

Enhancing your skills as an EMDR Supervisor

Dr Robin Logie

Clinical Psychologist

EMDR Europe Consultant & Facilitator

Past President, EMDR Association UK & Ireland

**EMDR Europe conference: The Hague
18th June 2016**



Three functions of supervision

Proctor, 1988 (Hawkins & Smith, 2006; Kadushin, 1976)

1 Formative (developmental; educational)

- learning about EMDR protocol

2 Restorative (resourcing; supportive)

- encouraging new trainees to use EMDR
- providing emotional support, sharing the awfulness

3 Normative (qualitative; managerial) 'Evaluative'?

- clinical management
- evaluating adherence to protocol for accreditation

Functions vs Modes

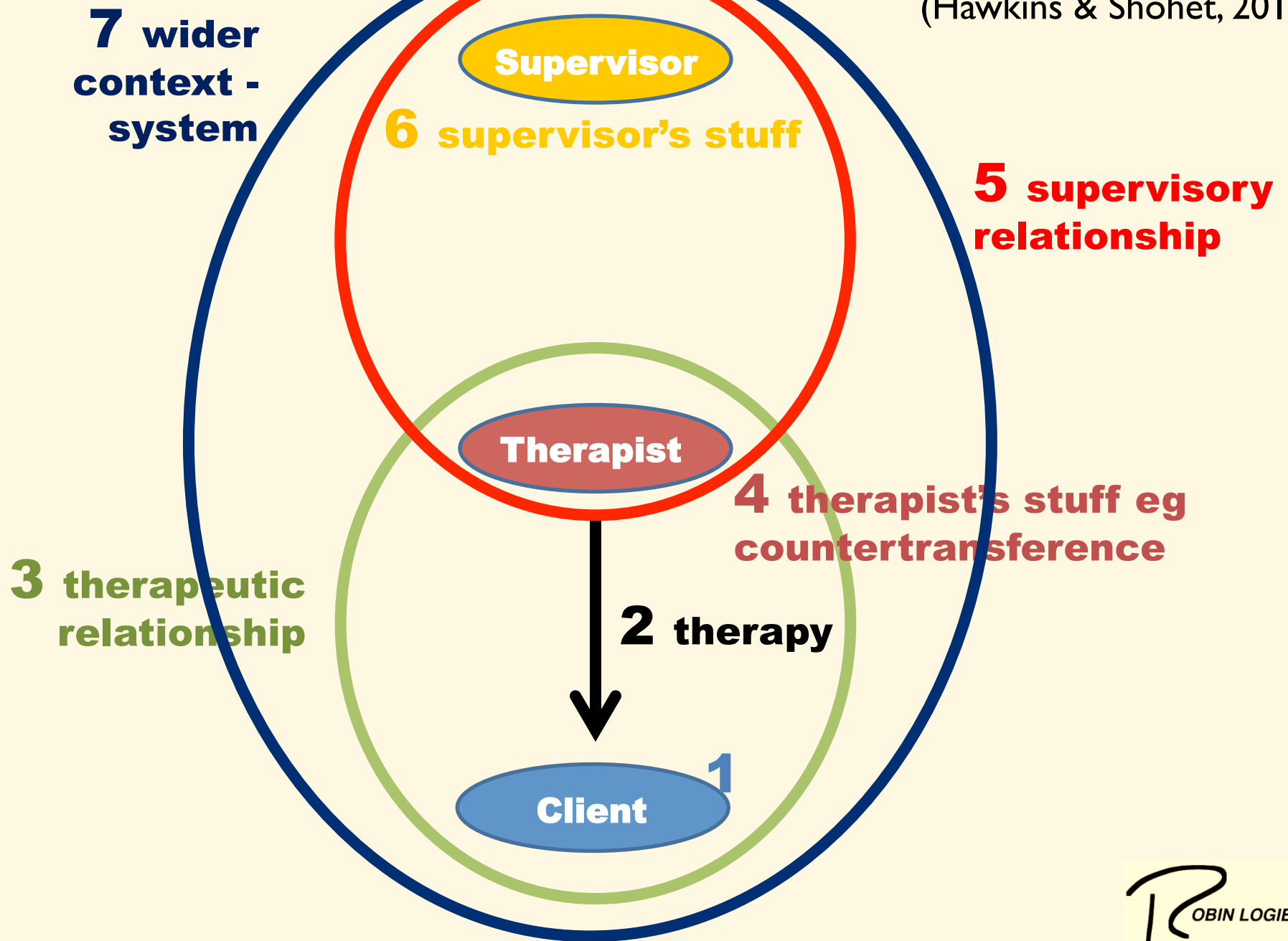
- **Functions**

- Formative, Restorative & Normative

- **Modes**

- ‘eye’ from which supervision is being seen
- ‘Seven-eyed model of supervision’ (Hawkins & Shohet, 2012)

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



Supervision question

- Establishes function and mode for supervision
- Enables supervisee to get what they need from supervision
- Focuses supervisor's questions and information only on what is necessary
- However, remember 'normative role' – supervisor may pick up protocol mistakes

Types of groups

1. Authoritarian - supervision in a group
2. Participative - supervision with a group
3. Co-operative - supervision by the group
4. Peer support group – not supervision

(Proctor, 2000; Proctor & Inskipp in Scaife, 2001)

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

Setting the group climate

Why: to enable group members to feel safe

- Participants share hopes & fears re group
- Supervisor shares hopes & fears (role model)
- What's been helpful or difficult about previous experiences of groups/supervision?
- Establish ground rules
- Share strength and areas that need to develop
- 'What you need to know about me, for me to get the most and give the most to this group is....'

(Hawkins & Shohet, 2012)

Agenda setting

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

Problems in Supervision

- “I have nothing to learn. I am only coming to supervision so that I can get accredited.”
- Stuck in the old model.
 - “How can I understand this in CBT terms?”
 - “EMDR wasn’t working, so I reverted to using CBT.”
- Does not understand the basic protocol

Problems in Supervision (2)

- Leaping into processing without case conceptualisation
- Terrified of emotion
 - Scared to start processing. “Have I done enough preparation?”
 - “He got very upset, so I stopped BLS and helped him to calm down.”
- Over dependent. Asks for extra ‘emergency’ supervision sessions between scheduled ones
- ‘Clunky’, over-rule bound. Does not use intuition/common sense.

Problems in Supervision (3)

- Knows protocol but does not think it is that important to stick to it. Uses intuition too much!
- Starts new target each week when previous target has not been fully processed. “I need to be sensitive to my client and work on whatever is preoccupying them each week.”
- Does not go back to earliest touchstone because “that’s not what the client has come to see me about.”

Problems in group supervision

- “I have nothing to present. Everything is going fine.”
- Dominates the group.
 - Has an opinion on everything but is reluctant to present cases.
 - Competes with the supervisor
 - Wants to spend whole session on their own case

from **Theraplay**:

- Structure
- Engagement
- Nurture
- Challenge

thank you....

Robin Logie

www.robinlogie.com
info@robinlogie.com

