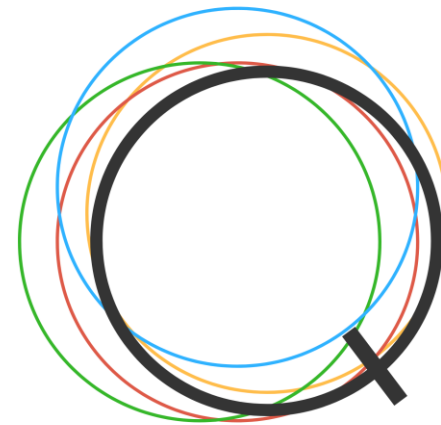


Integrative Practice in Systemic Group Supervision: Growing Competence, Confidence and Adaptability

Dr Leonie White & Dr Kate Owen
Founding Directors

Queensland Institute of Family
Therapy

Australia



Queensland Institute of Family Therapy

About the Presenters:

Dr Leonie White



- Clinical Family Therapist & Psychologist
- Creator: Helping Families Thrive Cards & Helping Families Thrive Strengths Cards
- Director: Private Practice Clinic
- Background: Education Queensland, Centacare, Child & Youth Mental Health Service, Evolve Therapeutic Services, Education and Child Protection (Canada), University of Qld
- Individual, couple & family work; foster, kinship and residential care work
- On-line webinars and courses
- Individual and Group Supervision
- Founding Director: QIFT
- Training and Workshops
- Current University Teaching:
 - Clinical Supervisor QUT
 - Guest Lecturer: UniSQ & RANZJP

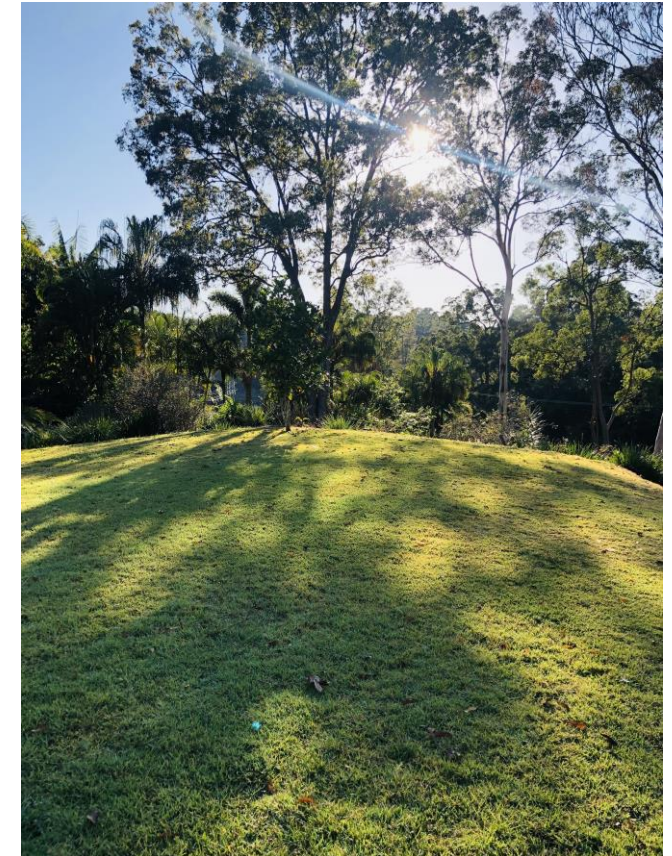


About the Presenters:

Dr Kate Owen



- Clinical Psychologist & Clinical Family Therapist
- Co-Director QIFT & Director of private practice clinic
- Background CYMHS (Inpatient Unit, ETS, Access Team)
- Private Practice since 2010 – Gold Coast
- Client and family work
- Supervision
- Group Supervision
- Training and Workshops
- Online courses and webinars



“Supervision interrupts practice. It wakes us up to what we are doing.
It acts as an irritant interrupting comfort stories of our practice
and facilitating the creation of new stories.”

Sheila Ryan

In Hewson & Carroll, 2016: 13



Photo by Vecteezy Pro

Overview of Today's Presentation



- Systemic Supervision Foundation
 - Why Systemic Group Supervision?
 - What are we trying to achieve?
 - Why Integrative Systemic Supervision?
- Systemic Integrative Supervision
- Systemic Integrative Practice Model (In Brief)
 - Layers of the Model
- Experiential Exercise
 - Explanation
 - Experience the Process
 - Process the Process

NB Clinical material discussed
Please turn off all recording devices

Please note that some aspects of the presentation may involve material of a sensitive nature, & we all come from a family.

Please see us if de-briefing required, or consult a colleague or supervisor.

PowerPoint is available to download
www.qldfamilytherapy.com

Let's Get Started

Why Systemic Group Supervision?

“Complex clinical cases are easier to manage in the context of a **supportive clinical team**... who have **multiple frames of reference**... and **share an ideology.**”

Kozlowska & Hanney, 2003: 77



Photo by Hannah Busing on Unsplash

What Are We Trying to Achieve?

Take a helicopter view:

- Mapping the system (s)
- Timeline
- Identify the systemic challenge, dilemma, area of interest
- Hypothesizing & Proposing (team proposes & therapist disposes)

Increase manoeuvrability

- Focus on multiple lenses (modern and post modern ideas)
- An “ethic of hospitality”/”an ethics of practice” within FT and outside FT (Larner, 2003; Larner, 2009)
- Primary, secondary and rejected pictures (Lowe, 2004)
- Facilitate the therapists’ use of their own resources (Lowe, 1996)

Promote reflective, “emotionally mature” responses by therapists

- Containment, validation & venting
- Bowen’s ideas about anxiety and impact of this on therapists
- Induction (Minuchin)
- Rescuing/Over functioning therapists Vs facilitating family & system development/capacity

Enhance (or teach) systemic skills

- Processes with 2 purposes
- Learning theory; integrating theory to practice to enhance confidence and conscious competence
- Skills development via modelling and experiential activities (e.g., role plays, sculpting, reflecting teams)



Supervisory Alliance
within and between the
supervisory system(s)

Thinking systemically in
ways that fit the
presenting issues

Thinking systemically in
ways that fit the
supervisee /team
development

Ethics & Supervisor's
Role

Direct and Indirect
Learning

Effective Therapeutic
Outcomes

How Did These Ideas Develop?



What Were the Key Lessons for Practice?

- Systems thinking = useful, helpful, increases manouverability
- Enduring principles, but, a one size/purist approach does not fit all
- Effective contemporary practice = thoughtful **integration** of models + frameworks
 - Within Family Therapy
 - Across Other Psychotherapeutic approaches
- Therapeutic models and frameworks can integrate **across disciplines and fields**
 - Neurobiology
 - Psychodynamic approaches
 - Dialectical Behaviour Therapy



Why Integrative Systemic Supervision?

Why Systemic Group Supervision with an Integrative Framework?



“Human beings are complicated, each with their own thoughts, feelings, neurobiology, and actions, and each existing within complex relational, community, social contexts, and eras in time (Hawkins & Ryde, 2020; Nichols & Davis, 2017).”

White and Owen, 2022: 35 – 36

+ ACES and the prevalence of trauma = increased complexity

- ACES (Adverse Childhood Experiences) e.g., violence, abuse, neglect, witnessing violence at home, instability due to parental separation or incarceration of a parent.
 - In Australia 1 in 5 children exposed to 3 or more ACES
 - AND 2/3 children will have experienced a potentially traumatic event by the age of 16
- (RESOURCE: ACES TedTalk - <https://www.youtube.com/watch?v=95ovlJ3dsNk>)



Why? Avoiding the “Soup” and the “Drift”

Complexity can invite uncertainty and eclecticism

The risks of eclecticism:

- Conceptual soup
- Therapeutic drift



Photo by Vecteezy Pro



Photo by Victoria [Shes](#) on [Unsplash](#)

Why? Lasting the Distance



Photo by Vecteezy Pro

A **Systemic** Lens =
Manoeuvrability

Integrative Practice =
Thoughtful, intentional
manoeuvrability

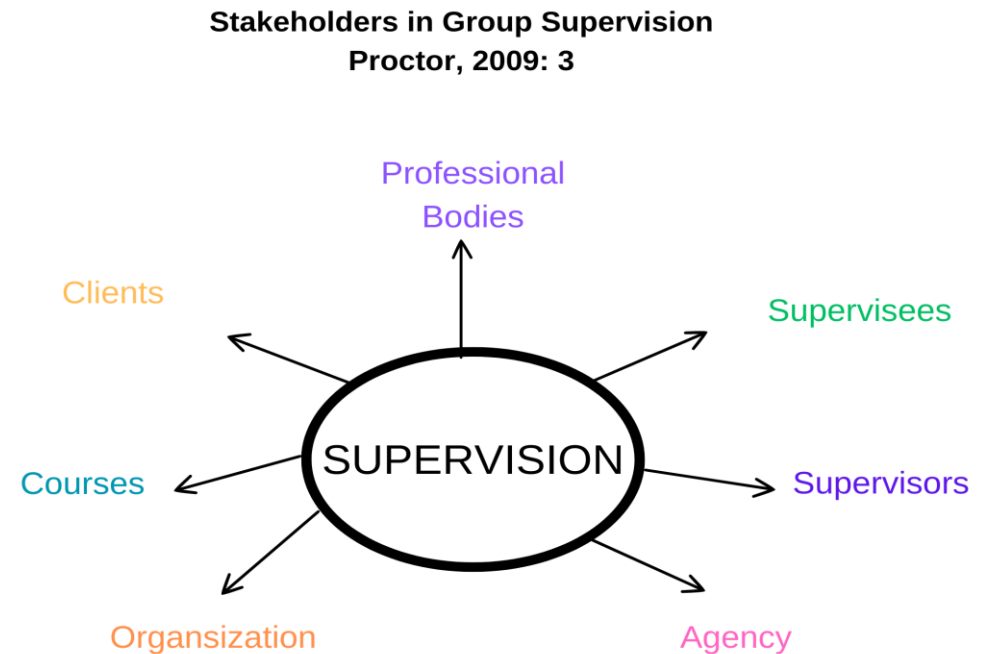
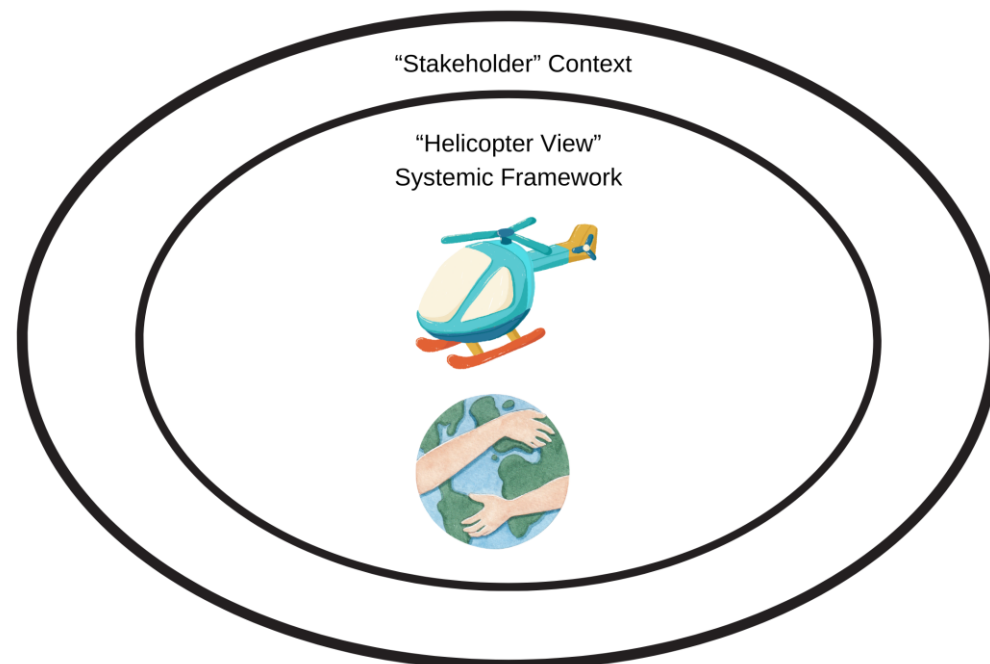
Manoeuvrability →
increases therapist agency =
potential antidote to compassion
fatigue

Systemic Supervision

What is Systemic Supervision?

What differentiates systemic supervision from other approaches?

- A systemic supervisor will add their systemic framework
- Supervision is contextualised & broad range of stakeholder perspectives considered



Framework for Systemic/Relational Supervision

Storm & Todd, 2014 :10

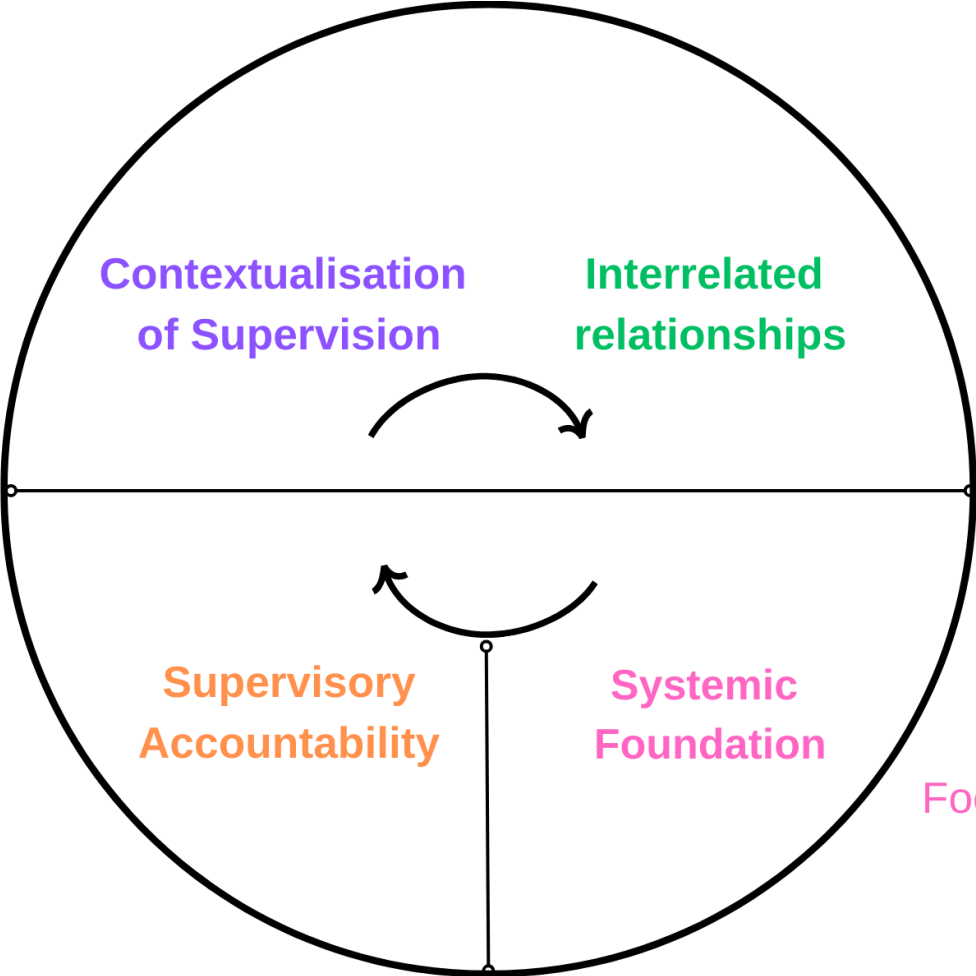


Inviting multiple views and considering complexity

Contextualisation of Supervision

Interrelated relationships

Responding to effects of therapeutic, professional, and personal relationships



Balancing supervisee development, the relationship, and safeguarding of clients

Focusing on relational change process

Integrative Supervision

“Integrative theorists and supervisors believe that **multiple lenses** afford broader conceptual insights and more therapeutic degrees of freedom (Lebow, 1997b), but that there needs to be an **underlying theoretical framework** that allows clinicians to **blend these “generic” ideas and actions with clear intent and purpose.**”

Lee and Everett, 2004: 19



Photo by Vecteezy Pro

Systemic Integrative Practice: A Meta-Framework



Australian and New Zealand Journal of Family Therapy 2022, 43, 33–53
doi: 10.1002/anzf.1475



Systemic Integrative Practice: A Meta-Framework

Leonie White and Kate Owen
Queensland Institute of Family Therapy, Brisbane

“Our hope with this article is not to prescribe one right way to combine different approaches in the service of the client, but to provide a meta-framework that can be a process map, or guide, for other professionals to organize their integrative practice systemically according to the individual needs of their client.”

White & Owen, 2022: 39



Integrative Practice NOT Soup in Supervision

“Integration is **different from eclecticism** in the emphasis on the clinician’s ability to **strategically**, **deliberately** (Flaskas, 2014), and **flexibly** apply multiple therapeutic models and techniques, with each component having integrity (Boscolo & Bertrando, 2002), in ways that enhance the utility of each rather than being disjointed (Lebow, 2019). Integrative psychotherapeutic practice is the process of creating a broad, overarching framework as a guide to selecting and combining concepts and interventions.”

White and Owen, 2022: 35 - 36



Multi positioned Perspective

- Supervision isomorphic process (harnessed for “good”)
 - Supervisor is multi positioned
 - Supervisee becomes multi positioned
 - Increase in manoeuvrability and options for the client work (benefits client)

“The fact is, the position that the supervisor brings into the supervision is the position that the supervisee will tend to learn.”

Using the isomorphic perspective, the supervisor can transform this replication into an intervention, redirecting a therapist’s behaviour and thereby influencing interactions at various levels of the system.

Supervisors are not passive observers of pattern replication, but intervenors and intentional shapers of the misdirected sequences they perceive, participant in, and co-create (Liddle, 1988: 155).”

Bertrando & Gilli, 2010: 5

Systemic Integrative Practice Meta framework (in brief)

NB Please see our article for detailed information (Free to read) or Podcast



Australian and New Zealand Journal of Family Therapy 2022, 43, 33–53
doi: 10.1002/anzf.1475

ANZJFT

Systemic Integrative Practice: A Meta-Framework

Leonie White and Kate Owen
Queensland Institute of Family Therapy, Brisbane



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The Systemic Way

Integrative Systemic Practice: A Contemporary Framework with Dr Kate Owen and Dr Leonie White

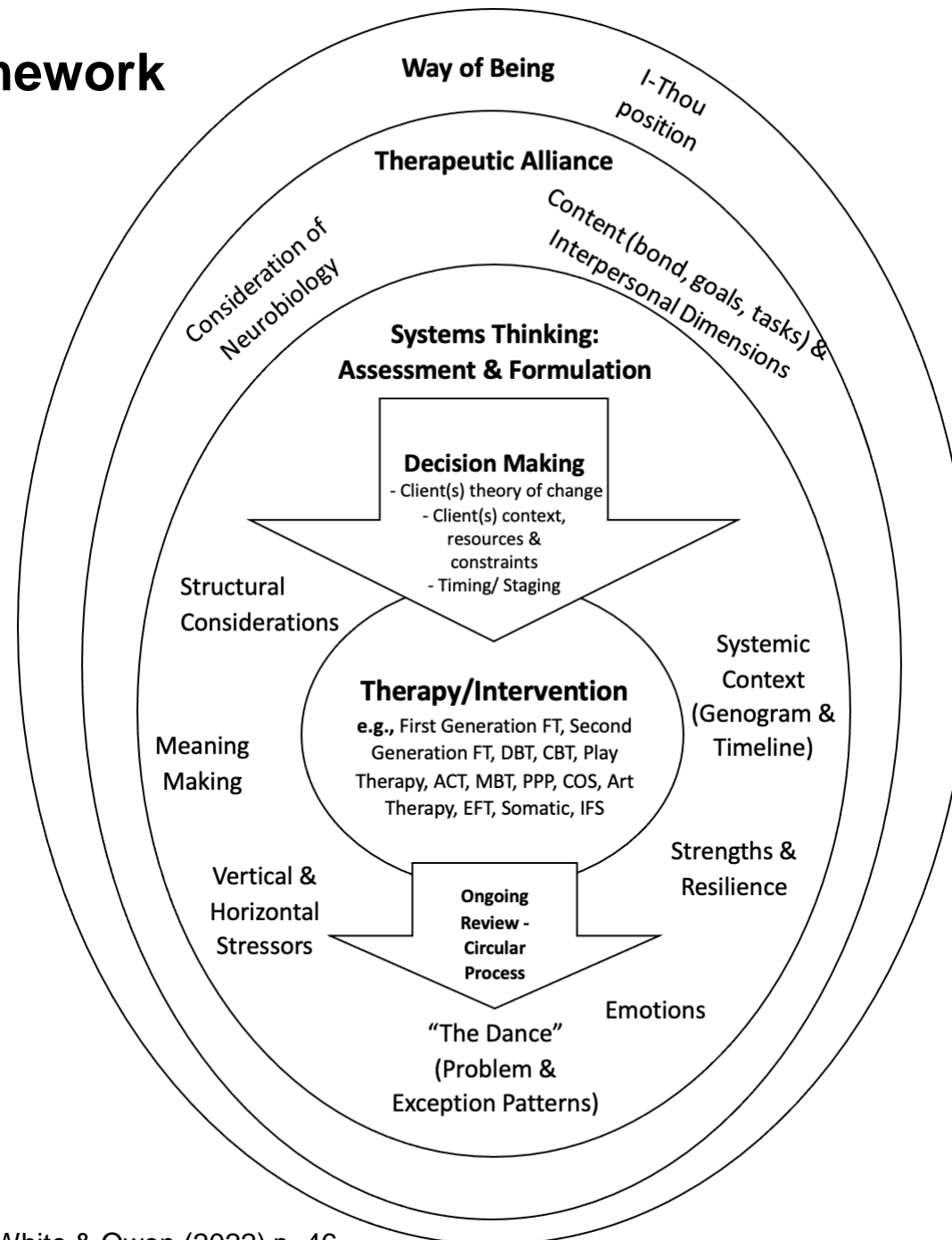
MARCH 24, 2024 SEZER AND JULIE SEASON 7
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LISTEN ON



QIFT Systemic Meta-Framework for Integrative Practice



Way of Being

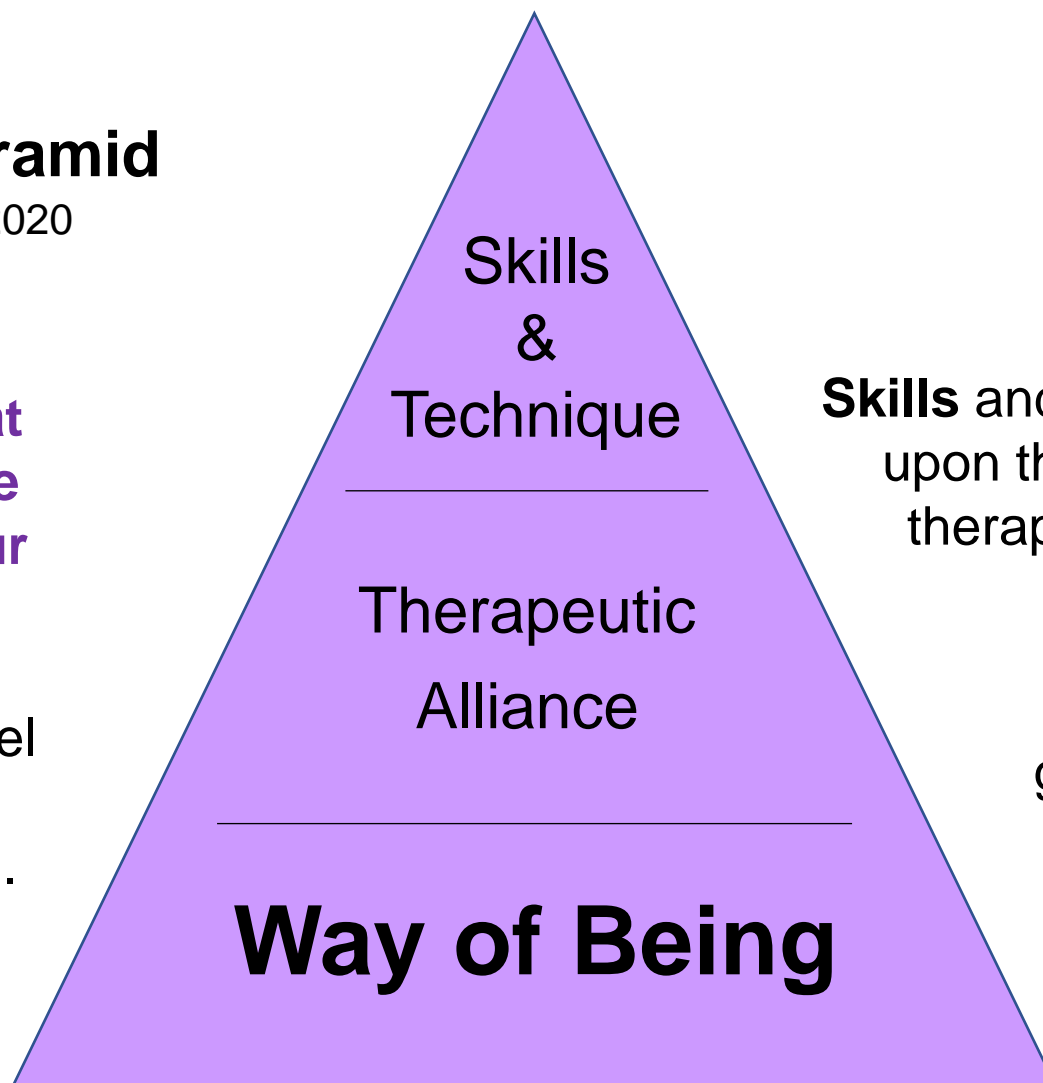
The Therapeutic Pyramid

Fife et al., 2014 & Davis et al., 2020

“Effective therapy involves not only what we do, but who we are and how we regard our clients”

The success of any level depends on the level immediately underlying.

The way of being is foundational.



Skills and techniques rests upon the quality of the therapeutic **alliance**

Skills and Alliance grounded in the therapist's **way of being**

I-Thou Vs I-It

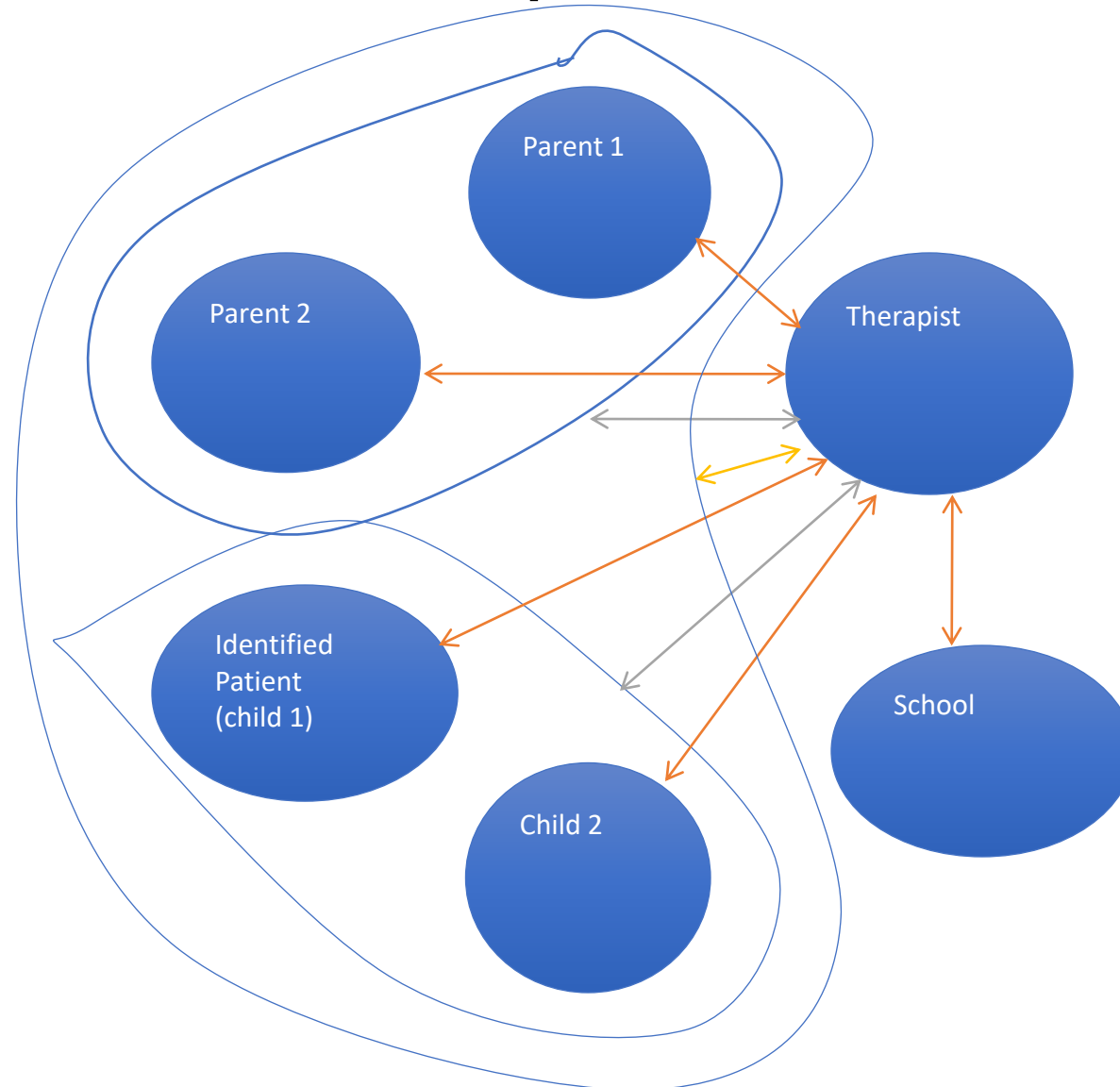
Therapeutic Alliance: Collaborative Relationships

Content Dimension

- Goals
- Tasks
- Bonds

Interpersonal Dimension

- Individuals
- sub-systems
- whole family
- treating systems



Ultimate Focus:

Safety
& Shared Goal

Therapeutic Alliance: Collaborative Relationships

Integration of Systemic Alliance and Neuroscience

- There will be layers of threat, survival, and safety on the path to collaboration (see *Hanna, 2014*)
- Use of the therapist via non-verbal, affect-mediating, right-brain-to-right-brain communication is crucial for up- and down-regulating clients(s).
- These implicit right brain operations are activated in the therapeutic alliance and are essential for adaptive interpersonal functioning.

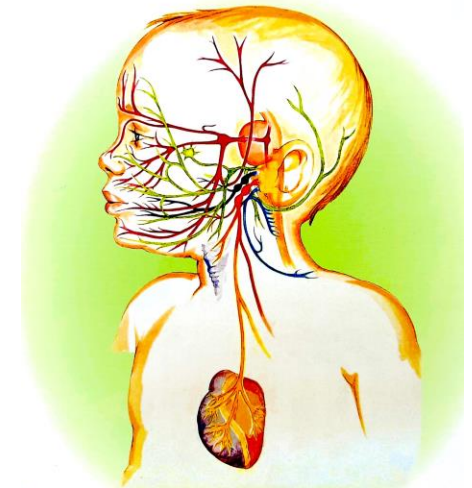
Polyvagal Theory

- Perception of **safety** enables **social engagement**.
- Consider the role of mirror neurons

“Neuroscience clearly indicates that who we are as therapists is far more significant than our body of knowledge”

Kandel (2006)

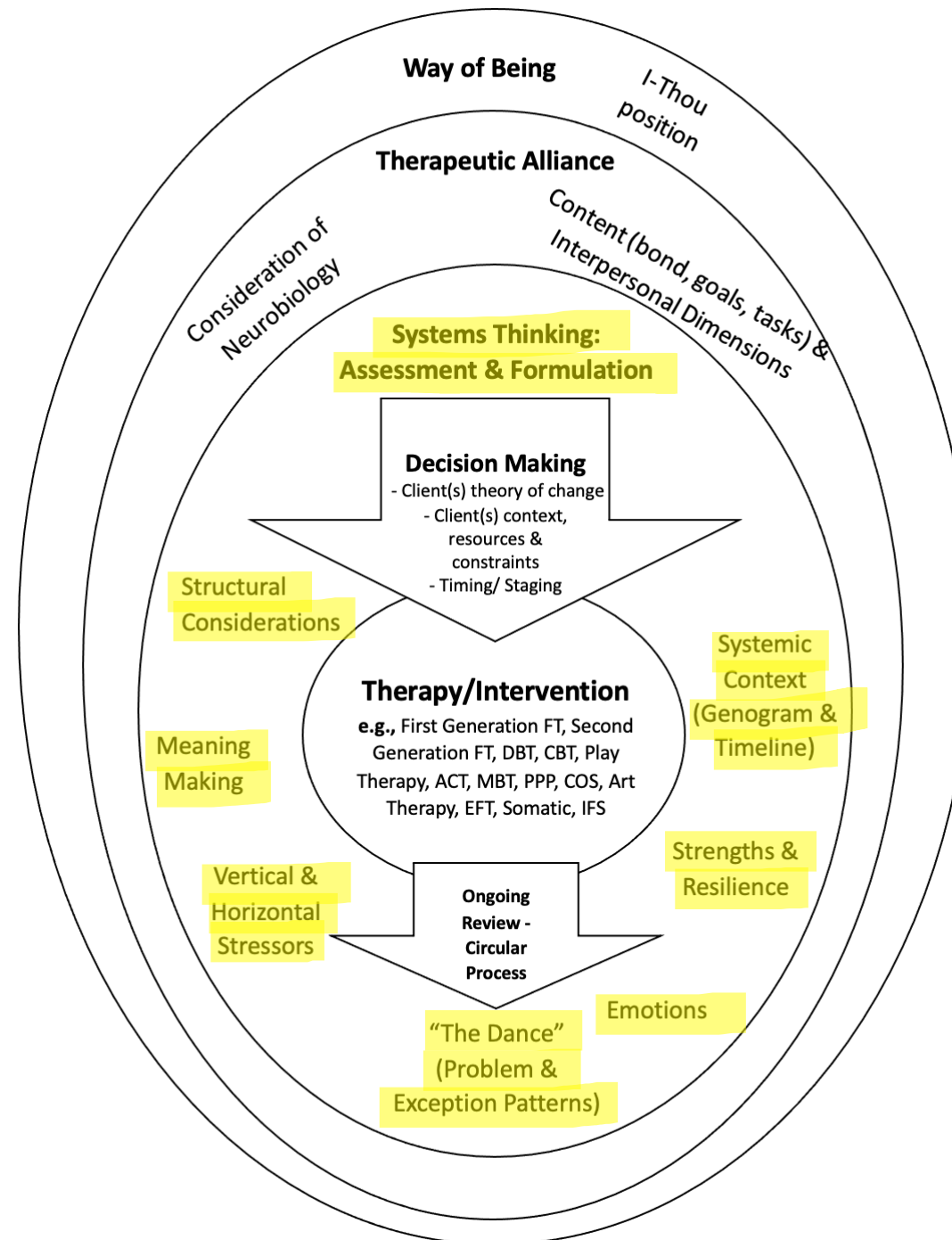
Through these pathways you send and search for signs of welcome and signals of warning.



Systemic Thinking and Assessment

Gathering assessment information through:

- Clinical interview
- Genogram
- Timeline
- Sociograms
- Quantitative measures
- Observation
- Creative exercises



Assessment is Informed by Different Schools of FT QIFT teaches:

- Strategic
- Structural
- Bowen
- Milan
- Experiential
- Solution Focused
- Narrative

Systemic Thinking and Assessment

Broad Areas Of Interest

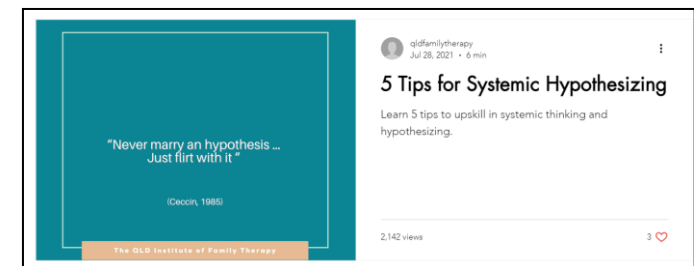
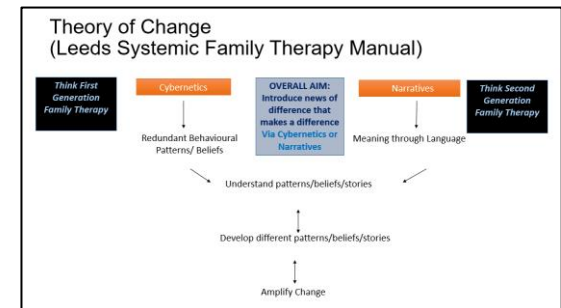
- The Presenting Problem
- Past experiences with 'help'
- Why Now?
- Attempted Solutions
- Systemic Context
- Family Life Cycle
- Exceptions to the Problem
- Strengths/Resilience
- Family Structure
- Communication Patterns
- Drug and Alcohol
- Extramarital Affairs
- Domestic Violence and Child Abuse
- Family secrets (timing)
- Goals

Systems Thinking + Decision Making and Integrative Practice

Choice of technique and sequencing will be affected by a range of considerations:

These considerations assist decision making for a personalized treatment plan

- context and unique situation of the client(s)
- who makes up the system (e.g., individual, dyad, couple, family, stakeholder group)
- client readiness (e.g., customer relationship or “window shopper”)
- **client(s) theory of change (Leeds Manual)**
 - Cybernetics: patterns of behaviour and beliefs that keep things stuck
 - Narratives: context, stories, meaning making through language
- resources and constraints
- considerations of timing and staging of interventions
- and other contextual factors



Systemic Hypothesizing + Triadic Focus

Systemic Hypothesising: What to Consider



Your Formulation is Key

Be clear on what is maintaining the problem - These are possible areas of intervention.

- *Active* trauma responses in the brain and body.
- *Current context* (cultural, social, economic, developmental, extended family)
- *Behavioural sequences* around the problem - The “dances”
- *Meanings* attributed to the situation – stories
- *Emotions* (what’s the emotion communicating? To whom?)
- *Structure* (hierarchy, boundaries, alliances, coalitions, etc.)
- *Transgenerational influences* (genogram)
- *Family strengths*
- *Attachment and relationship patterns*
- What *function* could the symptom serve in the system?

Client Goals
and
Theory of Change

Systemic Integrative Treatment Plan

“Our model allows the therapist to access different evidence-based psychotherapeutic theories and methods organized under a systemic umbrella, for example, from developmental psychology, attachment approaches, affect regulation, mentalization, cognitive approaches, somatic work, expressive therapies, etc.”

White & Owen (2022) p.45

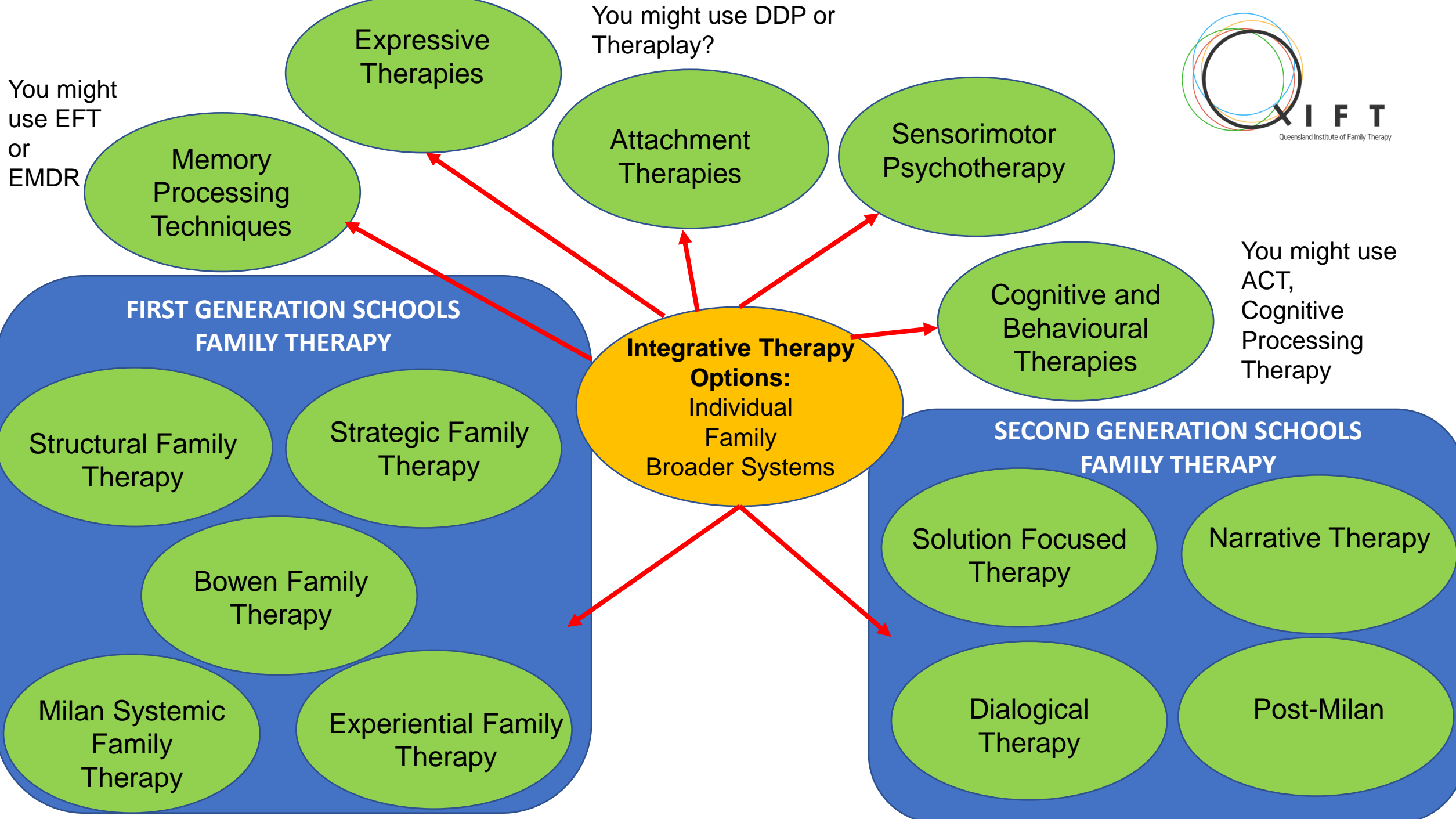
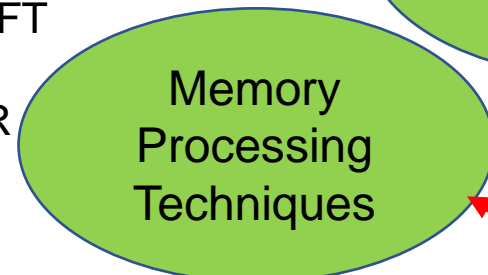
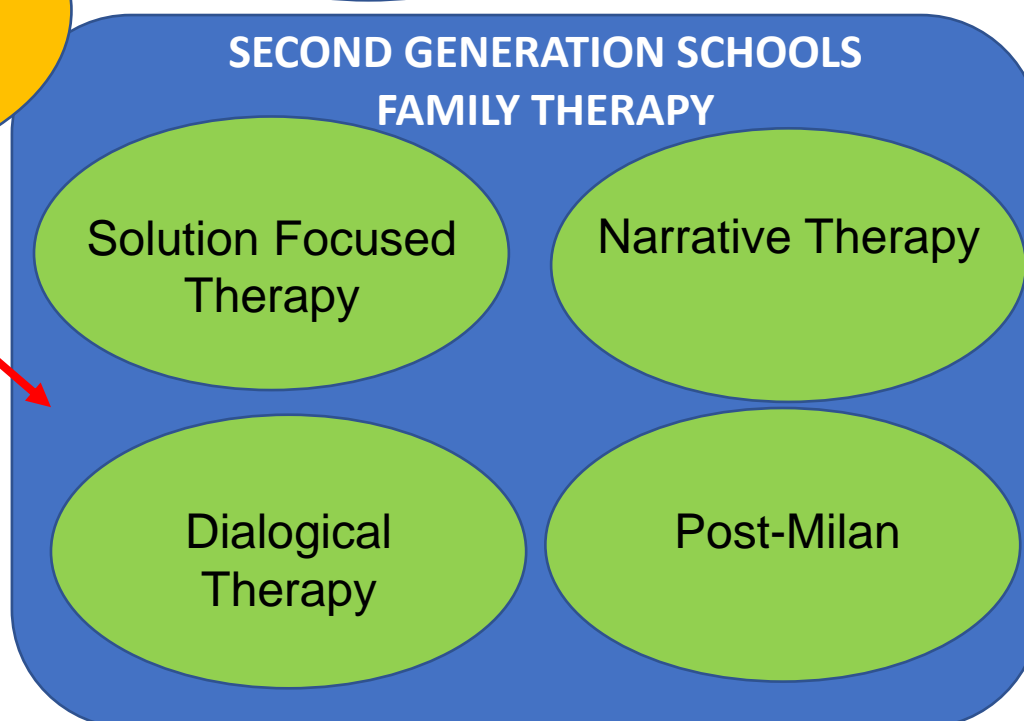
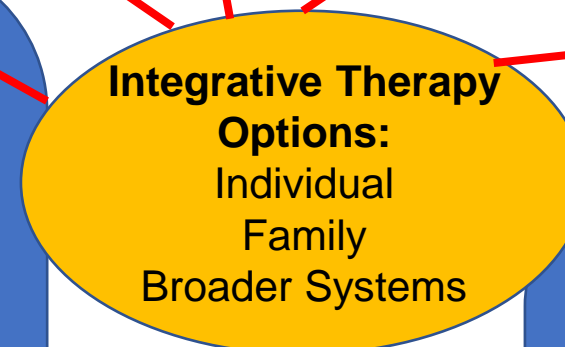
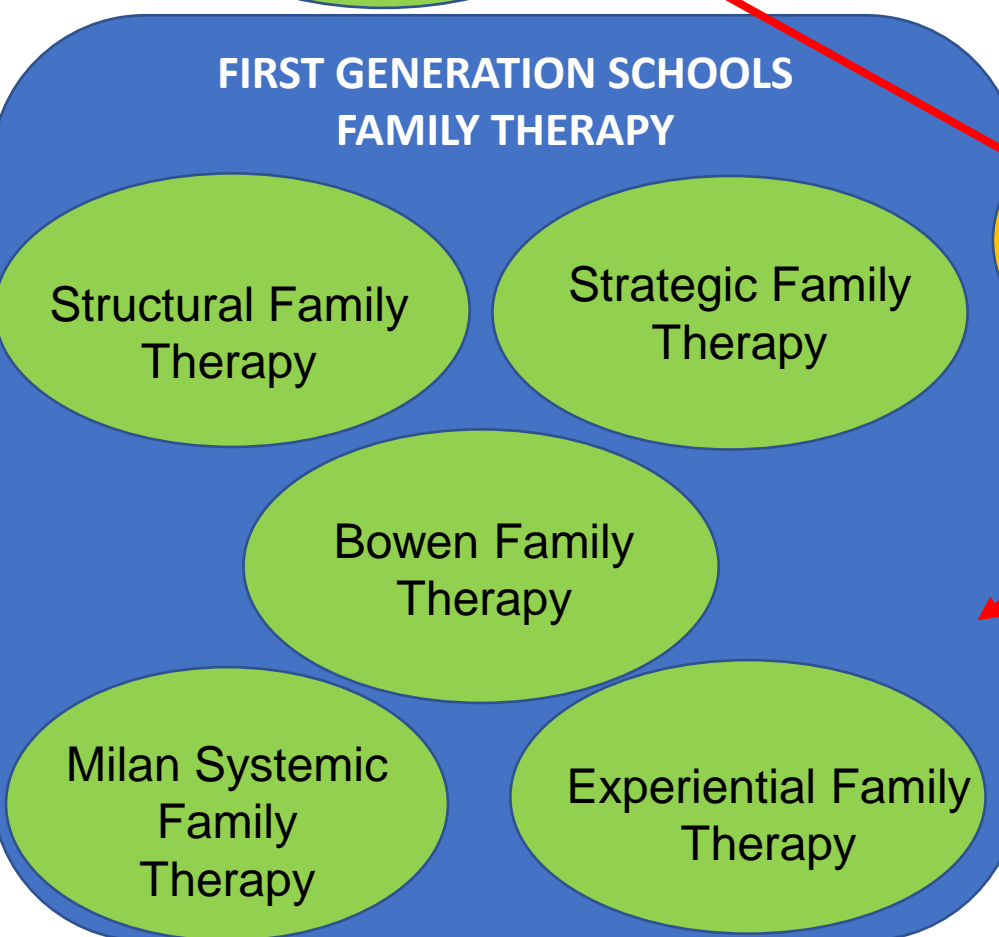


Photo by Jody A. Khomora on Unsplash

You might use EFT or EMDR

You might use DDP or Theraplay?

You might use ACT, Cognitive Processing Therapy



Doing Integrative Supervision

Necessity is the Mother of Invention

A wide range of supervisees:

- Group Supervision Inhouse: mix of training levels, some with no exposure or knowledge of family therapy and some organisations train their whole staff prior to group supervision
- Advanced Certificate in Systemic Family Therapy: training in family therapy & training in integrative practice; includes Applied Practice Days with a group supervision format
- UQ Master of Mental Health: Family Therapy: First year predominantly mental health; second year more family therapy specific
- QUT Master of Counselling (Leonie): some family therapy but predominately social constructionist
- Systemic Integrative Practice Master Class: experience and training pre-requisite but not enforced

Cultural context:

- Family therapy in Australia



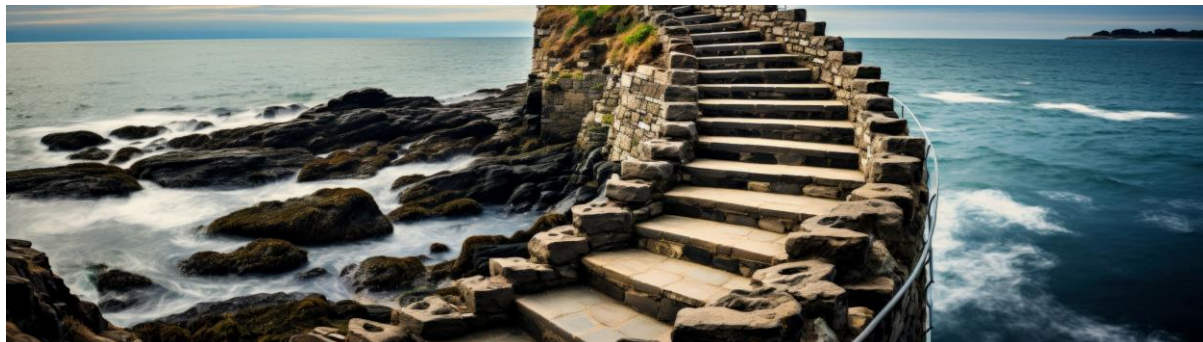
Steps of Integrative Supervision

Step 1: Learn to take the helicopter view (genogram mapping & timeline)

Step 2: Learning basic systems theory and concepts (supervisor input with shaping systemic thinking and “teaching moments”; make up systemic learning package) & learning SIPM

Step 3: Integrating systemic theory with the client/family with curiosity, and then noticing, hypothesizing, offerings (e.g., Reflecting Team, group discussion)

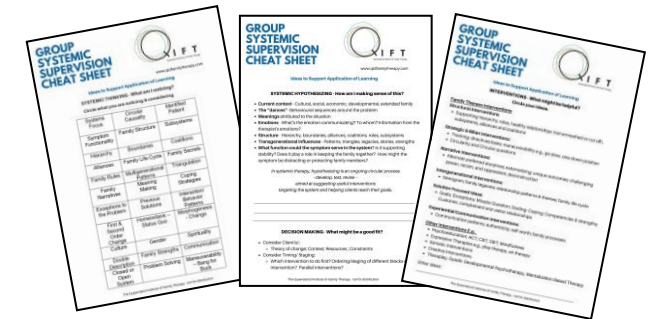
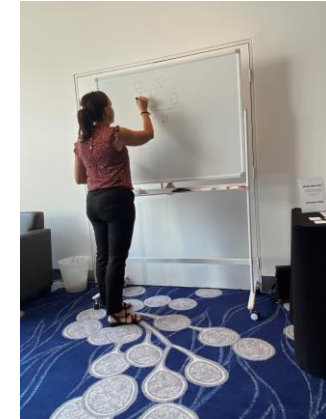
Step 4: Integrating hypotheses with thoughtful, intentional, individualised selection of clinical intervention that is integrative



So what do we actually do.....

The Supervision Process

- Participant volunteers a client to discuss
- Facilitator maps the client system and treatment system
- Identify challenge, dilemma, area of interest
- Curious questions from the team
- Systemic thinking/hypothesizing in a multi-positioned systemic thinking
 - Note: Not every position every session!
 - Supervisor's discretion, creativity, helicopter view of the supervision process
- Check-in with therapist
 - “Team proposes, therapist disposes”
- Extrapolation/ self-reflection for the broader group in their own clinical work



So what do we actually do.....



How this grows adaptive integrative family therapists who avoid the “soup”:

- Shifts therapist to a systemic frame to organize integrative practice
- Education/skills development
- Practicing the helicopter view
- Multiple positions
- News of difference
- Learning theory
- Applying theory to practice
- Shared systemic language
- Promoting/amplifying therapist resources
- Contains anxiety
- Impact of the team (through processes guided by the supervisor)

Thanks for Listening

End of Presentation Reflection

“Any final reflections or comments?”

Thankyou & Let’s Stay in Touch

www.drleoniewhite.com Resource-Letter

www.drkateowen.com News-Letter

Leonie & Kate: Facebook, Instagram, LinkedIn, YouTube

QIFT Resources

www.qldfamilytherapy.com

Website (time limited) & YouTube



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