

THE INTEGRATIVE MODEL OF REFLECTIVE TEAM SUPERVISION IN POSITIVE PSYCHOTHERAPY



Roman Ciesielski

Ph.D., M.D,

Certified psychotherapist, supervisor and trainer of PPT

(Wroclaw, Poland),

President of Polish Association for Psychotherapy Development

Email: romcie66@gmail.com

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Abstract

This article will present the Integrative Model of Reflective Team Supervision, applicable to the comprehensive trainings in Positive Psychotherapy according to Nossrat Peseschkian. This model has been used successfully for years at the Polish Center for Positive and Transcultural Psychotherapy and has been validated in practice. It draws its inspiration from constructivism, systemic therapy, and Positive Psychotherapy. A significant role in it is played by the metacomments of the Reflective Team, the principles of which were described by Tom Andersen. The general rules for applying the model and the practical aspects of its use in the training process will be discussed. Conclusions from experience in its application are summarized in the end.

Keywords: supervision, training supervision, reflective team, supervision process, positive psychotherapy

Introduction

In addition to theory and practice and self-experience, supervision is one of the four main pillars of the educational process in the psychotherapy profession. Supervision is not only an integral part of the training process but should also accompany the psychotherapist throughout his/her active professional work. Over time, depending on the experience of the psychotherapist and the different contexts of his/her professional work and current needs, the form and nature of supervision may change.

Methodology

2.1. Supervision tasks and types

Supervision is defined by the British Psychological Society (BPS, 2005) as "designed to

offer multi-level support in an atmosphere of integrity and openness for the purpose of enhancing reflective skills, maximizing the effectiveness of therapeutic interventions, informing ethical decisions and facilitating an understanding of the use of self".

Basically, the tasks of supervision in psychotherapy include:

- promoting the development of professional skills
- increasing the effectiveness of therapeutic interventions

- providing emotional support

- monitoring ethical and professional behavior

Today different types of supervision can be distinguished, depending on the intended goals, and expected results. Supervision can be in individual or group form analogous to therapeutic processes. It usually takes place outside of therapy sessions and is a kind of narration by the therapist about the course of therapy. However, it happens,

especially in the systemic approach, that the supervisor directly observes the course of the therapy session while remaining behind the mirror and provides guidance for the supervision during or after the session. Consultative supervision refers to a one-time discussion of a given case and process supervision involves a continuous analysis of a given case in subsequent supervision sessions. Clinical supervision differs from training supervision in that the former responds to the needs of an experienced supervisee who is already conducting therapy sessions on his or her own, and the latter is an educational component for someone who is on the way to becoming professionally competent.

2.2. Supervision models

Recently, in addition to classic models of supervision, such as systemic, psychodynamic, or cognitive-behavioral, integrative models have become increasingly popular. As the name suggests, such models draw inspiration from more than one theory or practice (Haynes, Corey, & Moulton, 2003). Considering all the wealth of concepts and methods of psychotherapy and supervision existing today, one can assume the existence of many integrative models of supervision. The most popular among them are:

1. Bernard's (1979) discrimination model
2. Holloway's (1995) systems approach
3. Ward and House's (1998) reflective learning model and
4. Greenwald and Young's (1998) schema-focused model (Haynes, Corey, & Moulton, 2003).

One of the most reliably researched models of supervision is the Integrated Developmental Model (IDM) developed by Stoltenberg and McNeill, and Delworth (1998).

2.3. The Integrative Model of Reflective Team Group Supervision in training in PPT

Here, however, we would like to describe the theoretical assumptions and practical applications of the author's integrative model of supervision, successfully used at the Polish Center for Positive and Transcultural Psychotherapy in the training process (postgraduate trainings for psychotherapists).

This model combines two independent theoretical concepts. The first is constructivism and the second is positive psychotherapy according to N. Peseschian.

Given the comprehensive education of the author of the presented model (systemic, humanistic, positive, and transcultural), the model does not accidentally refer to the good practices of systemic family therapy and positive psychotherapy. A special place in the described model is played by a Reflective Team, which is a kind of alterego of supervisees.

2.4. Constructivism and the Reflective Team

First, we will discuss the main assumptions of constructivism and the work of a Reflective Team and then we will present the objectives of the five stages of the therapeutic and supervisory process according to N. Peseschian. Finally, we will present an integrative training model according to the author's concept.

The principles of the Reflective Team were first written by Tom Andersen (1987). They are derived from constructivism and narrative practices (Neimeyer 2009). The task of the team, which consists of several people, is to carefully observe the course of family therapy sessions. At the request of the therapist in charge of the entire process, the team shares its observations and reflections on the events of the session. At the same time, the therapist and the family members take the position of observer and listen to the team members' statements and observe their own reactions and recognize their own emotions. Following this, the therapist asks the family to share their feedback on the content they heard and the feelings it evoked. Currently, the Reflecting Team returns to the observer position. The situation like this may be repeated a couple of times in one session.

What seems crucial throughout the whole process is the change of perspective from an engaged participant to a more distant observer. The active participants are involved directly in the verbal and behavioral interactions. On the other hand, the members of the Reflecting Team are mostly focused on balancing their attention between external reality and their inner experience remaining in resonance with this reality. Andersen (1987) formulated several principles on how the Reflective Team should function and intervene. They are as follows:

1. While sharing comments about the family members, the team should be respectful and use positive reframing.
2. All comments should refer only to the direct observations and contents heard

during the session.

3. Reflections of the team should be rather speculations about the implicit beliefs of family members than their own firm convictions.
4. The language of the statements should include presumptions such as: "Maybe", "I was wandering" "It's just an idea".
5. The task of the team is to formulate hypotheses and share alternative ways of perception and describing events, rather than expressing one privileged view.
6. Comments should refer to both verbal and non-verbal communication.
7. The team should open new perspectives and not persuade or solicit recognition of its arbitrary position.

Lax (1989) suggests dividing the reflections conveyed by the team into three categories.

1. Reflections as questions and assumptions.
2. Reflections as mirroring what has been heard and observed.
3. Reflections as interpretations and references to subjective personal experience.

Theoretical references to the practical operations of the Reflecting Team find their place in constructivism. According to its tenets (Batson, 1972), there is no single absolute "truth" only individual perspectives that emerge in discourse about reality. The exchange of ideas as it occurs in such discourse concerns the relationship between what is known and "tame" and what is new. The tension that results from discovering what is new and confronting what is old can become the engine for lasting psychological change. Batson distinguishes three possibilities for dialogue that can produce positive or negative results.

1. Insignificant differences - the ideas communicated are not different from what is already known and do not generate change.
2. Extreme differences - the new ideas are so radical that the client is unable to adopt them.
3. Meaningful differences – the ideas are acceptable to the client and yet applicable.

In Batson's opinion, the latter mode of conversation carries the highest probability of change in the therapeutic context. Thus, it should be the preferred way for the Reflective Team to speak in the presence of the family as a client.

Discussion

3.1. The concept of the five stages of the process according to N. Peseschkian

Nossrat Peseschkian, the founder of Positive and Transcultural Psychotherapy divides (Peseschkian,1977) all therapeutic and educational processes into 5 consecutive stages. We are talking here about processes that occur in stabilized dyadic or group interactions over the longer term. All these stages set the structure for the proper course of a given process. At the same time each of them provides a reference point for evaluating changes and determining the further direction of the interactions taking place. The stages mentioned are: 1) observation; 2) inventory; 3) situational encouragement; 4) verbalization; 5) goal expansion. For the moment, we will look at each of these stages in turn, to later present analogies to the supervision process.

1. Observation

Observation is the stage of sharing the narrative by the client, who describes his or her experiences and communicates them non-verbally. In the meantime, the therapist provides a mirror in which the client can see his reflection, most often distorted. The client, encouraged to speak up and to express his experiences openly, gradually gets distance from his narrative and takes on a broader perspective. The therapist's task is attentiveness, self-reflection, and containing of emotions.

2. Inventory

Inventory is the phase of deepening the understanding of what the client is communicating and contents differentiating. Communication at this stage is more interactive, when the questions asked, and answers obtained prompt the therapist to explore further. The narrative previously spoken by the client is supplemented with missing events and their interpretations, as well as related experiences and insights.

3. Situational encouragement

Situational encouragement represents the moment of summarizing the coping strategies of the client and his or her psychological resources but at the same time of defining the difficulties and their probable sources. At this stage is named what the client has achieved in his life and what constitutes his life wisdom, as well as what

remains to be accomplished in psychotherapy to return to mental balance.

4. Verbalization

Verbalization is the phase of active exchange of information and getting insights and having transformative experiences. This process results in the acquisition of new knowledge and skills and testing them in practice. The therapist's task is to actively support change and motivate the client to take up new challenges to open to new experiences. His/her newly developed coping strategies are validated.

5. Expansion of goals

Expansion of goals implies, on the one hand, taking stock of the skills developed so far in psychotherapy and, on the other hand, defining future life challenges and ways to deal with them. This is the stage of consolidating transformative experiences.

The Integrative Model of Reflective Team Supervision (IMRTS) described here is based on the premise that an individual's perceptual and insight capacities are dependent on his or her ability to seamlessly attach and detach to and from the field of emotions generated in supervision. The internal perspective i.e., immersion in this field of emotions allows direct access to the experiences shared by the supervisee. On the other hand, the external perspective i.e., remaining outside of this field even though in close presence of it, allows one to see the hidden dimensions of the supervisee's experience and enables a process of hypothesizing about what is "invisible but implicit".

Therefore, it is no coincidence that the two perspectives, i.e., internal, and external, complement each other and form a complete whole. The key to achieving this holistic perspective is the supervisor's ability to switch the attention of the supervision participants from one perspective to the other at the right time and thus generate an optimal difference that fosters new insights. The idea is that the entire supervision process in IMRTS occurs simultaneously on two levels.

1. First level (the so-called inner circle) constitute participants (including supervisor) interacting with each other in contact with the supervisee.
2. Second level constitutes (the so-called outer circle), i.e., the Reflective Team, sitting outside and assuming the position of an engaged observer.

This division initiates and sustains constructive discourse for the benefits of the supervisee. In turn, the subsequent switching of the position from an active participant to that of an attentive observer allows space for new insights, associations, and emotions. The supervisees initially remain immersed in the emotional field shared by the inner circle and later assume the position of a more distant observer listening to the Reflective Team's comments.

3.2. Stages of IMRTS

The stages of IMRTS will be described here, with appropriate comments. They constitute a combination of the assumptions of constructivism and the concept describing the process of change according to N. Peseschkian. Here we will focus on the application of the model to the group training process. However, before discussing each of the five stages separately, it is worth noting the importance of the preparation phase for supervision, which involves developing a case according to the established supervision template (see Appendix 1). Providing answers to the questions in this template prompts the supervisee to reflection, which allows him or her to organize his/her own knowledge in relation to the patient and the course of psychotherapy to date.

The second important issue related to the appropriate course of the supervision process is the division of roles and their clear definition. This is especially true for each member of the Reflective Team, who are given the following instructions:

1. Be attentive and remember that you will be asked to comment at an appropriate time.
2. Refrain from verbal reactions uninvited and pay attention to your nonverbal reactions.
3. Do not make eye contact with any of the people in the inner circle.
4. Try to balance your attention between what is happening outside and what you are experiencing inside yourself.
5. When the Reflective Team is asked for comments, take an inner seat and address your statements to the other team members.
6. Talk about the supervisee in the third person and do not address your comments directly to him/her
7. Try to exercise restraint in your words and

refer only to the contents shared in the inner circle.

8. Build your statements in the form of questions and assumptions rather than categorical statements.
9. Do not judge and do not impose your opinions.
10. Show respect and appreciation for the supervisee.

1. Observation.

At this stage, the supervisee shares his or her narrative with the group about the psychotherapy process and therapeutic relationship. At first, he or she provides basic data and facts and subjective perceptions and impressions. Later on, by separating himself or herself from his/her own narrative, the supervisee opens more space for group interactions and reflections. But before it occurs, he or she first names the problem that is preoccupying him or her and formulates a key question to be discussed together.

In this situation, the supervision topic may turn out to be one of the following:

1. The patient/couple/family being present in the therapy
2. The therapeutic process or/and the therapeutic relationship
3. The therapist's experiences and emotional functioning
4. The context of the workplace and/or collaboration within the therapeutic team

Regardless of the problem presented here, it is advisable to formulate the key question as precise as possible. Usually, mindful searching for it promotes new discoveries and personal insights.

Examples:

1. *I would like to think about further directions of work with the patient. (The question is too general!).*
2. *I am wondering whether the patient's separation from her family will increase the risk of her parents' getting divorced and result in her symptomatic regression. (The question is correctly phrased).*
3. *I would like to hear how you might feel in my situation. (The question is too general!).*
4. *I would like to know if you also experience a kind of sadness that I feel when I think about my patient's separation from her family of origin. (The question is correctly phrased).*

A question that is not useful and which encourages unnecessary judgment and criticism is: *Tell me if I did the right thing or maybe not?* In this situation, the question should be rephrased so that the answers might have more constructive results.

2. Inventory

At the inventory stage, the exchange in the inner circle is interactive and serves to test the hypotheses that arose in the minds of its participants after listening to the supervisee's narrative and the final question to be searched. It is recommended to make short inquiries that correspond to the supervisee's objectives and to get answers to them as brief as possible. Long dialogues and attempts to monopolize the discourse are contraindicated. Everyone should ask at least one question. Verbal and nonverbal reactions of the supervisee, moments of silence, and the inner group dynamic seem significant and usually become the subject for further interpretations. The Reflective Team remains silent. The supervisor asks questions on an equal footing with the other active participants and at the same time ensures that the boundaries between the inner circle and the Reflective Team are respected.

3. Situational encouragement

At this stage an interactive exchange in the inner circle keeps going, but the supervisee is instructed not to speak from this point on and to try only to keep in mind all the feedback and his or her reactions to it. Once again, constructive, concise statements are recommended with respect for the supervisee. Statements should refer to the supervisee's resources and competence but at the same time relate to the issues raised and the difficulties reported. Particularly valuable at this point are images that are evoked, scenes from movies, books, quotes, proverbs, symbols, etc., which stimulate the supervisee's unconscious mind into action.

The subject of attention for the observers remains the overt and covert group dynamics and what is said and unsaid. The supervisor's comments are not privileged in any way and his/her statements are treated equally with the other voices. The Reflecting Team carefully observes the inner group interactions and contains all the emotions to share them openly in the next phase of the process in a constructive way.

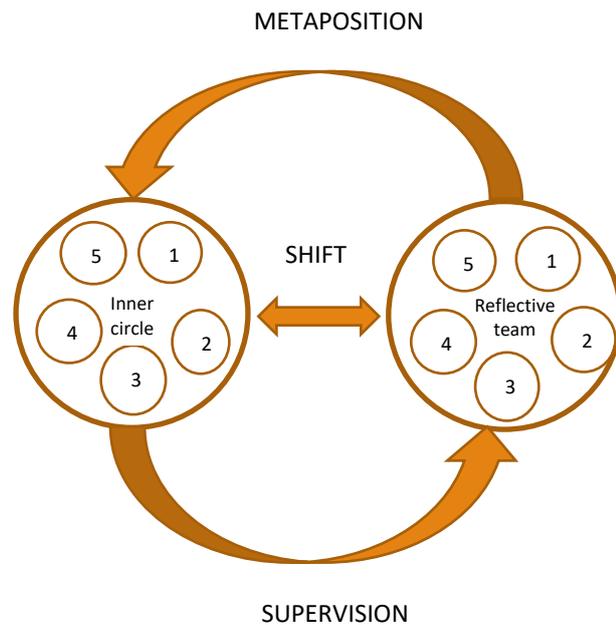
4. Verbalization

The verbalization phase in IMRTS in a group process differs the most compared to individual supervision. At this stage, there is a movement in the shared space and members of the inner group take positions as outside observers. In turn, the Reflecting Team, taking the place in the middle, shares the comments and fantasies about the contents they heard earlier during the meeting. The statements of the Reflecting Team are usually a sounding out of what has been implied and, for certain reasons, has not yet been said. Depending on how different these statements are from the previously held discourse in the inner circle, the supervisee can either accept them as a meaningful difference or reject them as a too extreme difference. The process of supervising, as we know, involves expanding one's perspective and opening to new useful hypotheses. Therefore, the Reflecting Team has the special role of making the supervisee curious about new possibilities for exploring his or her experience and that of his or her patient. At this stage the supervisee can only listen and examine his/her own reactions, while he or she cannot argue with the speakers. Sometimes it becomes necessary for the supervisor to intervene to sort out this process when emotions take over and the supervisee cannot help but argue. At the very end of the verbalization phase, the supervision participants return to their previous places.

5. Expanding of goals

In the expansion phase, the only active person is the narrator-supervisee. His or her task is to share impressions on which statements impressed him or her the most and which may be most useful for further therapeutic work. If necessary, he or she can also express and justify his disapproval of some of the comments heard. The statements of the supervisee are at the same time a kind of feedback to the participants in the group process about their attentiveness during the effectiveness, and attunement. Therefore, the final summary has a clear educational value.

- I. The inner group consists of several members, including the supervisee, the supervisor, and some other active members. Every voice is equally important. In phases 1-3 they remain interactive, with the proviso that in phase 1 only the supervisee shares his or her narrative and in phase 3 the supervisee remains silent.
- II. The Reflective Team consists of several



members who take the position of attentive observers in phases 1-3 of the process and actively share their opinions in the phase 4. They act and express themselves according to predetermined rules.

Figure 1. Illustration of a group training process (Integrative Model of Reflective Team Supervision in Positive Psychotherapy)

Metaposition means that each group during the supervision takes alternately the position of an outside observer of the process going in the middle. Shift means change of places between group I and II and vice versa.

Conclusions

Concluding comments regarding the Integrative Model of the Reflective Team Supervision in Positive Psychotherapy. Recent years of using IMRTS in Positive Psychotherapy training has led us to several conclusions:

1. The structure of the model and the division of roles and the rules are clear.
2. The division of the activity of the supervision group into two parallel, complementary processes has significant didactic value. It allows the supervision participants to appear in different roles and take different positions.
3. Each participant in the supervision speaks and each voice is treated as equal.
4. The supervisee-narrator himself or herself can decide which comments make a meaningful difference to him or her.

5. Being in the position of an observer improves the ability to contain one's own emotions and enhances transference reactions. Difficulties in maintaining the position of observer and containing serve self-diagnosis.
6. The way of formulating one's own thoughts and statements provides good training in positive reframing.
7. The model allows one to make validation of the accuracy of one's own observations and reflections.
8. The supervisor is more responsible for setting the framework for the whole process rather than playing a privileged role as the main authority.

Finally, it should be noted that despite the obvious advantages in the practical application of IMRTS in the didactic process, it would certainly require research verification.

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Appendix 1

THE TEMPLATE OF SUPERVISION IN POSITIVE PSYCHOTHERAPY

(developed by author)

1. Basic biographical information about the patient and his or her family.
2. Reasons and life context of the request for therapy (referring person, patient's motives, preceding circumstances, actual conflict)
3. Reported complaints and disease symptoms (somatic and psychological complaints, intrapsychic and interpersonal conflicts (Balance Model).
4. Clinical and functional diagnosis (previous diagnoses and course of treatment).
5. Family, social, and cultural context of disease symptoms.
6. Significant life events (macro- and micro-traumas) and related actual capabilities.
7. The patient's individual and social resources (actual capabilities, capacities, skills, talents).
8. Therapeutic contract (setting, number of sessions, rules, arrangements, payment etc.)
9. Therapy plan (objectives, goals, structure, healing factors)
10. Strength of therapeutic alliance (therapist's and patient's perspective)
11. Treatment methods (tools, techniques, interventions).
12. Analysis of countertransference:
 - feelings/physical reactions
 - thoughts/associations/impulses
 - personal memories
 - fantasies/wishes
13. Reason for reporting the supervision case (misperceptions, misunderstandings, emotions, counter transference, inner conflicts etc.).