



# I A P S WISDOM

NEWSLETTER OF INDIAN ACADEMY OF PROFESSIONAL SUPERVISORS

December 2019-Volume 1-Issue 3

## Editorial

Dear Readers,

**Season's Greetings and welcome to the December Edition of IAPS WISDOM, a quarterly newsletter.**

*A warm welcome to all the new members.*

*The previous issues have been widely circulated and well received by all our readers. The newsletter and contributions were much appreciated by many. This edition brings us yet another rich compilation of articles, events and messages.*

*According to Hattie (2017) the collective efficacy of a teacher, feedback, and evaluations are some of the highest influencers in learning. This is what supervision aims at as well in ensuring that their supervisees have optimal learnings through their expertise, observation and feedback on their progress. This requires continuous upgrading of one's skills and abilities which IAPS regularly provides.*

*Our founder Dr. Vasuki Mathivanan briefed about the need for Professional Ethics in Practice and a significant effort taken by IAPS to publish an Ethics booklet.*

*We will know more about our enthusiastic associate editor Mrs. Rajani Nandakumar and Dr. Keerthi Pai, Executive Member in the Know your Supervisor Column.*

*It has been a privilege to be interacting with seniors in the field representing the newsletter as its editor for their inputs. The contributors were generous enough to share their experience and expertise in the form of highly educative and thought stimulating articles for this journal.*

*One such senior counselor and trainer from Australia, David 'Bhakti' Gotlieb has shared an article on Some Basics for Healthy Supervision Relationships. He discusses seven aspects that he observed that make a big difference when they are addressed adequately in supervision. By the end of the article he concludes how following these ensures effective supervision.*

*Professor Charumathy P J, senior psychologist from Chennai, has shared her thoughts and ideas on Supervision from her experience and knowledge.*

*On World Mental Health Day; IAPS conducted a seminar on 'Challenges in Mental Health Practice' at Madras University. It was well received and Post Graduate students from colleges in and around Chennai participated eagerly.*

*The Code of Ethics for IAPS certified supervisors was released on the same day.*

*On October 23rd a one day workshop on "Group Dynamics specific to Group Supervision" was conducted by Dr. "Bhakti" David Gotlieb from Australia.*

*The fourth batch of RISEUP trained Supervisors are ready.*

*Watch out our forthcoming programmes on supervision and training.*

*Members have been mailed a copy of the booklet. Contact us at [iapsupervisors@gmail.com](mailto:iapsupervisors@gmail.com) to order a copy*

*Thank you for your interest and encouragement. We are eager to get your feedback. We wish a very Happy New Year to all the readers and members.*

Yours

**Dr Sandhya Rani Ramadass**



Editor  
Dr. Sandhya Rani Ramadass



Associate Editor  
Mrs. Rajani Nandakumar



## Founder's Note Ethics in Practice

**Dr. Vasuki Mathivanan**

### Greetings Dear Readers!

As Mental Health Practitioners, we encounter many situations like where to draw a line and how to differentiate ethics vs. morals and issues like transference and countertransference in our practice. Upholding ethical principles and practising professionally and ethically is imperative in Mental Health Field as we deal with human beings and their vulnerabilities. Morals are general guidelines dictated by society, religion and culture that deal with right and wrong. Ethics is a branch of philosophy that remains the same regardless of any culture, religion or society. Since ethics deals with the principles of conduct of an individual or group, it works as a guiding principle to decide what is good or bad. It is the standard that governs the life or professional practice of a person. Since in India, our profession is a self-regulated one and any breach cannot be considered an offense, it's all the more reason to adhere to the code of ethics of a peak body like IAPS to mitigate the risks and ensure we are on the right path. Keeping this in view, IAPS released "IAPS CODE OF ETHICS AND PRACTICE FOR SUPERVISORS" recently on World Mental Health Day, 10th Oct 2019. We believe it is a milestone in the growth of IAPS and a remarkable contribution to the field of "Mental Health".





## SOME BASICS FOR HEALTHY SUPERVISION RELATIONSHIPS



**Dr. David 'Bhakti' Gotlieb**

*Dr. David 'Bhakti' Gotlieb, holds a M.App.Sci. in Critical Psychology and a Graduate Diploma in Social Ecology from University of Western Sydney and Clinical Supervision from ACA College of Supervision. He is a supervisor, counsellor, conference presenter and facilitator from Australia. He has written articles and an e-book as well as presenting seminars on 'Healing Inner Conflict (HIC).*

[www.healinginnerconflict.com.au](http://www.healinginnerconflict.com.au)

### 1. Written Guidelines

I have found it of mutual benefit to have a written set of guidelines that outline how you work, when you work, what your boundaries are, what your fees are, what your cancellation policy is, what your confidentiality includes and excludes and anything else that would be good for supervisees to know before they start.

There are many reasons for this, the most important of which is your professionalism and clarity from a legal and professional perspective. There are many pro-forma's for you to base a personalised version on. I have found that supervisees come in with many assumptions about supervision either based on their own previous experiences or from hearsay. Unless these are teased out and addressed they will remain the basis of what they project on to the supervision relationship. Setting things out clearly may seem a little formal or awkward at the beginning but it will save a lot of heartache in the long run.

Make sure you go through the salient points with them, especially around confidentiality relating to legal and safety issues. Outlining supervision of you, the supervisor, is important. Some supervisees might not know about it and need to understand the confidentiality of supervision and this is best dealt with upfront. Similarly, talking about cancellation policies is advisable as there is a tendency for that to become ugly later if it hasn't been made very clear. I've never had anyone balk at it yet, when it's adequately explained. My guidelines tell them a little of how I operate and especially explain my focus on comfort so that even in the waiting room they are given a sense that they will be dealt with sensitively.

### 2. Desired outcome in a client and supervision context

It never ceases to amaze me in supervision sessions, how often we know all about our clients presenting issues. We have a pretty good idea of what sort of diagnosis they might have, we have a very clear idea of what we think they need in the way of intervention, HOWEVER, we haven't directly

asked the client what 'their' desired outcome is. It isn't necessarily what it seems, in fact, I would go further and say that looks are very often deceiving e.g., the amount of times that couples come in for counselling vowing undying commitment only to find that one of them has left the relationship before the beginning of the second session.

First of all, it's important not to assume that everyone has a desired outcome. Helping them establish whether or not they have one is critical to successful therapeutic alliance. Without it the team is like a rudderless boat, possibly having a wonderful time but simply bobbing about not going anywhere in particular. Some people just want to talk, vent or cry on your shoulder, however, it is essential to check whether that is all they are after. Otherwise they will have talked, vented or cried and still feel unsatisfied at the end of their session/s because they didn't get what they came for. It is also very useful to unpack or make sure you are fully understanding the words they are using and translating them into tangible outcomes that you both agree on e.g., "I just want to get less angry". Is it that they want to get less angry or is it that they want to stop yelling at their children? Similarly, "I want to be more confident", or could that be better translated as wanting to be able to speak up in social situations. It is essential to make sure you know what behaviour they are after, if in fact it is a behaviour they want. At the beginning of your discussion about desired outcome, it can help to let them know that asking what their desired outcome is sounds like an easy question that may not be quite so easy to answer.



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However, it is worth taking the time to gain clarity as is it likely to maximise the likelihood of them getting what they want. This will help you both get an idea of the scope of the work you are doing together and more importantly having a reasonably clear idea of how you'll know when you will be finished.

Another important aspect of desired outcomes is to offer the truth: when what they are desiring as an outcome is either not possible, not possible in the time frame or not within your own expertise or ability. Classic example of this is where a husband or wife comes in and their desired outcome is that their partner stops smoking or changes in some particular way—he/she becomes less violent. It is highly recommended to let them know what you can and can't offer; for e.g., I can't change your partner (short of a straitjacket!), but I can help you learn how to set and enforce limits around her/his smoking or violence. You may be able to help their partner with their smoking or violence but you wouldn't want them to be relying on that. Getting clear on what the desired outcome is helps begin to build a therapeutic alliance where it's relatively clear what you're doing together and how you're going to do it.

One other tricky area is where clients come in with glaring issues like eating disorders, however they have no intention to stick to their desired outcomes unless or until they change their minds.

It is also important to have a clear idea of what the desired outcome is for the supervisee in order to maximise the likelihood of that happening.

### 3. Therapeutic Alliance in a Supervision Context

A therapeutic alliance is the platform on which the desired outcome gets worked on or moved towards. It is a big phrase that simply means that ideally you and the supervisee are a team and hopefully feel like you're a team. The reason for making the therapeutic alliance an entity that can be talked about is so that later on when and if something changes and it seems like the client is not so comfortable anymore then it's highly likely that they are no longer 'on board' with the therapeutic alliance. If your client is standing on a different platform to you or has diverged on to a different track the change must be addressed in order to get back to a therapeutic alliance where you are both on the same page, travelling in the same direction. This is the biggest reason why clients 'mysteriously' don't come back.

Each of you need to be able to let the other know if they feel that the direction being taken doesn't look like it's moving in the direction of the desired outcome. Collectively, you need to take stock of the situation and come up with a new plan that you both feel comfortable with.

The key things in a therapeutic alliance are:

- Who's in the team (the two of you, the whole family, the three of you with a couple)
- What's the desired outcome?
- By what method will we attempt to get there, that we agree on...and
- How will we know when we're finished?

One of the best ways of monitoring of a therapeutic alliance is by being able to follow the client's signals. I go into this in more detail below when I cover Content and Process Signals.

Hopefully, the lines of demarcation have been made clear in the guidelines when it comes to accountability issues so that therapeutic alliance doesn't take precedence over professionalism. Ideally, even accountability issues can be dealt with within the therapeutic alliance.

### 4. Comfort

Given that in the end, comfort is the state that the supervisee wants their client to experience, it is important to make comfort the highest priority, so you notice when it's missing. As Gandhi said, "The means is the end". It is also beneficial when bringing this intention to pace out the usual cultural norm which is to put on a brave face and pretend everything is fine.

It can be useful to get them to check in with whatever level of comfort/discomfort they are feeling, giving them lots of permission to mention discomforts. Reminding them of the likelihoods of feeling levels of discomfort by being in an unfamiliar room, with a person they don't know well yet and subject matter that is likely to be challenging. Subsequently, to let them know that if they start to feel less comfortable than they are at that time, that something is probably going wrong and to bring it up so that it can be addressed in order to get back to a direction of more and more comfort.





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As discussed below, the use of addressing Process signals can be extremely helpful. I find it useful to include the importance of comfort in my intake form/guidelines saying something like, 'It is very important to me that you feel comfortable and whenever possible to indicate when you are not, unless you are choosing to explore an area that is uncomfortable and, therefore, wish to do so.' When we begin to work I elaborate in order that they understand how important it is not to ignore signals of discomfort as they arise in order to try to 'get somewhere'.

This is like arriving in Paris for a family holiday only to find that one of the children is still at home and hasn't made it past the front door. If the work that is being intended to be done is going to be sustainable then all the different aspects of their inner life, especially the ones that feel the most uncomfortable, need to be interacted with in an understanding and compassionate way.

I use the notion of 'sensitivity' as a way to help clients notice their tendencies to ignore their own discomfort. Asking them whether they would want their own children to deal with themselves in that way often wakes them up to their own internal insensitivity. This then becomes a platform on which to begin the process of moving towards more sensitivity, more comfort and therefore a more sustainable outcome.

## Signal Work-Content and Process

### 5. Content Signals

These are the pieces of information that become evident as you follow the signals of the supervisees presenting issues or disturbances. As their story unfolds you get a sense of the pieces of the jigsaw puzzle that need to be taken out of the box so that more and more of the total picture comes to awareness. The responses the supervisee has as they get the pieces out or turn them over and notice how they connect are 'Process Signals'. It is just as important to follow 'Content' or 'information' signals as it is to follow 'Process' or 'response to information' signals. The disturbances and desired outcomes are a template for allowing us to begin to sort out the mechanics of the inner processes limiting their ability to become effective in these arenas. Disturbances are somewhat representative of inner children. They are all important and bother us in order to get their needs met. Our job is to meet their needs one at a time in order of priority by listening to and attending to content and process signals.

Content signals tend to be easier to follow as they tend to follow a linear, rational or logical path.

Process signals, on the other hand, tend to circumvent the usual thought processes, which is why it is so important to follow them. They tend to be less sophisticated and therefore closer to the essential truth of an individual's momentary experience.

### 6. Process Signals

As soon as you begin to focus on the aspects of the desired outcome that are challenging for the client, everything that you or your client notice, internally or externally, is information about the process. There will be very specific reasons for these signals that are very contextual for the supervisee. Once you begin to get close to these aspects of themselves, defense mechanisms that have been maintaining a status quo for many years are going to show themselves. These signals are most often not noticeable to the client due to them being so familiar. It is our job to help them navigate them effectively and sensitively. As one of my great teachers once said, "It's like they're trapped in a box, but unfortunately the instructions on how to get out of the box are on the 'outside' of the box!" These Process signals can include a constant chatter, blankness, flooding of information or feelings, nausea, agitation, tiredness, anger, vacant staring, changing the subject, an urgent need to use the toilet, lack of desire to continue the work, shaking, or anything noticeable. These are all signals being conveyed to them by aspects of their inner landscape attempting to project pieces of information on to the screen of their being i.e., what they feel and sense in their body and mind. It can be summed up in a metaphor of someone imprisoned in a castle dungeon sending out messages in a bottle across the moat asking for help. Someone has to be looking for the bottles and that's our job in relation to Process signals. The client is not being triggered by the external reality of the room and moment they are in now, therefore these must be signals from parts of them connected to the disturbances you are exploring. Try to help them develop a curiosity and ability to welcome any signals, however challenging or seemingly irrational they may seem. Encourage them to think in terms of an internal communication that goes something like "Thank you for showing me information about the way I have been kept out of the loop (dissociated) previously, so that I could get on with the job of surviving whatever



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needed surviving. Let me know more because I am older and more resourceful now. What would you need to be able to allow these issues to see the light of day even if only within myself? In what context is, or was, it important that we not be aware of these aspects of ourselves? When people become aware of what their Process signals mean they can then begin to put the whole jigsaw puzzle together in a meaningful and often extremely healing way.

## 7. Asking for Feedback

As counsellors and supervisors we have a tendency not to actively ask for feedback, because, like most people, we are human and fear criticism. However, no matter how challenging that might be for us, it is often doubly so for our clients or supervisees. Actively seeking their feedback and making sure you ask for both positive and negative feedback move the therapeutic alliance and the depth of experience in supervision in a direction way beyond their usual relationship with authority figures like parents, teachers, etc., where you're meant to 'put up and shut up'. It is important to actively encourage the supervisee. The second biggest reason we don't solicit feedback is that we often just don't think about it regularly because we're busy getting on with the job at hand. I try to ask for feedback at the end of each session and also offer them the option of dropping me a line on an email or giving me feedback at the next session. It's a really good way of maximising the possibility of keeping the supervision relationship as clean as possible. If your supervisees are telling you what they find challenging, difficult or uncomfortable as well as what they find beneficial about how you are supervising them it is likely that you have a very healthy supervision relationship. When used in combination, these seven ways of addressing the supervisor/supervisee relationship offer a helpful handrail that maximises the likelihood of very effective outcomes.

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## Dr. PJ Charumathi

Senior Psychologist & Researcher

Retired Head of the Department of Psychology, JBAS College, Chennai. Presently visiting-cum-guest faculty in the Department of Psychology, University of Madras. She has guided more than 15 PhD students and supervised many research projects. She has shared her views on Supervised learning, based on her knowledge and experience

## Supervised Learning

In an institutional setting, teaching for learning has a systematic pattern based on defined guidelines. However, teaching for training for certain skills can only be done with guidance from an experienced professional. Whether it is for counselling or for research, it calls for supervised learning due to the unique nature of the variety of problems. The learner may have an insight for solutions, but will require guidance for implementation through the right methodology.

Overall, the development of competencies would take place during training if properly supervised. Individually, one may not be aware of one's own strengths and necessary skills which need improvement. An individual may also not possess all the skills at the levels required for the profession. The individual may not be aware of the need to rise to match the requirements of a particular profession, or the need to develop each competency to a level suited for the profession.

A supervisor is therefore essential. Learners can be observed, monitored and developed only by an experienced professional, which is the supervisor. A supervisor has the responsibility of identifying the competencies present at different levels and developing them.



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## Know Your Supervisors

**Dr. Keerthi Pai***Executive Committee Member**Membership No. PM 021*

After completing Master's in Psychology, I have done M.Phil. in Clinical Psychology from Kasturba Medical College, Manipal, and I hold another M. Phil. in Student Counselling from Madras University. I then completed my Ph.D. in Psychology from Dept of Psychology, Madras University.

My Ph.D. topic was CBT in Adolescent Depression. I have a wide experience in working with children, adolescents, young adults and older adults as well as geriatric population. I am a Consultant Clinical Psychologist in Apollo Hospitals and Apollo Children Hospital. I have published a book on "Stress in Caregiver". I am a certified Professional Supervisor from Australian Counselling Association (ACA).

The Rise Up model has been an effective tool to understand supervision in a structured manner. Structure reduces the doubts and provides more clarity in each aspect of supervision. Topics like self-care are considered important now for me after undergoing the training. I think the model which has good research evidence is a robust model to help Indian psychological scientists to provide supervision in an evidence based structured manner.

I am a post graduate in Economics. I have done several courses to keep my learning curve intact. However, I did not feel equipped to do any productive work. In 2003, I did my Masters in Applied Psychology. This line of study and work resonated within me and I plunged into relationship counselling. I have done several therapeutic courses, and am still learning.

Relationship counselling gives me lot of satisfaction. In my various roles in different organizations and academic circles, I have gained knowledge and lessons from all I have interacted with.

After a few years in the counselling field, I did Professional Supervision workshop from Australian Counselling Association. I belong to the coterie, the first batch of counsellors, trained directly under Dr Philip Armstrong of ACA. The RISEUP programme is very structured; offers immense scope to guide professionals in the field; self-care is reiterated; and the need for continuous learning is emphasised. I am the Associate Editor of IAPS WISDOM.

**Mrs. Rajani Nandakumar***Relationship & Counselling Psychologist**Membership No. PM 004*

### WORKSHOP -

#### Group Dynamics specific to Group supervision

*conducted by Dr. David 'Bhakti' Gotlieb on Wednesday 23rd October 2019*

### RISEUP Supervisors - Batch 4

**September 2019**

### Announcement

**RISEUP - Workshop in Bengaluru from Jan. 10-12, 2020****PROFESSIONAL EXCELLENCE IN MENTAL HEALTH PRACTICE - A WAY AHEAD****2 days international conference on 17th & 18th February 2020 - Jointly Organized by IAPS & MSSW**