

PRACTICE NOTES:  
Specific Cases, Techniques and Approaches

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# The Bells that Ring: A Process for Group Supervision;

or *What to do When a Client Slips from your Grasp and becomes Owned by Everyone Else in the Room!*

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*In this article, the development of a process for group supervision is outlined, and placed in context. Most of us, as Family Therapists, spend time participating in group supervision, whether because of the mandatory requirements of training and qualifications, or because we regard supervision groups as an important vehicle for support, professional development, and accountability. Peer supervision groups particularly, and group supervision generally, have been under-explored in the literature. As a 'supervisor,' I developed this structure with the aim of facilitating a group process that is empowering for the therapist presenting his/her work, and creatively involving for the group members.*

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## INTRODUCTION

How many times have you presented a case to a hungry and enthusiastic group of peers (or on the other hand to a well habituated and rather bored group of peers) ... and the case is discussed with enthusiasm (or with that tired sense of duty and cynical 'oh not again' quality). The group responses are many and varied, simple and complex ... hypotheses and interpretations flying thick and fast from all corners of the room ... (or no-one saying anything ... or something is stopping them from wanting to contribute) ... 'GREAT!' you think, 'YES!' 'What a good angle', 'I must try that one' ... 'That makes sense' ... or ... 'OH NO! If only I'd done that!' ... 'WOW! How could I possibly do that?' ... 'I'm not as good at it' ... or ... 'She's a much better therapist than me' ... 'I'll need to go back to study some more' ... 'They'll think I'm stupid' ... or ... 'but, but!! I've already done that, or tried that ... and it still hasn't worked ... it must be because I'm a lousy therapist' ... Ring some bells?

These conversations we have with ourselves when presenting a case to a group can be overwhelming, demoralising and also strangely informative. These privately held conversations are often the ones that stay with us following a supervision session, despite all the good advice we have been given by others. It is these

conversations, these insights and knowledge about our own experience and about our response to supervision itself, that I believe group members are enabled to articulate and explore through the process described in this paper.

This is not a theoretical paper. It has theoretical underpinnings from systems therapies, particularly Feminist and Narrative perspectives. It is however, primarily a description of a process that I developed two years ago, 'flying by the seat of my pants' as a 'rookie' Supervisor when I was asked to supervise a group of counsellors at a Community Health Centre near where I lived. This group had a history of intra-team conflict, were from diverse professional backgrounds, and included a team co-ordinator who was male, with the rest of the group being women. Their previous experience of group supervision had been fraught with theoretical and professional disagreements leading to vicious and personal exposes of incompetence, with the inevitable intrusion of general community health centre conflict adding fuel to many simmering bushfires of discontent. In addition, as a psychologist and family therapist in a rural community, I had also *individually* supervised some members of the group.

What a tall order! I felt that my reputation and professional credibility were at stake. Rural communities, I have found, are not forgiving of therapists (and supervisors) who 'stuff up'. I also had the usual plethora of experiences from my own supervision, mostly paid for privately due to the usual organisational reluctance to fund supervision for counsellors as integral to ensuring quality of work and organisational sanity! My experience of group supervision however, had been particularly frustrating and disappointing.

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So, I needed to contain my own anxiety about ‘not doing it well’, contain the potential gender based, hierarchical, professional and political tensions within the group, and maintain some semblance of therapeutic wisdom and credibility. I was being paid to supervise and help ‘sort out’ the cases the counsellors were having most difficulty with.

## AN OUTLINE OF THE PROCESS

This supervision process depends on having a minimum of three people in a group. One to one and a half hours needs to be allocated for a full and fair case presentation. Each group member is assigned a role. The three roles are Presenter, Observer and Consultant. Depending on the size of the group, the number of Observers should be limited to three, due to the amount of time that needs to be allocated to the feedback the Observers give to the group.

The Presenter, as the name suggests, presents a case for discussion. He/she chooses half of the group to be Consultants. The group members left over become the Observers. The reason for asking the Presenter to actively choose the Consultants is that *they are the group members with whom he/she wishes to have a conversation about the particular case*. He/she is asked not to state the reasons for choosing the Consultants, as they may be many and varied. He/she is asked to choose those who will be most *useful* to the him/her in exploring the issues in the case.

The Observers are then asked to move to the periphery of the group, and are instructed not to ask any questions or make any comments until it is their turn to give feedback, in the later stages of the presentation. The observers are then handed a copy of their ‘tasks’ (see below):

### OBSERVER

As an observer, your role is to *note down comments* in the following areas as you are listening to the conversation between the presenter and those chosen to be ‘talked to’ (consultants).

1. **THEMES AND ISSUES:** that have arisen out of the presentation and processing of the case.
2. (A) **ROLE OF THE THERAPIST:** What you think the role of the therapist is in relation to the client work being presented.  
  
(B) **WHAT YOU LIKED ABOUT:** the therapist’s presentation, *and* the work with the client(s). What would you like to see more or less of in the future?
3. **BELLS THAT RING:** What bells ring for you, either from your personal or your professional life that you would like to share with the presenter, (and the group).

The Presenter is then handed a sheet (see below) with the format to be followed. The presenter is given a few moments to think this through, and then begins to talk to the consultants about the case.

### PRESENTER

When presenting your case to the group, include the following:

1. **AIM** of presenting this case ... what you want from the group and why are you presenting now. How can the group help out?
2. **GENOGRAM** of the family members that we need to know about. Of the clients you have met, write down three words to describe them.
3. **OUTLINE** your work so far, including a description of what has worked for you with this case. i.e. include practice wisdom: strategies, techniques, approaches that you feel have been useful.
4. **WHERE TO FROM HERE?**  
Hypothesis?  
Goals?  
Ideas that have been floating around?

The Consultants’ role is to *help the presenter achieve his/her stated aims*. They can ask questions, interpret ... dance, sing ... but their goal is to help the presenter clarify and explore the relationship with the client(s) presented.

The Observers quietly observe both the Presenter’s and the Consultants’ narratives, take notes, and try hard to stop themselves from asking questions and ‘butting in’. Approximately one half to three quarters of an hour is allowed for the conversation between the Presenter and the Consultants. The decision to finish the conversation is generally reached by both the Presenter and the Consultants; however, the task of one of the observers is to time keep.

The Observers then feed back their thoughts and responses section by section i.e. *each* observer comments on the themes and issues *before* moving on to their respective observations about the role of the therapist. The final section ‘The Bells that Ring’ can include personal anecdotes, particular clinical concerns, and anything that the Observers would like to share with the presenter and the group, that arises out of listening to what has been presented.

The Presenter then responds to the feedback, and has the opportunity to ask further clarifying questions of, or make comments to, either the consultants or the observers. The Presenter then gives the group feedback about what has been most helpful for him or her. The supervisor here may ask questions such as, ‘What stands out for you from today’s presentation?’ or ‘What will you walk away with ...?’ or ‘What has made it worthwhile presenting this case to the group today?’ In the case of peer supervision, where there may not be a ‘formal’

supervisor, these questions can still be asked of the Presenter.

## Applicability

I have found this process to be useful with group supervision in many and varied contexts. I have used it in peer supervision; in supervision of clinical casework; and also with groups where organisational and line management issues needed to be addressed. It relies on group members being prepared to take on different roles within the group, and on *one person being in charge of the group structure and format only* (assigning of roles, timekeeping, disseminating the tasks allocated to each of the roles), hence its application as an effective model for peer supervision.

## DISCUSSION

### The Supervisor's Role

The role of the supervisor is primarily one of 'facilitator'. Williams (1992) comments that there is little written about what constitutes good supervision, and lists a number of writers who suggest various roles that supervisors may take on board (Bernard, 1979; Boyd, 1978). Williams goes on to categorise such roles as those of 'Evaluator, Therapist, Teacher and Consultant' (74). In his later book, Williams expands these to include a Facilitator role:

one who focuses on the therapist (in supervision) as a person and the professional/personal issues that are impeding the work. The supervisor aims to help supervisees to expand the definition of themselves, whether by untangling personal issues on the case, developing more professional confidence, or working on their career development as such (Williams, 1995: 58).

A supervisor is not 'the expert', but is charged with the responsibility for facilitating 'alternative narratives to be explored,' (Williams, 1995: 59). Perhaps a more thorough and theoretical exploration of the complexity of the supervisor's role is warranted, but this article is primarily a description of the process with some of its components highlighted for more thoughtful analysis.

### Supervisees as Self Consultants

The primary goal of this process is to allow all group members or supervisees to become consultants to their own relationship with their clients, and their 'therapeutic selves'. It relies on the use of a reflective process that Cantwell (1992: 5) describes as:

making available to supervisees the observer's own internal process, of creating options for the supervisee to choose from if allowing maximum flexibility for supervisees' expertise to come to the fore, and that in turn will enable the supervisees to say that 'somehow the environment allowed *me* to see the case story much more clearly and to join the family with many new ideas when next we meet'.

The process of 'advice-giving' or 'reflecting on a case' is a complex one. Each group member is an observer

of another's story. The client is not in the room, while the therapist's presentation of, and response to the client(s) is. The nature of the reflections, interpretations, observations and the emphasis given to specific aspects of a case presentation are all 'grist for the mill'. Williams (1992) comments that 'the choice of emphasis, of responses we make as observers, reflects upon us and the 'system' of relationships and beliefs to which we belong' (5).

Cantwell (1992) raises the issue of 'respectful therapy' and draws on Lyn Hoffman's notion of 'supported comments', in order to promote what he describes as a 'creative learning environment'. That 'very little learning occurs in a negative atmosphere, and ... positive support and good vibes are endemic to learning' (Cantwell, 1992:72) seems self evident, but my experience of supervision groups is that too often the feedback or reflections create self doubt, therapeutic 'doomsdaying' and negative descriptions of the work with the client. Comments like, '*What you haven't done is ...*'; and even the more respectful '*I'm wondering if you'd like to try ...*' can leave the case presenter feeling incompetent and deskilled.

### Assumptions and Aims

Some assumptions behind this supervision process are that supervisees *do* know enough about their relationship with their clients to have been helpful in some way; that they *do* have the resources and experience to make appropriate interventions; and that it is worthwhile making the link between the material being presented, the manner of presentation and the possible parallel issues for the supervisee and/or the clients.

The process aims to prevent the supervisee from becoming a 'client' of the supervision group, and to maintain with respect and compassion the status and integrity of the supervisee's relationship not only with his/her client(s), but with all group members (albeit from different positions). Williams states that:

although trainees (supervisees) crave feedback on their own work from their supervisor, it is preferable to arrange that this feedback, so far as is possible, comes from themselves, so that they become safe and independent professionals (1992: 79).

I would add that it is important for all supervisees to *remain* safe and independent professionals. It is my experience that this process encourages and elucidates supervisees' existing knowledge (which often surprises them) while allowing for a broadening of focus on a case. It appears to help quieten the noisy jostling of internal negative self descriptions that threaten to overwhelm a case presenter, regardless of how 'helpful' the group members are.

Interestingly, it is the 'Bells that Ring' stories that supervisees, and particularly Presenters, consistently say have been the most useful feedback for them. The Observers 'own' the feedback as theirs, and the fact that the stories are both personal and one-step removed reflections appears to allow Presenters to explore alter-

native narratives and descriptions with their autonomy and self respect intact. Snyder (1995) states that:

an individual's meaning system at any given moment is simply a reflection of a certain organisation of language-embedded and culture-embedded experience. Its usefulness for the co-creation of stored meanings is the ability to suspend it in the space between the speakers and the listeners where both (all) persons can hear those meanings without over identifying either with or against them (251).

In many supervision sessions, the tendency for group members is to take up the space with their own, well intentioned and enthusiastic contributions of meaning and thereby not allow for the co-creation of shared meanings. The 'Bells that Ring' stage, situated at the end of a process of observation, possibly opens Snyder's 'space between the speakers and the listeners'. For the supervisor, it is possible to evaluate, teach, interpret and encourage both critically and supportively when 'in role' either as Observer or Consultant. If the experience differential between supervisor and supervisee is great (e.g. with a trainee counselling group) then the supervisor, in role as an Observer, is able to do some respectful teaching.

#### CONCLUSION—AND AN AFTERTHOUGHT

Family therapists are now in the position where they are consulting to business, government and non-govern-

ment organisations, and to groups within organisations that are pressured and paralysed by conflict. The supervision process described in this paper has been used to assist groups to explore the nature of their conflict and the roles the various team members play. It 'contains' anxiety and allows for different narratives to inform and broaden the platform upon which changes can be made.

The possibility of asking family members to be 'observers' within their own family system is also something to be explored. Perhaps the 'Bells that Ring' feedback from the observer/family members (which may or may not include the therapist) may open up a window of opportunity for change to occur.

#### References

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## TENTH ANNUAL FAMILY AWARD FOR CHILDREN'S LITERATURE (1996)

*A Bridge to Wiseman's Cove*, by James Moloney, University of Queensland Press.

A well written and engaging story of two brothers who are left longer in the care of their reluctant aunt than any of them planned on, in a town where their original family are outcasts.

Highly commended

*Peeling the Onion*, by Wendy Orr, Allen & Unwin.

Injured in a car accident, teenage Anna struggles to pick up the pieces of her life. What part will her parents and friends play in her life now things have changed?

The Young Readers/Picture Book Award

*Hannah Plus One*, by Libby Gleeson, illus. Ann James.

The spirited heroine of *Skating on Sand* (1994) returns. Hannah's mother is expecting another baby. Hannah is convinced it will be twins (she already has older twin sisters).

These awards are given annually by the Family Therapy Associations of Australia.

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