Supervising groups: a focus on the practical

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Goals of the session

To think about the practice of supervising groups

To learn about and reflect on group theory and process

To begin to explore the development of your group supervision skills through the use of vignettes

The Building Blocks of Group Supervision

Supervising groups: the practical

Two broad areas that you will need to reflect on when setting up group supervision

- Creating the practical building blocks that help to support group learning
- Your theoretical emphasis

CLARITY, PREPARATION & GOOD CONTRACTING UNDERPIN SUCCESSFUL GROUP WORKING

(Adapted from Proctor and Inskipp in Scaife, 2009)

The hidden beginning

What is the real contract of the group/work

What is the organisational work - are people sent to you?

- What is milieu of the group?
- Do members like/have an interest in psychology etc.?
- What is the anxiety? Managing regression?

Skills for supervisors in groups

- Active leadership
- Clarity defining the task and how to do it
- Preparation taking responsibility for what is negotiated and how
- Skilled use of frameworks
- Purpose and preference stating
- Receptivity, imbalance and assertion

Supervisor roles and tasks 1

Role

- Manager
- Supervisor
- Inductor/trainer

- Task
 - Managing time, space etc. 'the housework'
 - Normative, formative & restorative
 - Providing information, encouragement within supervision

Supervisor roles and tasks 2

Role

- Group facilitator
- Group leader

Task

Modelling good group manners
 Creating a culture conducive to learning
 Prioritise the task

Supervisee roles and tasks 1

Role

Supervisee



Task

To prepare work to discuss, use time well, contribute to discussions

Identify own personal/ professional needs

Supervisee roles and tasks 2

 Role
 Task

 Group member
 Develop good group manners

 Co-supervisor
 Develop skills of a supervisor

What is a Group?

Two or more human beings interacting with each other, who share same interests or have the same goals.

Group dynamics operate everywhere

- Initial bonding: how alike we are?
- Then how different we are; splits & attacks
- Idealisation/denigration of leaders



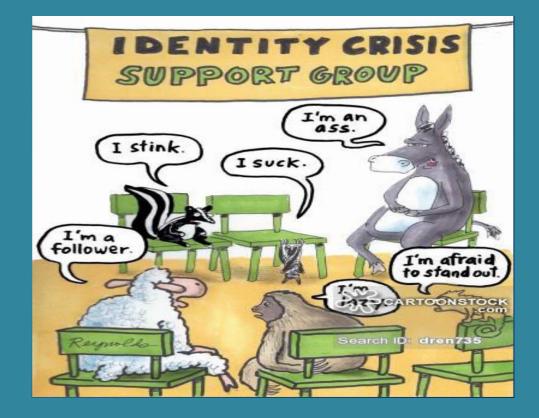
- Group defences: pairing, flight/fight, up-down hierarchies, aggregation
- Anti-group phenomena: the group as a gang





Group Dynamics: Does size matter?

Small
Medium
Large
Very Large



Small Group – Therapy/Supervision Group

2-8:

- Participation relatively easy
- 'Family' dynamics can be observed
- Differences accentuated
- Can act as a container for the familiar, providing barrier against the outside world

Medium Group - Staff/Support Groups

9-20:

- Participation less easy than in small groups; formation of sub-groups.
- Sub-groups must form for the group to work.
- Individual differences are diluted and the links to the original family structures may get lost.
- Persecutory anxiety may arise.

Large Group - Workshops

20-70:

- Detachment may occur.
- Structure is necessary for the group to work.
- More difficult to keep a sense of belonging, contribute to the group, or find a suitable role.
- Loss of personal boundaries, emotions may be hard to manage and strong persecutory feelings may arise.

Very Large Group - Conferences

More than 70 people:

- Internet based/online groups (e.g. social media), wider society
- Detachment & depersonalisation can occur.
- Even more difficult to keep a sense of belonging, contribute to the group or find a suitable role.
- Loss of personal boundaries, emotions may be hard to manage and strong persecutory feelings may arise.

Defence Mechanisms

- Repression
- Projection, Splitting & Projective Identification (Klein, 1946)
- Displacement
- Sublimation, Reaction Formation
- Denial
- Regression
- Rationalization, Intellectualization
- Identification with the Aggressor (Anna Freud, 1937)
- https://www.youtube.com/watch?v=BKDGFZ2urfk



"My therapist says it's a defense mechanism,"

Bion's Theory of Groups

- Groups are difficult, provoking feelings of conscious and unconscious anxiety in group members.
- Defensive Behaviour may be generated to deal with anxiety.
- Groups frequently exhibit a 'group unconscious', manifesting itself in three different 'basic assumptions' ('as if'), which is out of touch with reality.
- Groups may move from one basic assumption to another. But groups do not always become basic assumptions groups.
- If the group is in touch with reality, groups will get on with the task.



In every group two groups are present:

Primary Group (conscious)
 Basic Assumption Group (ba/unconscious)

When a group adopts any one of the basic assumptions, it interferes with the task the group is attempting to accomplish.

Basic Assumptions

- Dependency
- Pairing
- Fight & Flight
- Oneness (Turquet, 1975, 1985)
- Me-ness (Lawrence Bain & Gould, 1996)
- Incohesion: Massification/Aggregation (Hopper, 1997)

BA Dependency

- Members act as if they have no ideas/resources of their own
- may ask for guidance about how to do the task, denying own capabilities
- tend to lack initiative for action
- all power & authority invested in group leader;
- expectation that leader will provide nourishment & protection.

BA Fight-Flight

- Assumption is created that group is meeting to fight something or run away from it
- Members blame external factors (lack of resources, other teams, management) for all that feels uncomfortable
- Fight or flight seem only techniques of self preservation
- A leader is needed to direct the conflict.

BA Pairing

- Two members dominate & appear nurtured by group to increase cohesiveness
- Unrealistic hope something new will emerge & someone/ something will help them get on with tasks
- Many new ideas but nothing happens
- Hope something better comes up; if it did, would likely be rejected.

Basic Assumptions versus Work Group

- Groups may move from one basic assumption to another.
- But groups do not always become basic assumptions groups.
- If the group is in touch with reality, groups will get on with the task.

Vignettes/Group Discussions

Vignette 1

You are supervising a group of trainee clinical psychologists in an NHS setting.

You have noticed that when the supervisees present case material, they present it to you rather than to each other, and then look expectantly to you for a response.

Interaction between participants is focussed very much on deciding whose turn it will be to present next.

What do you think is happening?

What would you be thinking and/or feeling?

What intervention(s) might you make?

Possible discussion points

- Bion's basic assumptions?
- Group in dependency mode.
- Might there be a level of distrust/envy/rivalry amongst supervisees that holds them back from engaging with each other's material?
- The supervisor could intervene by noting this is going on, and asking why people are working in this way, or could challenge the culture directly by inviting group members to comment on each other's work.
- There could also be parallel processes at work; the team might be working with highly dependent clients who look to their therapists for answers.

Types of Supervision Group (Proctor & Inskipp in Scaife, 2009):

• Authoritative group supervision or supervision *in* a group supervisor supervises individuals, members as more or less involved 'audience'

• Participative group supervision or supervision *with* a group Supervisor supervises, members are taught and encouraged to participate actively

 Co-operative group supervision or supervision by the group Supervisor facilitates the group in sharing responsibility for the tasks of group supervision

 Peer group supervision peers take shared responsibility for supervision, members negotiate structure, leadership, roles & responsibilites

Vignette 2

You supervise a trainee who is running a group using CBT techniques to help people with anxiety related problems. Five out of the six members seem engaged, are always there on time, complete the exercises, and do their homework.

The sixth person is often late, sometimes misses sessions altogether, and never does his homework. Other group members seem critical of him, but don't say anything.

What do you think is happening?

What would you be thinking and/or feeling?

What intervention(s) might you make?

Possible Discussion Points

Bion: sixth member might be in flight mode, and this could be explored with him.

But in a group, it is possible for one person to be on the receiving end of other's projections and behave accordingly - this man might be expressing resistance that others feel but don't express.

A way forward might be wondering if other group members feel like not taking part, and then exploring ways this individual/others might deal with resistance.

Vignette 3

In a supervision group that you are running a supervisee begins a session by saying that her brother was taken to hospital following an overdose earlier in the week. He survived, but the supervisee says that, although she has carried on working, her heart and mind have not been in the job.

What do you do as supervisor?

What do you think is happening?

What would you be thinking and/or feeling?

What intervention(s) might you make?

Possible Discussion Points

Boundaries - need to hold them but not be too rigid.

Supervision is not therapy, but can and should be supportive.
Depends on you as a supervisor how far you encourage exploration of this.

Bear in mind that supervision is ultimately for client. The supervisor does have a "quality control" function and a responsibility to act if the service to client is not good enough.

But then again wounded healers may make good healers...?