

Enhancing your skills as an EMDR Supervisor

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Three functions of supervision

1 Formative (developmental; educational)

- learning about EMDR protocol

2 Restorative (resourcing; supportive)

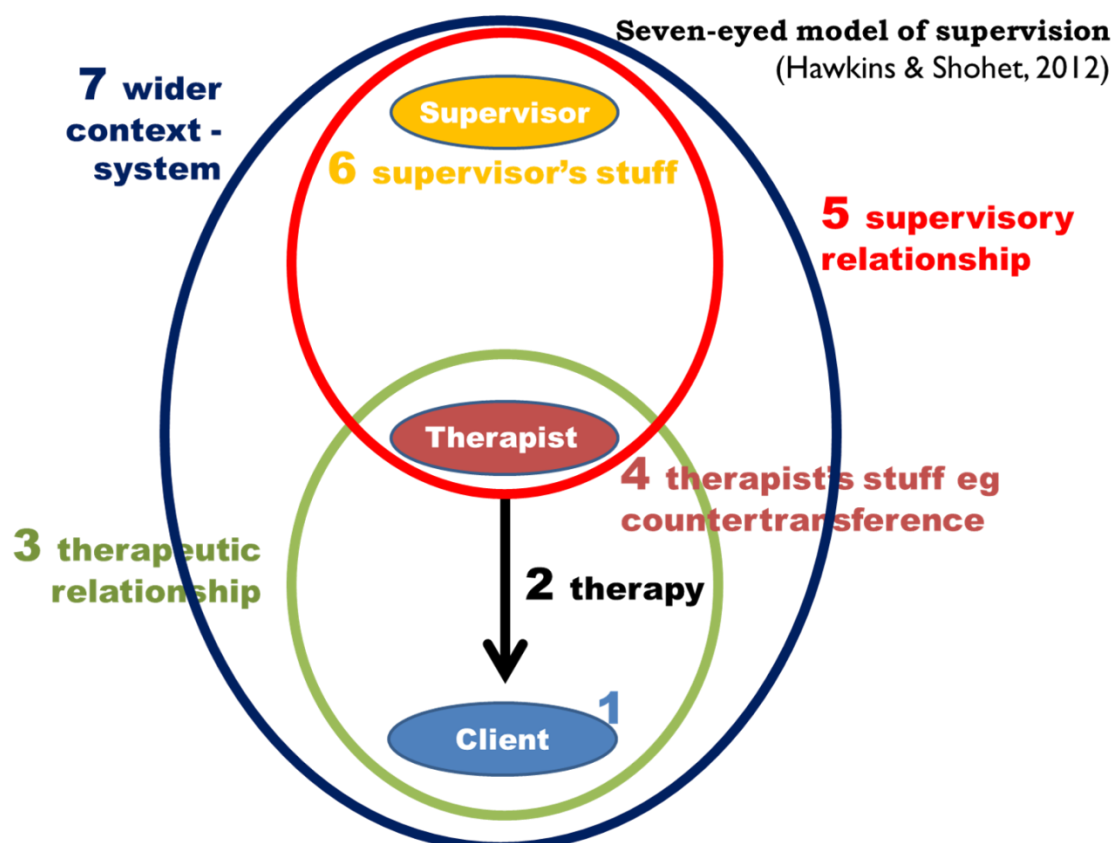
- encouraging new trainees to use EMDR
- providing emotional support, sharing the awfulness

3 Normative (qualitative; managerial) 'Evaluative'?

- clinical management
- evaluating adherence to protocol for accreditation

Proctor, (1988) ((Hawkins & Smith,(2007); Kadushin, (1976))

Seven-eyed model of supervision (Modes of supervision)



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

GROUP SUPERVISION

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 of 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

THERAPLAY

- Structure
- Engagement
- Nurture
- Challenge

PROTOCOL FOR EMDR GROUP SUPERVISION (Robin Logie, 2015)

This protocol is appropriate for supervision groups in which supervisees are already experienced EMDR practitioners, preferably already Accredited. It should be regarded as a “co-operative group” which uses “supervision by the group” (Proctor, 1988)

1. **Preamble** (can be reduced or omitted at subsequent meetings of the group)

“Today we are all supervisors. In EMDR, the protocol allows processing to occur spontaneously. Similarly this supervision protocol should allow supervision to occur spontaneously through the interactions of members of this group. As the facilitator of this group I will only intervene if the process becomes stuck or the group needs to learn something specific about the EMDR protocol. If I do intervene, as with a cognitive interweave in EMDR, I will attempt to say the minimum necessary in order for the process of supervision to move forward.”

“In a moment I will ask one of you to volunteer a supervision question. Before you tell us any more about your client, I will ask members of the group what they would need to know about your client in order to help you with this supervision question. I will then invite the supervisee to respond with more information and ask group members to respond until the supervisee feels their question has been answered. We will then discuss what we have learned and ensure that we understand the theory that underlies this learning point.”

2. Ask a member of the group to provide a supervision question (SQ). (If the supervisee starts to give information about the client or the statement does not actually constitute a question, continue to prompt the supervisee until they produce an actual question.) Repeat the SQ to ensure that you have understood it correctly and everyone is clear what the question is.
3. Ask the rest of the group: “What do we need to know in order to answer this question and help [supervisee’s name]?” Make sure that everyone in the group has responded.
4. Ask supervisee to respond and provide further information. (Interrupt if the information appears irrelevant to the SQ or they are providing unnecessary detail. Remind the supervisee what information the group needs in order to help them answer their question.)
5. Ask group members to comment upon the information provided. (This might involve asking further questions, ideas about the formulation or possible ways forward with the therapy. If the issue is an emotional/relational one rather than a technical one, ask, “what are people feeling/noticing/experiencing right now?”
6. Repeat 3, 4 and 5 until the supervisee appears to have resolved their issue and indicates that their SQ has been answered.
7. Check with supervisee that they feel their question has been answered and they know where they are going with this particular client.
8. Summarize what has been learned. Outline the theory behind what has been learned.

As a general rule, do not comment unless:

- you are sure that no-one else in the group knows the answer
- a group member’s comment is off-protocol
- a group member’s comment is inappropriately critical
- you are running out of time

Think of your intervention like cognitive interweaves ie ‘stay out of the way’ if the process is working well and only intervene if things become stuck or go off course.

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ANNOTATED BIBLIOGRAPHY

Enhancing EMDR clinical supervision through the utilisation of an EMDR process model of supervision and an EMDR personal development action plan. (Farrell et al, 2013)

Recently published paper demonstrating how supervision in EMDR can be carried in order to meet the requirements for EMDR Europe accreditation with reference to models of supervision, especially the 'seven-eyed model' (see Hawkins & Shohet, 2012)

Chapter on Supervision and Consulting on EMDR Treatment (Leeds, 2009)

In Andrew Leeds' book, *A guide to the standard EMDR protocol for clinicians, supervisors and consultants*, chapter regarding definitions of 'supervision' and 'consultation', EMDRIA standards, method for evaluating and giving feedback, 'consultation on consultation' etc.

Group Supervision. A guide to Creative Practice. (Proctor, 2000)

A key text on group supervision. Examining tasks, roles and responsibilities of both supervisors and supervisees, the book describes the skills needed for: managing different types of group; developing a flexible leadership style; making sense of group and individual needs; using creative methods.

Supervision in the Helping Professions (Hawkins & Shohet, 2012)

One of the best known books on supervision, including the well-known 'seven-eyed' supervision model.

Supervision in the mental health professions. A practitioners guide. (Scaife, 2001)

Another key text on supervision. Possibly more practical than Hawkins & Shohet, including appendices with sample forms and checklists.

Integrating EMDR into your clinical practice. (Royle & Kerr, 2010)

Down to earth, practical guide for beginning EMDR therapists including boxes headed: 'Whatever You Do, Don't Do This...'

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- Farrell, D., Keenan, P., Knibbs, L., & Jones, T. (2013). Enhancing EMDR clinical supervision through the utilisation of an EMDR process model of supervision and an EMDR personal development action plan. *Social Sciences Directory*, 2(5), 6-25.
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