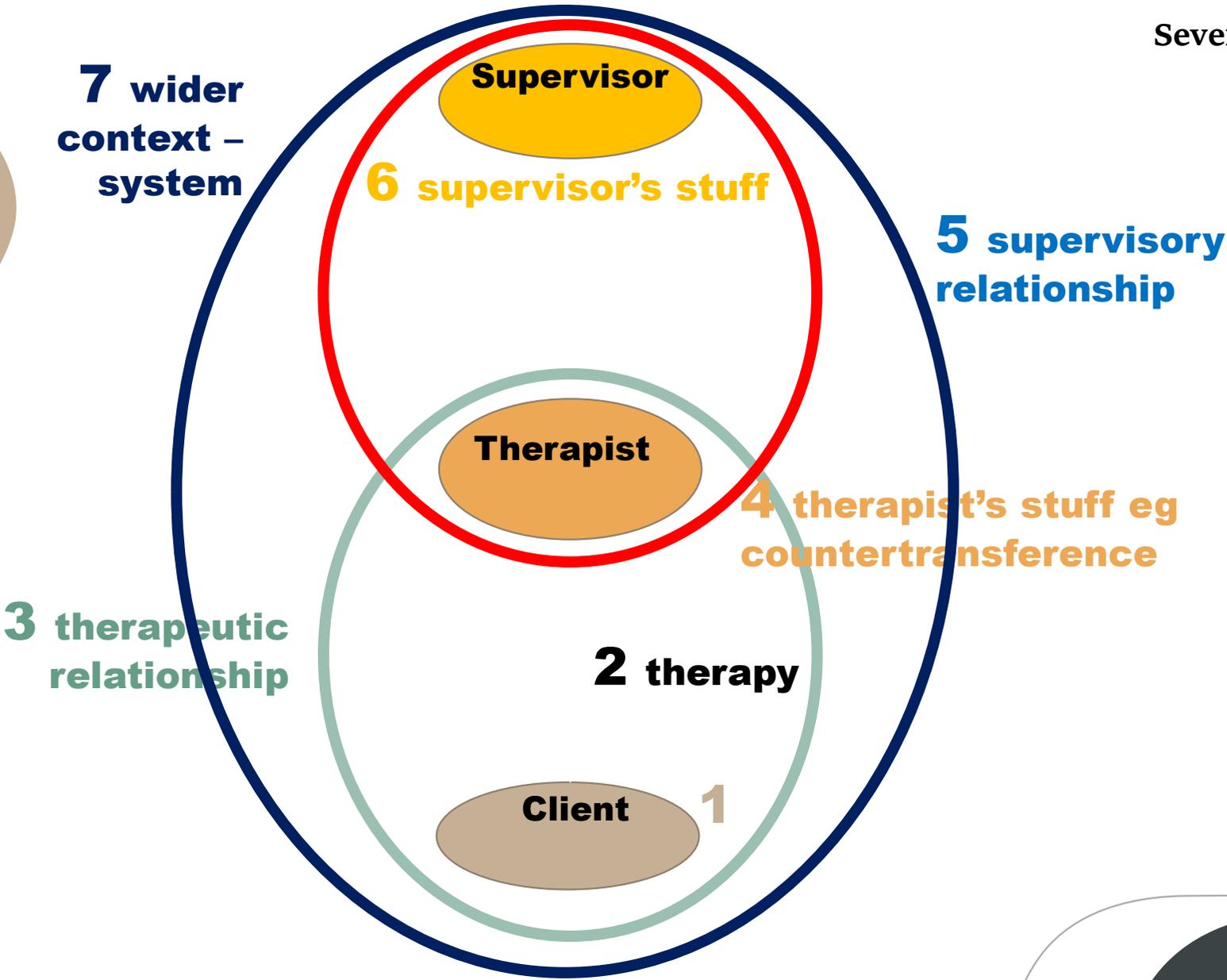
Three functions of supervision 'the three Es'

- Formative, Restorative & Normative (Proctor, 1988)
- Formative – **Educating**
 - learning about EMDR protocol
- Restorative - **Enabling**
 - encouraging new trainees to use EMDR
 - providing emotional support, sharing the awfulness
- Normative - **Evaluating**
 - clinical management
 - evaluating adherence to protocol for accreditation

Seven modes of supervision

- 'seven-eyed' model (Hawkins & Shohet)

Seven-eyed model of supervision
(Hawkins & Shoet, 2012)



Four levels of supervision

- The Integrated Developmental Model (IDM)
 - Stoltenberg and colleagues (e.g. Stoltenberg & McNeill, 2011)

Level 1. Dependency stage

- during basic 7/8 day training in EMDR
- supervision during training
- still learning the protocol
- encouragement to actually use EMDR with clients

Level 2. Dependency-autonomy

- after basic training completed
- whilst working towards Practitioner accreditation
- still be learning the Standard Protocol
- starting to work autonomously
- starting to reflect on their work

Level 3. Conditional dependency

- after accreditations as a Practitioner
- working toward becoming a Consultant
- should now fully understand Standard Protocol
- only discussing particularly complex clients
- learning advanced protocols

Level 4. Master professional

- after becoming accredited Consultant
- only bringing clients to supervision with particular problems
- “supervision of supervision” regarding their own supervisees

Using functions, modes and levels in a supervision session

- E.g. The novice EMDR therapist SQ: ‘Is my client ready to start EMDR processing [phase 3 onwards]?’
 - Level 1 Dependency stage SQ relates to Formative/Educating function
 - Eye two – the therapy
 - But problem may be therapist’s anxiety about starting processing
 - Therefore, function is really Restorative/Enabling
 - If it is new supervisee, mode may be Eye Six – supervisory relationship

When things go wrong in supervision

- rupture and repair
- will occur in every healthy relationship (parent/child, spouses, therapist/client)
- how the repair is made is more important than the rupture
- will also occur in supervision

3 kinds of rupture

- Confrontational – supervisee criticises the supervisor
- Withdrawal – supervisee disengages or is overly appeasing
 - more common because of power imbalance

we all feel exposed in supervision

- shame: “I’m not a good enough therapist/supervisor”
- supervisee is protecting themselves against feelings of vulnerability by:
 - Withdrawing criticizing supervisor
 - criticizing self

if you feel things are not satisfactory in supervision

- it is the supervisor's responsibility to do something
- but if they don't, the supervisee should do so instead

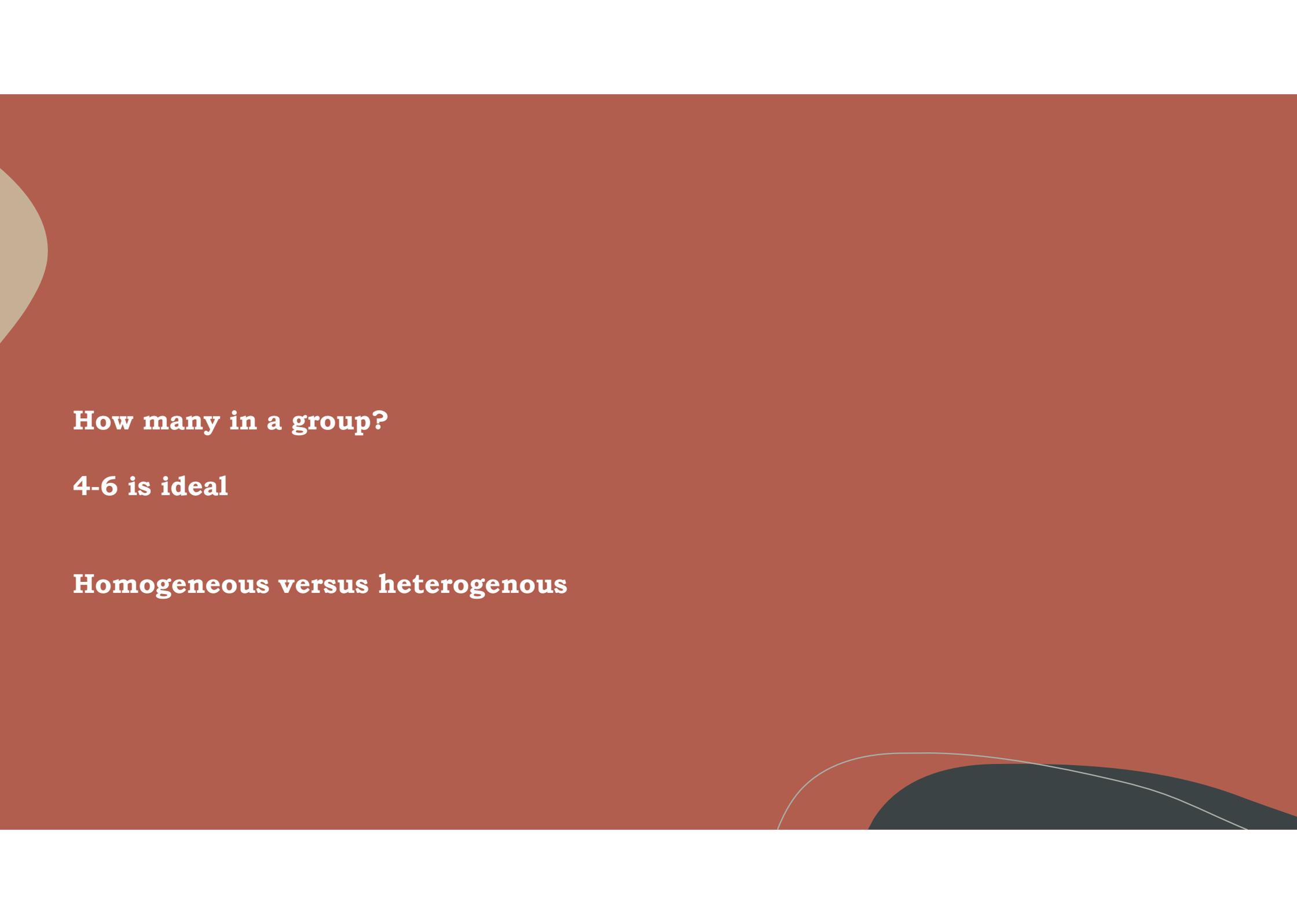
Group supervision

Consider:

- the developmental stage of the supervisees in terms of their experience of EMDR
- the demands of the context in which the group has been set up
- the time pressures and demands of each particular group meeting

Proctor and Inskipp (2001) typology for group supervision:

- Type 1. Authoritative Group (Supervision **in** a group)
- Type 2. Participative Group (Supervision **with** the group)
- Type 3. Co-operative Group (Supervision **by** the group)
- Type 4. Peer group



How many in a group?

4-6 is ideal

Homogeneous versus heterogenous

Contracting

Ground rules & protocols

- Confidentiality, attendance, handling absences, lateness
- Role & expectations of group members
- Role and expectation of supervisor
- Expectations of stakeholders
- Structure of meetings
- Additional individual supervision?
- Assessment process
- Review process

Agenda setting

- Individual supervision: supervisee sets the agenda
- Group supervision: supervisor sets the agenda

- Sharing out the time – giving everyone a chance
- Go round the group at start
- ‘Emergencies’
- If time is short – be directive

Robin's group supervision protocol

1 “Today we are all supervisors. In EMDR, the protocol allows processing to occur spontaneously. Similarly, this supervision protocol should allow supervision to occur spontaneously through the interactions of members of this group. As the facilitator of this group, I will only intervene if the process becomes stuck or the group needs to learn something specific about the EMDR protocol. If I do intervene, as with a cognitive interweave in EMDR, I will attempt to say the minimum necessary in order for the process of supervision to move forward.”

“In a moment I will ask one of you to volunteer a Supervision Question. Before you tell us any more about your client, I will ask members of the group what they would need to know about your client in order to help you with this Supervision Question. I will then invite the supervisee to respond with more information and ask group members to respond until the supervisee feels their question has been answered. We will then discuss what we have learned and ensure that we understand the theory that underlies this learning point.”

- 2 - Ask a member of the group for Supervision Question (SQ). Repeat the SQ to ensure that you have understood it correctly and everyone is clear what the question is.
- 3 - Ask the rest of the group: “What do we need to know in order to answer this question and help [supervisee’s name]?”
- 4 - Ask supervisee to respond and provide further information. (Interrupt if the information appears irrelevant to the SQ or they are providing unnecessary detail.)
- 5 - Ask group members to comment upon the information provided eg questions about formulation or possible ways forward with the therapy. If the issue is an emotional/relational one rather than a technical one, ask, “what are people feeling/noticing/experiencing right now?”
- 6 - Repeat 3, 4 and 5 until the supervisee appears to have resolved their issue and indicates that their SQ has been answered.
- 7 - Check with supervisee that they feel their question has been answered and they know where they are going with this particular client.
- 8 - Summarize what has been learned. Outline the theory behind what has been learned.

As a general rule, do not comment unless:

- you are sure that no-one else in the group knows the answer
- a group member's comment is off-protocol
- a group member's comment is inappropriately critical
- you are running out of time

Vielen danke!

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