

SUPERVISION OF MILIEU THERAPISTS

Heidi Rose, cand. psych. aut., private practice.

Specialist and supervisor – psychotherapy and child psychology.

I had prepared the room, as usual, with 12 chairs in a circle and the table and lamp off to one side – there were 7 minutes to go. I open a window to clear the air and place my pad and pen on a chair with the light at my back – in this way the others' faces will be illuminated and my own a bit in the shadows. Even after many years I can feel the special concentration and excitement that goes along with being the supervisor for a group.

They enter then, one by one, and seat themselves around the circle. I close the door on the dot and right afterwards a milieu therapist comes in with a comment about going to the toilet. They only have a 10-minute break following their previous meeting, which is in another building. There is often a bit of unrest for the first minute – or would it be the same in the group even if the break were longer?

A thought crosses my mind an occasion, a long time ago, when a milieu therapist presented a dream about a child. I remember the tension in the group because of this presentation. Following the supervision I become aware of the link in my association. A newly employed milieu therapist was to participate in supervision today for the first time. It is so important to welcome a newcomer properly. I'm thinking that the presentation of a dream is difficult for me to deal with as a supervisor. Dreams, of course, concern the private life of the milieu therapist - the milieu therapist's subconscious or unconscious, but the dream can, nevertheless, contain material relevant for supervision. The difficulty is in balancing between making space for supervisory material and referring private material to the private sphere without rejecting the milieu therapist. My thoughts were probably about my concern for rejecting (or wanting to reject) the new milieu therapist. Could this be the case for others in the group as well?

Fortunately, the department head informed me a couple of weeks ago about the newly employed milieu therapist's start today. I remember

once when I didn't know that a new participant would come – luckily some of the others were helpful in welcoming her and introducing her to me.

Every time there is a new participant I start supervision with a 5-10 minute presentation of the framework for supervision: time, place, task, content, method, and form. There is opportunity for questions or comments from the others. It is interesting that the experienced participants apparently never tire of hearing the presentation. A participant has once told me that he gets something new or some clarification out of the presentation every time. When I tell them that the milieu therapist's job is to present issues, thoughts, experiences and difficulties, and that they should prepare for supervision by having thought about what they want to address in supervision – whether they present something they have written down, remembered or have reminded themselves or one another to bring up, was irrelevant – one of them asks whether this can be right, being as they get no time to prepare. I respond that perhaps it is undesirable for the pedagogues', having a lack of time for preparation, but I maintain what is possible: to use a minute to remember, or to write a memo.

Following the presentation I ask what they have prepared for today. There is a consensus to discuss their work with child "A".

"A" has been at the institution for 4 months. They recount their difficulties in making contact with him – or, when they think they are in contact with him it turns out suddenly they aren't after all - he disappears, they say. He appears to be lost in his own world, appears not to have contact with anyone in the group, nor with the primary pedagogue, and apparently not really with the other children either. I inquire as to the quality of his disappearing, and it is established that it is not psychotic "disappearing" or a case of "his own private world". I make some more notes about this child while they reflect and discuss what actually occurs in their contact with him. Just when they think they are in contact with him – are about to help him or do something together with him that he likes, contact stops. They become empty, frustrated, and feel paralyzed and unable to reflect.

I remind the group that we have spoken of this before, a few weeks after he was admitted – and that I’m experiencing it like a déjà vu, as they seem to be saying the same things they said at that time.

One milieu therapist asks about what we concluded that other time. I ask the group whether anyone remembers anything – and there appears to be communal amnesia, as most of them can’t remember that this child was discussed in supervision earlier!

I tell them a bit of what I remember – e.g. some details about his life story, about him having to take care of himself – and about him being newly admitted to the institution and being a child who doesn’t feel that adults exist, as a way of denying and protecting himself against dependence on adults who presumably are only perceived as neglectful, uncomprehending, aggressive, and unpredictable. I recall that they had been aware that they forgot to ask him about what he thinks is happening, of the need to talk with him about the relationship.

The mood changes as I’m speaking – there appears to be a shift from memory loss and a slightly challenging attitude towards me, to feeling moved, a feeling that some in the group express as his loneliness. This feeling - “A’s” - fills the room.

Afterwards they continue working on how they can understand and be in contact with “A”. In conclusion I turn again to the process in the supervision with a comment that the supervision group has received a new participant today and has done work concerning a child who is new. Perhaps some of the experiences of being new or of receiving a new milieu therapist could be useful for understanding the children.

Introduction

In this chapter some central themes for the supervision of milieu therapists at residential treatment centers for children and adolescents are discussed, at which the milieu-therapeutic treatment is the primary task, and supervision is often carried out by a psychologist employed at the institution. The article concerns residential treatment centers at which the common theoretical foundation – i.e. the theoretical anchoring and method shared by all staff members – comprises a combination of open systems theory and psychodynamic

developmental psychology with particular emphasis on the theory of object relations.

First, the complexity of supervisory processes is presented. Thereafter the discussion turns to the theoretical framework in which supervision is carried out – i.e. task, time, and place, and who participates as supervisee and as supervisor. Following this, considerations are presented regarding the content and methods of supervision. In conclusion, resistance to supervision by milieu therapists will be discussed.

Complexity

The complexity of supervision of milieu therapists seems difficult to emphasize sufficiently. Regardless of whether one is a supervisor, a participant, a part of the management of a milieu-therapeutic organization, or a consultant whose task it is to contribute to the development of systematic supervision of milieu therapists in an organization, one must be aware of and think about this complexity as an ongoing process in the organization.

Casement (1985) describes a series of paradoxes and contradictions that contribute to the complexity in psychoanalytic psychotherapy, a complexity that has a close kinship with the complexity of supervision of milieu therapists.

Everyone has an internal and external reality, an inner, and an outer world. External reality is experienced on the basis of internal reality. The present is experienced by how events in the past have taken form. Acknowledgment of the existence of both realities and of the interplay between them is fundamental for therapists' work. Unconscious, repressed, and denied feelings and conflicts appear, but the tendency is for these feelings to remain unconscious to the client due to their painful or anxious nature.. The therapist works to enhance the ego's, rather than the id's and superego's, control of these feelings and conflicts.

Clients also register the therapist's unconscious. Therapist's "errors" and the client's reactions to them can enrich the therapeutic process.

This can, for example, occur if the client experiences that the therapist can make a mistake and learn something from it.

The most skillful therapists maintain an appropriate level of not-knowing, i.e. maintain openness towards the unknown and openness towards what the therapist does not know about the client and what the client thinks, feels, and believes (Casement, 1985). It can be anxiety provoking for the therapist - never to be able to know everything or understand completely.

Theory, experience, and supervision help therapists with their feelings of anxiety and the helplessness due to that which they do not know, but it is still necessary to withstand the pressure of not-knowing, if there is to be any effect from the therapeutic work.

Bion's 'binocular vision' is that one must keep one eye on what one knows about the client and the other eye on what one does not know (Bion, 1975).

There is a contradiction in that milieu therapists, in supervision, are expected to be open about what they find difficult and to be open about mistakes they believe they themselves or others make while at the same time being expected, and expecting themselves to be skillful and carefully monitoring of their work.

Szecsôdy (1990) describes another part of the complexity that involves the participants' bringing many things into the supervision room, such as previous experiences of supervision, lack of experience with supervision, the participants' own life stories, own childhood and personality, relationships to own parents and own parental roles, the conscious, the unconscious, the impact of teachers, judges, colleagues, children, parents, managers, wards, schools, institutions, supervisors past and present, in short, a multitude of different personalities each with their strengths and weaknesses..

Receiving supervision is a great personal and professional challenge and presupposes an investment of effort by the supervisee. Added to the complexity is the fact that the supervisees must maintain an understanding of why their own investment of effort is essential.

Supervisees attempt occasionally to avoid this by putting great pressure on the supervisor to be indulgent, and to solve the problems that arise.

In other instances, of course, the supervisees have a real and relevant need for issues of technique to be included as part of supervision.

Digression; on method.

There is a tendency in our day to seek rapid, easy techniques for solving complex issues. Everyone is asking for tools! Ideas of quick and easy techniques are non-compatible with milieu therapy. What are the milieu therapist's tools?

Tool number 1: Investigation

On work with other people's difficulties: *Only patient, continuous investigation can gradually bring about change. He who travels in the night can sing aloud to deny his fear, but even though he sings, he will not be able to see one centimetre further.* (Unknown).

Tool number 2: Play

Winnicott (1990, p. 258) said: *So in the end we succeed by failing - failing the patient's way.*

In play there are opportunities for sharing the children's frustrations and finding new ways of communicating them.

Being creative and playful with a child is a means of surviving together.

And, by the way, remember, they are children, they need to play, because by playing, together with the milieu therapists, they can unfold their resources and dare much more than they expect.

Tool number 3: Thoughtfulness

When children are not reflective, and do the strangest things, the milieu therapist has an opportunity for reflectiveness that can prevent chaos and create meaning out of that which has no meaning.

Tool number 4: Time

The children come to the milieu therapist while they are still developing and the milieu therapist receives the gift of being responsible for them for a number of years. (Larsen 2004, p. 74). This is an important tool.

Tool number 5: Empathy

Identifying how a child is doing, noting the child's feelings and attempting to show the child that one understands what the child

experiences, thinks and feels is a tool that should always be to hand in the milieu therapist's toolbox.

Tool number 6: An open reflecting culture

Remember that milieu therapists have a relational task that, involving children and youngsters who have had the most serious difficulties in relationships with other people. An organizational culture, in which mutual reflection eases the pressure on the staff, is a necessity. The organizational structure must facilitate and support the milieu-therapeutic work.

This is only possible if tool no. 6, the open reflecting culture, is utilized. If the organizational culture is closed, punishing, too frustrating or anxiety provoking, this tool will be lost.

Even though most, by far, perceive supervision as useful (Orlinsky og Rønnestad, 2005 p. 197) (at the time of that study, 95% of psychotherapists in supervision stated that the supervision they currently participated in was useful), it is relevant to present the concept of – *negative supervision* (ibid. p. 189). Negative supervision is characterized by conflict, dissatisfaction, and a defensive attitude in the supervision. As supervisory processes depend on mutual trust and a constructive working alliance, negative supervision increases the therapist's anxiety level and reduces the therapist's self confidence (ibid.). It is, nevertheless, necessary to maintain the viewpoint that periods of anxiety, insecurity, lack of self-confidence, etc. are part of any developmental process, including supervision.

Negative supervision includes particularly disturbing experiences in which serious errors are committed by the supervisor: for example, the supervisor not showing up, lack of respect on the part of the supervisor, insufficient empathy or lack of interest.

The framework: task, content, and method.

Generally, it appears that supervision of milieu therapists has become more commonly accepted as necessary for carrying out the primary work task. Concurrently there is a long list of ambiguities with regard to the framework for supervision; the task, the content, the method, as well as who is to participate, and consequently too, much ambiguity about the supervisor's task and role.

Part of the ambiguity appears to be due to a lack of theoretical anchoring, both with regard to the definition of milieu therapy at the institutions in question and with regard to supervision of milieu therapists. The consequences of this can be that chance or traditions in the organizational culture determine the configuration of supervision, rather than conscious theoretically founded clarity and choice of methodology. Another ambiguity appears primarily to stem from a lack of consistency between theoretical stance and practical problem solving methodology whether in milieu therapy itself, or in it's relation to the style of supervision being offered.

It follows that the framework for supervision of milieu therapists should be well defined and consciously arranged in accordance with what appears most expedient for carrying out the task of supervision without disrupting other matters in the organization.

Also, if supervision is to be meaningful, it is vital for treatment efficacy that there is consistency between the theoretical and methodological approach to the therapeutic work and to supervision in an organization.

The supervisor's attitude and ability to manage his role appears to be of great significance in determining whether supervision is experienced as meaningful and provides the milieu therapists with an opportunity for learning, for reflection, and for attaining greater insight into their own management of the milieu-therapeutic role. This corresponds to Doehrman's (1976) work on supervision of psychoanalytic psychotherapy. Doehrman (ibid.) presented a well-documented definition of parallel processes as they appear in supervision and in psychotherapy. She illustrated the power and complexity of parallel processes. Part of her work deals with how vital the supervisor is for the supervisee's management of his therapeutic work, which inevitably has great significance for the clients' development in the psychotherapy.

A prerequisite for the development of a therapeutic process is that the therapeutic relationship is anchored in a mentally and physically well-defined environment (Grünbaum, 1999/00). That is to say, in order to create an opportunity for the client to work on his own development, to

become aware of unconscious anxiety and pain, and change himself through work with the transference relationship, a closed, artificial space is needed; artificial in the sense of a space in which there are no practical consequences for the client or the client's life. (Apart, of course, from the consequences that arises when the client incorporates the changes in himself out of that space).

Milieu therapy is based on these same considerations. Thus Bettelheim (1971) emphasized that the milieu – the entire organization – should be protective, predictable, continuous, and containing in order to be effective therapeutically. Here it also vital to emphasize Bion's (1961) work with groups, especially the importance he attaches to what goes on in the "here and now" in analytic (and other) groups. The only possibility a group has for investigating and working through what is going on "here and now" in the group is if the framework for the group's work is clear. Anything else would cause disturbances and present obstacles to processing that which occurs in the "here and now".

In the same manner, supervision can only be effective insofar as the framework and basic premises are clear.

The framework

The basic premises include the following realms: (cf. Bion - Time, task, and territory):

- The task – including a clarification of the content as well as choice of theory and method.
- Time and place.
- Participants – including who is chosen to supervise.

The task

At the residential treatment center Stutgården (1997), the task for supervision of the group of milieu therapists was defined as follows:

"Supervision of the group of milieu therapists focuses upon the relationships between the milieu therapists and the children. The task is to investigate, analyze and evaluate the management of the primary task seen in the light of the milieu

therapists' and the groups' way of carrying out the primary task”.

The task of supervision is to be understood in relation to the organization's primary task, goal, and view of development.

”The residential treatment center Stutgården's primary task is to establish, maintain, and continue to develop a continuous total milieu in which the individual child is provided with the opportunity for working with his or her own development. This entails a systematic and theoretically anchored organization of the institution's psychological, social, material and other resources in accordance with Stutgården's primary aim and target group.”

The primary aim at Stutgården was:

”To provide opportunities within which the individual child can develop emotionally, socially and intellectually, so that the possibility is created for symptom alleviation, greater ego-strength, as well as greater integration of the personality or change of personality.

This entails the individual child acquiring:

- *the ability to enter into appropriate and satisfying relationships with other people,*
- *skills necessary for the achievement of age-appropriate autonomy,*
- *the opportunity to choose and make decisions,*
- *the ability to withstand and manage changes.”*

The milieu-therapeutic treatment at Stutgården was based on a combination of open systems theory and psychodynamic developmental psychology with special emphasis on the theory of object relations. Concurrently, this constituted Stutgården's view of development. This milieu therapy was in continuous development and milieu therapy was developed specifically with the children who were undergoing treatment at Stutgården in view.

It is also necessary to define the objectives of supervision. Thinking in terms of the organization, it is important to distinguish between the *task* and the *objectives* of supervision. There should be a clearly defined task in order to allow for focusing on working on the task. A well defined primary task enables a continuous investigation of whether or not the work on the task is discharged. The objectives, on the other hand, relate to the approach to staff resource development and to the organizational culture. While the primary task for the institution is to provide the children with the opportunity to work on their own development this means that the focus of supervision has to be on the relationships between the milieu therapists and the children. The objectives of supervision, therefore (as opposed to the task of supervision – see above), is to support the individual milieu therapist's professional development, the individual's personal management of the role of milieu therapist, and to support the group in development of their joint execution of the milieu-therapeutic work.

Many have a mistaken perception of the objectives and the task, and think that the task is about the supervisees rather than about their work. Supervision appears to contribute to counteracting burn-out and stress, but it appears that this gain is brought about by heightening professionalism and increasing the meaning of work. In other words, supervision among other tasks, helps the milieu therapists to continue with their own development. This development is a prerequisite for successful milieu-therapeutic work. Since the institution is to offer the children a facilitating environment (cf. Winnicott, 1990) it is necessary that the staff is offered the organization's facilitating environment, in which supervision constitutes a necessary part. A prerequisite for this is that the organization's theoretical and methodological approaches are consistent with regard to both the milieu-therapeutic work and supervision. (More on this issue later.)

Content and method.

There is a lack of distinct theoretical and methodological development regarding the supervision of milieu therapists. One reason for this may be that the form, content and method of supervision at best reflects the

tasks at each institution and is therefore designed differently at each. Development of theory and method for the supervision of milieu therapists should be based on experiences and theory concerning supervision of both psychoanalytic psychotherapy and group analysis. There is a comprehensive body of inspiring literature to be found (e.g. Fleming and Benedek 1983; Boalt Boethius and Ögren 2003; Casement 1985; Doehrman 1976; Friis and Maar 1994; Gordon 1992; Haugaard Jacobsen and Mortensen 2007; Martindale 1997; Rønnestad 1985; 1991 and 2005; Sharpe 1995; Szecsödy 1990).

Two conditions will be emphasized here that appear to be significant in the above-mentioned development of the specific form of supervision: the supervision of milieu therapists.

First of all, in milieu therapy one works with unconscious processes; **not**, however, by directly addressing and interpreting unconscious material in the transference relationship, as in other psychotherapies based on the psychoanalytic theory of object relations. In supervision, one works on increasing the milieu therapists' insight regarding both conscious and unconscious material of the children and of the milieu therapists themselves. The individual milieu therapist's unconscious material concerns, most importantly, counter transference and parallel processes – in part also group defenses in the professional group. The reason for only working partially with group defenses, is that these only belong to the work in supervision to the extent that they obstruct the supervisory process. The focus must **not** be moved from the relationship between children and milieu therapists onto the supervision group itself.

Secondly, supervision of a group of milieu therapists poses a distinct opportunity for working on the basis of group analytic supervision theory and method, as the group of milieu therapists shares a common task – as opposed to group supervision of group analytic psychotherapists, who generally each have their own therapy group.

The focus of the task – the relationships between the milieu therapists and the children – plus the difference from supervision of psychotherapy wherein interpretation is central, leads to the result that in the supervision of milieu therapists the work concerns the dynamic relationship between transference and counter transference, i.e. one

does not work alone with counter transference issues. In a similar manner, the group's collaboration is not addressed in isolation, but a referral is required, to professional group meetings, interdisciplinary team meetings, and the organization's other meetings and conferences in which collaboration is developed and is a focus. An interesting issue arises in this connection regarding the clarification of the content of the framework. How is it possible to work in supervision, for example, with the anxiety for a child's violent outburst or the children's splitting, without working with the issue of cooperation in the group of milieu therapists? If there is no clear framework for this issue it will be impossible for the supervisor to maintain the structure in supervision and refer the material to another appropriate time and place. If individual personal problems or interpersonal staff issues are identified these must be referred to either personal therapy or to organizational work settings or team training.

Ward (2003, p. 231) emphasises the following concerning the relationship between supervision and consultation:

Consultation and supervision play complementary but separate roles in any organisation; in therapeutic communities, they are vital in working together to constitute a working base for the ongoing management and containment of the anxieties of those, both staff and young people, who are residents.

No blueprint can be drawn up as to where and when it is appropriate or inappropriate to address problems of cooperation amongst the staff, in supervision. The key lies in whether the issue is ignorance regarding the content of the framework, an expression of or flight from the supervisory task, or whether the issue of cooperation is relevant for what is being worked on in supervision. It is only appropriate to deal with work relationships in supervision when this has direct significance for how the milieu-therapeutic work is carried out.

Treatment planning and making decisions regarding treatment are never proper topics for supervision. It is often natural for milieu therapists to immediately make changes or adjustments in their methods, following insight attained during supervision regarding their work with children. It is important here to work systematically with

what I call “transport problems”. Training and experience are required in order to bring relevant insight and clarity back to the space where decisions must be made and where the relevant staff members are located; and that space is not located in the supervision. The rest of the interdisciplinary team, the team’s department head, psychologist and social worker, are not present. These people must naturally be there in order to make decisions or effectuate changes in treatment. Decision making processes must always be referred to the appropriate context, even if everyone on the staff participates in the supervision. This understanding is based on an open systems theoretical approach to the treatment organization (Christensen and Larsen, 1992).

The obligations of confidentiality, which are intrinsic to supervision, contribute to “transport difficulties”. This special form of discretion entails that issues of who said what, naming names with regard to work in supervision and descriptions of processes in supervision are not permitted to leave the supervision room. These things may be discussed only when the milieu therapists again meet in the supervision room. The opposite applies to the insight, knowledge, and understanding, etc. one achieves via supervision. This is to be taken up in relevant contexts, for example, at treatment conferences or professional group meetings (transport duty).

As described above, it is methodologically speaking particularly relevant to utilize group analytic thinking and methods. This applies especially with regard to three areas:

1) the concept of *form* embraces supervision

- **in** the group,
- **of** the group and
- **by** the group (Foulkes, 1964).

In the group-form means that an individual can bring up a theme or an issue and receive supervision **in** the group.

Of the group-form means that the entire group’s way of relating is supervised (supervision **of** the group) for example, if there are great differences or disagreements in the group’s way of relating to something, this may express something special about the child, the child’s inner object world or the collective (transference and counter transference) relations to the child.

By the group-form comprises an alternating process in which all 3 forms are included, whereby the supervisees relate to each other; directly to each other (supervision **by** the group).

2) Bion's *group defenses* – basic assumptions – (dependency, fight/flight, and pairing) (Bion 1961). This concerns the unconscious and irrational processes in the function of groups. He describes how all groups have two main tendencies: a work group that works on the primary task and a basic assumption group that has a tendency to avoid working on the group's task. He describes three defenses that belong to the basic assumption groups – an unconscious and irrational assumption that the group's reason for existing is to satisfy the group's wishes and needs, an assumption about an (common) enemy that must be attacked or run away from, and an assumption that a future solution of the group's difficulties implies that there are two who will form a couple and solve the group's current real difficulties, on behalf of the group.

3) *Parallel processes*, especially as they emerge from work in the “here and now” in supervision.

The following illustration is suggested by Hans Kernerup (1994):

(Illustration here)

The special situation, wherein the group of milieu therapists has a common work task, provides a special opportunity for focusing, in supervision, on the relationship between supervisor and supervisees in order to express something about the relationship between the milieu therapists and the children.

Relationship C is the parent-child actual relationship. Relationship B includes the transference relationship and the counter transference relationship between the milieu therapists to the children. This originates from the parent-child relationship in a transitional form. This is not necessarily directly identical or equal to relationship C, a misunderstanding that often occurs among milieu therapists. The complexity entails applying the viewpoint that this is a matrix of relationships: every individual child – milieu therapist relationship, the

entire children's group – milieu therapist group relationship and all the lesser constellations included herein.

Relationship A includes both what the milieu therapists say about relationship B **and** the irrational and unconscious reactions, thoughts, feelings and processes that accompany that which is said.

Insofar as the supervisor notices these in the relationship between the supervisees and the supervisor himself, it is vital to share such reflections with the milieu therapists, so that these unconscious relations can become conscious, can be processed and thereby provide an opportunity for the milieu therapists to be able to alter their relationship to the children.

In case this does not succeed, there is still a possibility for raising awareness in the form of relationship D, the supervisor's relationship to the supervisor's supervisor.

An oft-encountered example, both in supervision and in supervision of supervision, is the experience of powerlessness, inadequate understanding, or feeling of incompetence/inadequacy. It happens occasionally that the feeling in fact concerns the supervisor who doesn't understand, but when one is talking about milieu-therapeutic work with children who are characterized by fear of annihilation and have been exposed to adults who could not understand them and who have neglected and mistreated them, then powerlessness, distrust, and the experience of incompetence are latent counter transference emotions. It is advantageous to understand devaluation, and the above mentioned accompanying emotions, as an inappropriate defense, that occurs in parallel process in relationships C, B, A and D. Often the awareness that it is the child who needs to share his or her anxiety and powerlessness is the first step towards successful treatment. It should be seen as a gift (and often a sign of development), that the child dared to share these feelings with another person. The further work in supervision can in such an instance involve reflecting on how the milieu therapists/supervisor can meet the child with understanding instead of letting oneself be devalued. The goal here is – via a dynamic understanding of both the children's feelings and thoughts, and the milieu therapists' feelings and thoughts regarding the children – to build up and maintain a therapeutic relationship in which the

experiences from the children's relationships to their own parents **are not** repeated. Only this will enable the children to have the opportunity to work on their own development. It can thus be seen that the process in supervision has the most important impact.

Supervision's form is that of a semi-structured conversation. The semi-structured form implies that the conversation both initiates reflective processes and links together thoughts, concrete, instructive, and purposive.

There are some final concepts that must be added here, regarding the content and method of supervision. Casement (1985) employs a concept he calls internal supervision, which is a process in which one observes oneself, **while** working therapeutically. With the help of his internal supervisor the therapist is to:

- note what is happening in the therapeutic process,
- note/consider how the client experiences the therapist,
- and on the basis of the above, contemplate possible interventions.

Casement talks much about listening: listening to the client's conscious and unconscious psychodynamics. He explains that he first and foremost directs his remarks to psychoanalysts and psychotherapists because in psychotherapy there is more "room" for listening. It involves listening to the client's experience and the client's unconscious perception of the therapist. The internal supervisor must be solicitous towards the therapist. This is vital, because, either as psychotherapist or milieu therapist, one not only works through difficult emotional responses, but is often reproachful towards oneself.

Another concept Casement (ibid.) employs is Matte-Blanco's (1975) concept of "unconscious symmetry". Unconscious symmetry is a description of the fundamental primary process thinking in which one assumes that relationships are symmetrical. For example, A is angry at B, so B perceives himself as angry at A. Casement feels there are countless applications of this symmetrical understanding in psychoanalytic listening and in clinical work. This is an instance and an

example of: where *self* and *other* become interchangeable in the client and therapist relationship.

It is important to work directly with these two concepts in the supervision of milieu therapists. The milieu therapists can, through the development of an internal supervisor, learn to allow reflection, and this special kind of listening to occur, by achieving consistency between the way of working in supervision and the use of this in the milieu-therapeutic work. The concept of unconscious symmetry must not be confused with the asymmetrical relation that must be maintained in both the milieu therapist's relationship to the children and in the supervisor's relation to the milieu therapists. The unconscious symmetry must be understood and worked with in supervision in the same manner as with all other projective processes.

Reflecting teams, as a method in supervision, derive from social constructionism and systemic methods. (In short, reflecting teams as a method are focused on having a clear structure and defined roles for the participants. The roles are interchangeable from one time to the next. A focus person presents an issue and within a minutely defined timetable the interviewer, timekeeper, and the reflecting team that take turns being active in their role or listening.) Many supervisors use this method in supervision of milieu therapists despite the lack of methodological concordance with the therapeutic task. Reflecting teams are characterized by a greater degree of structure, both externally, by a detailed division of the time structure in supervision and internally, by a structuring of who may say what, when and about what. Supervisees can experience this positively, for example, because they can, in this way, more readily find their own solutions and because they experience it as more akin to individual supervision.

However, when 'speaking freely' (as practiced in group analytic groups and group analytic supervision groups) is disallowed, complexity appears to be reduced. When each supervisee finds solutions on his own it can become a kind of self-service buffet, in which the supervisor's control over the situation is revoked and all thoughts are equally correct. There is concurrently an increased risk that issues become individualized (for the individual milieu therapist) despite the

fact that the issues contain aspects of significance for other milieu therapists or common methodological aspects.

Conversely, in supervision based on group analytic method there is an increased risk of heightening the supervisee's narcissistic vulnerability in that the supervisory role entails both a support function and a control function. (Hougaard Jacobsen og Mortensen 2007, p. 241). This issue is dealt with in greater detail below.

Beck (2007, p. 175) postulates that 'fundamentalism' in choice of method does not aid development and that there should be diversity in the application of various methods in the supervision of milieu therapists. It should not be taken as a sign of undue rigor to advocate precision and a narrow choice of supervisory methods that are in accordance with the therapeutic methods practiced in the treatment organization. On the contrary this stance is the result of a process of deliberate reflection regarding supervision, namely that supervisory methods provide an opportunity for modeling, for control, and for working in conformity with the overall aim of the integrating team. This methodological stringency should also be seen as paralleling the special need for common methods in milieu therapy within the interdisciplinary team. Is it possible to imagine successful family therapy with two co-therapists in where one works systemically and the other uses gestalt-therapeutic methods? In milieu therapy, the interdisciplinary team, or the entire organization, comprises the therapeutic unit. If there is no consistent and universal methodological approach to treatment, it will be impossible, at the very least, to determine what works and in the worst case, it could even lead to milieu therapists opposing each other in carrying out the therapeutic work. In other words, supervision is one of the opportunities that management, or the organization as a whole, has of ensuring that milieu therapists can develop their approach to the milieu-therapeutic task on the basis of a shared developmental viewpoint and methodology. The links between the thinking behind the organization and the thinking behind treatment are seen most clearly in the already mentioned prerequisite for carrying out the primary task. Since the institution is to offer the children a facilitating environment it is necessary that the staff group is provided with the organization's facilitating environment. Thus, there must be consistency with regard to the organization's developmental viewpoint, theory, and methodology on the one hand

and with practice, preconceptions underlying milieu therapy and those underlying the supervisory process on the other.

Time and Place

For supervision to be meaningful a reasonable amount of time must be devoted to it and the process must be continuous. At least one hour per session as a minimum and 2 as a maximum seems most reasonable. The less time available, the more frequent supervision should be. A schedule of one 90 minute session taking place every second or third week over a one year period, is usually an appropriate time frame. The room in which supervision is carried out must be free from any disturbances during supervision. Finally, there must be clear agreement as to the duration and whether it is to be a slow open group that runs continually and admits new supervisees and/or whether the duration of supervision is planned to last for a specific period, for example for one year at a time.

Participants

In establishing the framework for supervision it is necessary to consider who the participants will be. Gordon (1992) emphasizes that when there are various possibilities, these have to be thought about, to allow for awareness to grow regarding the advantages and disadvantages of each. This awareness creates an opportunity, partly for determining which participants and supervisor are most mutually appropriate, and partly for gaining insight into which problems are self-created even after the appropriate supervisory framework has been chosen. This provides an opportunity and focus for working at problems arising after or as a result of one's choices.

When both pedagogues and teachers carry out the roles of milieu therapists, and when an interdisciplinary team is employed in which teachers and pedagogues work with a common group of children, the only possibility for suitable supervision is where teachers and pedagogues in every team are supervised together. Residential treatment centers exist at which work is not carried out with a common children's group. Here supervision appears to be impossible to organize, as the milieu therapists do not share a common work task. Systems also exist wherein teachers require further specific supervision

over the teaching task, since there the teachers both carry out the milieu-therapeutic role and have the task of motivating children to learn.

Psychologists and social workers in the interdisciplinary teams do not participate in the same supervision, because they have different tasks from milieu therapists and therefore different roles.

It is important to establish a regular protocol over the inclusion of substitutes and trainees (whether pedagogues or teachers) in the supervision process, rather than leaving it to random choice or ad hoc decisions. It is perhaps the best solution to offer trainees separate supervision as a group, taking into account both the specific role trainees have in the work with the children, and the fact that the person mentoring them is someone who participates in the ordinary group supervision. However, milieu-therapists fulfilling a substitute's role full-time, and for the duration of six months or more, ought to participate in the ordinary group supervision.

The participation in supervision by department heads poses a dilemma. On the one hand, department heads have a central place in the daily aspects of the milieu-therapeutic work and in the team's milieu-therapist group. On the other hand, department heads have as their work function the leadership of the interdisciplinary team, which makes participation in the same supervision as the rest of the staff problematic. During the build-up of a new milieu-therapeutic organization it is perhaps advisable for the department heads to participate in group supervision during the start-up phase. Still it needs to be recognized that there are difficulties in store for everyone; department heads, the other milieu therapists, and supervisor, whether the department heads participate in group supervision or whether they do not do so.

Leaders are particularly vulnerable when they receive supervision along with their employees (Haugaard and Mortensen, 2007). Are they able to present and tackle their own difficulties at work without incurring negative consequences for their leadership role? If they attend the process as spectators it obviously makes the process impossible.

It can also be very difficult to manage, in supervision, the projections that often arise in hierarchic relationships; i.e. if the department head is devaluated or idealized by the staff, or if the department head devalues or idealizes the staff. This area should be worked through in another setting in the organization, where the working relationships are the immediate focus, though when they emerge in supervision they must be managed.

Another problem area concerns the authority relationship between department head and supervisor. If the department head participates, then the milieu therapists, the department head, and the supervisor must all work on the relevant authority relationships. There is a special risk that competition with the supervisor's authority may arise. This is not material intended for supervision and therefore difficult and inappropriate to work with in and through supervision. However, "transport problems" (bringing relevant insight and clarity back to the space where decisions are made, as defined earlier) are increased as well as the possibility of meaning-disruption and insufficient coherence, if the department head does not participate. It is therefore always necessary to clarify the advantages and disadvantages of both the participation and non-participation by department heads. In many organizations, the department heads receive group supervision as a separate group, both for their milieu-therapeutic work and for their leadership roles.

Finally, the choice of supervisor can be a difficult business. If psychologists participate in the interdisciplinary teams, it seems the most appropriate measure is for the supervisor to be a psychologist from another team. Lotz's (1987) Thoughts regarding "an integrating circle" are relevant here. Briefly, he states that the team must work as the integrating factor, if disintegrated clients are to undergo personality changes and attain greater integration. Keeping an integrating circle in mind thus enables, and is enabled by, the group's thoughts turning to treatment planning and collaboration. In my opinion, the principle of an integrating circle is, however, not applicable in the supervision of a group of milieu therapists. On the contrary, it is an advantage for supervision that the supervisor is partly "an outsider" for the supervisor

can then be better placed, hopefully to be a part of the solution rather than a part of the problem.

The working relationship between the supervisor and the supervisees is more significant than is commonly acknowledged. One way of working with this is for the supervisor to carry out regular, pre-planned, evaluations in the supervision once or twice annually. Evaluation deals with the carrying out of the work tasks (those of the supervisor and the supervisees) and with the common work process. There is an opportunity here to discuss mutual expectations and to subject particular expectations to reality testing.

In the same way that the staff in a treatment organization work with their relations to authorities, as reflected in their relations to leaders, it appears that the roles of psychologist and supervisor also require the same sort of work. There appears to be an emotionally charged attitude towards supervision on the part of milieu therapists, and the supervisor appears to have an effect on the milieu therapists, both with regard to how they carry out their work, and with regard to the milieu therapist's self-image. Inspired by Doehrman (1976) it must be assumed that this is due to the supervisor's role in the development of the therapist's professional identity, which is strongly tied to the therapist's personal identity. The intensity of the relationship strengthens the perception that it is an advantage for the supervisor not to belong to the same team. (See earlier mention of Doehrman's work on the relationship between psychoanalytic psychotherapists and their supervisors). Orlinsky and Rønnestad (2005, p. 136 - 137) found that psychotherapists who receive supervision, rate supervision as being one of the three factors that most positively affect their actual functioning as therapists. Additionally, they found that supervision is one of the three most significant factors (together with personal therapy and experience with clients) contributing to the therapist's general development.

Support and control

Balance between support and control in supervision concerns the relationship between the supervisees and the supervisor. Occasionally some have denied that control has a place in the supervision of milieu

therapists. This view must be regarded as wishful thinking as both support and control are inseparable aspects of any supervision process. Both are implicit in the very word supervision. Mortensen (Haugaard, Jacobsen og Mortensen 2007, p. 57) points out that the pleasurable aspects of supervision are located far from the control aspect which is tied to the superego functions, such as: guilt, duty, ideals, right and wrong. This could be some of the explanation for why the control aspect often is denied.

There is a particular anxiety among staff members that is aroused when part of one's work involves responsibility for relationships to others, especially when this involves people with serious difficulties. To work with understanding as the core of relational work with children and adolescents implies that milieu therapists will constantly be confronted with their own anxiety, vulnerability and limited understanding. An organizational culture, in which mutual reflection eases the pressure from the staff, is a necessity. Supervision is therefore an integral part of such an organizational culture.

Clulow (1994) describes how it is possible in a relationship between supervisor and supervisee(s) to talk about and work with pervasive job related anxiety, individual defenses, group defenses, and institutional defense for the purpose of dealing with work related anxiety. The supervisory space is an important locus in the organization designed to contribute to understanding and managing work related anxiety and thereby to insight, learning and improved practice. He finds that the conflict between support and control is built into the supervision and reflects fundamental conditions in the organization in which the quality of the work must be controlled. Conflict can thus be the key to understanding certain processes in organizations that need attention or need to be changed. In addition, he emphasizes that the 'support and control conflict' reflects the dynamic that exists between practitioner and clients, because the practitioner's work includes both support and control of clients. Support and control functions are identical in as much as both supervisor and practitioner are responsible for the work that is to be carried out. However, there are naturally great qualitative differences in the control function depending on whether one is talking about treatment or supervision.

The greatest difficulty in the milieu-therapeutic work is the vulnerability that lies explicitly within the demands for reflection on the part of the milieu therapists. Reflection entails acknowledgement that development cannot happen without some pain and anxiety, e.g. over not knowing and not understanding.

Perhaps this vulnerability comprises the greatest obstacle to the creation and maintenance of an open reflecting culture in an organization. An open reflecting culture is not a goal to strive towards achieving once and for all. It is a dynamic condition that can always be lost and requires work in order to restore.

Resistance

Resistance emerges ceaselessly as a phenomenon in supervision. Behr (1995) describes how the supervisee's work is meticulously investigated by the supervisor – together with the supervisee. There is a joint investigation of the supervisee's abilities and method that can have great significance for the supervisee's professional development. The supervisor's and the supervision group's capacity with regard to creating and continually developing a facilitating atmosphere and a "holding environment" are vital to the success of the process. Working with resistance is important for whether and if so how supervision can provide this opportunity.

The definition of resistance is brief and simple: it is constituted of all that one (individually or in a group) does to avoid change and integration of a greater complexity, all that one does to avoid the unconscious becoming conscious.

During supervisory processes, it may occur that unconscious, suppressed, or denied feelings and conflicts turn up. Attempts are made, however, to keep them unconscious because awareness is accompanied by anxiety and pain. When reflection is the goal, then the object is basically to increase ego control of these feelings and conflicts instead of them falling under the control of the id or the superego, and thereby becoming unmanageable, defensive, and energy-consuming.

This means that there is a wish for reflection and alleviation of discomfort, but unconsciously no change is desired and therefore everything that threatens with disturbing a balance is opposed, because

anxiety and pain in the short run are increased by changes. These mechanisms function on both the individual and group levels. In other words: side-by-side with the desire to process and investigate relationships and conflict material in milieu therapist supervision, there is also resistance: resistance that puts obstacles in the way of unconscious processes conscious and thus hindering the work.

The **objective signs** of resistance are:

- That material in the form of thoughts and words is not presented (thoughts and ideas fail to emerge).
- Discussions that move away from the task or the theme that is being worked on.
- All violations of the framework of supervision.

The **subjective experience** of resistance could be that the supervisee experiences embarrassing feelings.

The following examples of resistance occur frequently in supervision of milieu therapists:

- Resistance to learning something new or to integration of a greater complexity, because of an accompanying notion that this will give rise to greater demands, thereby arousing performance anxiety. (This can also be interpreted as developmental pain).
- Performance orientation or rivalry instead of collaboration and reflection. (fight).
- Displacement of the task. (flight).
- Passivity or silence.
- Devaluation of the task, the supervision, the leaders, or the supervisor.
- Over identification with the supervisor.
- Fear of rejection.

The semi-structured form of supervision can arouse resistance as this form often generates anxiety and insecurity. Anxiety and insecurity manifest themselves in many ways in supervision of milieu therapists such as: indifference, defeat, hopelessness, fight, flight, anger, manic/frenzied laughter and speech, etc. (when these emotions arise in supervision it does not inevitably mean that they indicate resistance).

Frequent ways in which resistance manifests itself are silence, reticence, or absenteeism. These manifestations can be interpreted as an expression of very different things:

- An unconscious intention to hold aggressions back, perhaps to get others to become angry, feel powerless or guilty.
- An attempt at getting the supervisor to take the initiative or responsibility and thereby free oneself from this responsibility.
- Rivalry for power, he who maintains silence longest being seen as the most powerful.
- Defiance.
- Emptiness and confusion, to avoid awareness or change.
- Passivity because thoughts or feelings are laden with guilt or shame.
- Regressive repetition of a nonverbal experience of belonging or cohesion.

Resistance in supervision of milieu therapists can be understood on 4 levels:

1. **A parallel process to do with the client's resistance.** An example of this is a group of milieu therapists who do not feel that an anxious child is anxious, because acknowledgement of this by the child (who appears omnipotent) simultaneously arouses anxiety connected to being dependent on others.
2. **The individual milieu therapist's resistance.** This concerns the difficulties for each individual in dealing with one's own feelings (anxiety, aggressions, complexity, ambivalence, etc.) in relation to authorities, which plays out in relation to the supervisor or more experienced milieu therapists in the group.
3. **A milieu therapist's or a group of milieu therapists' resistance to something coming forth in the group.** This concerns taboo issues, for example that one likes a specific child more than others, or that one becomes afraid of one's own aggressive feelings that are aroused in contact with a child, or the fear of being different from the others in the group, or for being exposed and rejected by the others. The greatest difficulty with the group analytic method "by the group" (Foulkes 1964, discussed earlier) is often experienced at this level, as it is very difficult for the majority of supervisees to criticize a colleague.
4. **Other circumstances in the organization.** There are many other circumstances found in the organization that become significant for, or prevent, reflection and a free and open dialogue in supervision. Examples of this are conflicts within the staff, conflict material that

concerns the relationship to the leadership or among the leaders, and ambiguity concerning the task, the framework, or one's own role.

Concluding remarks

In supervision, the art for both supervisor and supervisee is to create opportunities for the insight-giving processes that emerge in supervision to enhance the process of change in the therapeutic relationships, to the advantage of the clients.

In this chapter some central themes concerning supervision of milieu therapists at resident treatment centers for children and adolescents have been discussed. Arguments are presented for the importance of understanding and developing the particular complexity of this supervision, about the necessity for clarity concerning the framework for supervision, and about confronting resistance as it emerges in supervision if supervision is to succeed and be meaningful.

The specific opportunity for working on the basis of a group analytic supervisory theory and method is particularly emphasized, given that the group of milieu therapists participate together in supervision and share a common work task.

English Abstract

Supervision of Milieu Therapists

This chapter presents central themes concerning staff supervision in residential treatment centers for children and adolescents, where the supervision's aim is to enlighten and widen insight concerning the therapeutic work with the children and adolescents in treatment. Supervisors are often psychologists on the staff. The common theoretical foundation, the theories and applied methods, combine open systems theory and psychodynamic theory of development with particular emphasis on the theory of object relations.

The issue of complexity in the processes of supervision is presented first. Following this there is discussion of, the framework for supervision, time, task, and territory, and the question of who participates as supervisees and supervisor. Thoughts about the content and method of supervision are presented. Finally, resistance in staff supervision is discussed.

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