Supervision Sojourns: An IPNB Reflection on Connections Debra Pearce-McCall, PhD

Years have passed since I first sat-as-therapist with another person, hoping our conversation would start ripples of change and increased wellbeing. Back then, in 1981, my psychology graduate school housed a clinic where we received as much as an hour of supervision for each hour of therapy we provided, reviewing transcripts and audiotapes with a rotating series of supervisors who adhered to one of the approaches of the day: psychoanalytic and object relations, cognitive and behavioral, humanistic and existential. I learned different frames, descriptions, and questions from each, and implicitly, I realized how many possibilities exist in each session. No one of these early supervisors had a great, specific impact on me; together they demonstrated the richness and validity of diverse perspectives, which I would layer into my own

systemic worldview. What steadied my emergent prefrontal cortex (I was only twenty-one) and my integration of psychology with systems theory was general clinical instruction from two professors who taught classes other departments in and shared my systemic worldview and my passion for the work of Gregory Bateson and Milton Erickson

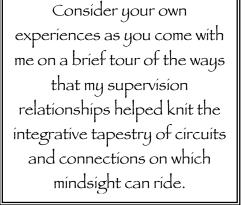
My summer internship supervisor then greatly impacted me for all seasons, telling me of a graduate program where I could actually openly embrace my preferred systemic perspective and study minds and relationships within, between, and among. I switched PhD programs a year later to continue constructing my coherent framework of a systemic, developmental, interdisciplinary, pragmatic worldview and therapeutic approach. In recent years, my immersion in studying, applying, and teaching interpersonal neurobiology (IPNB) has deepened my comprehension and capacity for descriptions of what we do in therapy and supervision—and how we might do it as well as we can, attending to minds, relationships, and brains.

Reflecting on my relationships as supervisor and supervisee, I've noticed the web of connections that traces the integrative neural paths I've traversed while developing my presence and skills at embodying mindsight (Siegel, 2007) in therapeutic and supervisory encounters. With mindsight, we become a relational catalyst in others' processes, facilitating integration of mind, brain, and relating. Over the years, the classic psychological theories have branched into hundreds of models and brands, some with research funding and data to be deemed evidencebased practices, many with certifications requiring

expensive training, while everincreasing legal ethical and standards and market requirements add to our responsibilities and time spent on non-session tasks. Through it all, summaries of therapy research continue to conclude that the most clinical important outcome/ effectiveness variable is the therapeutic relationship, measured in a client's feeling heard and cared about by the therapist and hopeful

about the therapeutic process.

Where do therapists gain the crucial capacity to create this "alliance," to intentionally build their capacity for awareness of their own and others' minds, purposeful emotional regulation, a keen sense of safety and safe risk, and the nuances of boundaries, nonverbal communication, and timing in facilitating change? This can only be learned through doing, noticing, reflecting, discussing, considering—an intra- and interpersonal process of integration. This part of a therapist's development is the heart of supervision. Developing the capacity for self-reflective "supervision," one of the



essential end-goals of clinical training and supervision, rests on a therapist's ability to develop and apply mindsight. With resonance and reflection, therapists can then continue to develop their integration and attunement capacities for decades, choosing a variety of resources including taking the time to review sessions mindfully, talking with colleagues and participating in study groups, choosing continuing education experiences that foster growth, and personal therapy. Throughout each clinician's career may come those times when s/he needs extra reflection and focused consultation to adjust and clean those mindsight lenses.

Mindsight relies on, creates, and maintains attuned intrapersonal and interpersonal relationships and resilient neural pathways. Though Daniel J. Siegel originated the term in his work with psychotherapy clients (Siegel, 2007), this and other IPNB concepts illuminate supervision, therapy, teaching,

leading, parenting, and all relationships of resonating minds. In all these relational experiences. mindsight encompasses our reflective capacity to become aware of our own minds, as well as our empathic ability to recognize the intentions and emotional states of others. This allows us to truly understand "where they coming from" are in compassionate, non-judgmental ways (Siegel & Pearce-McCall, 2009). As mindsight increases,

we can further develop other capacities that require a well-functioning prefrontal cortex, like emotional regulation, intentional attention, and response flexibility. Consider your own experiences as you come with me on a brief tour of the ways that my supervision relationships helped knit the integrative tapestry of circuits and connections on which mindsight can ride.

Supervision, a relationship and often a requirement, meets multiple goals. Attend to the individual strengths and developmental needs of

each person. Ensure the safety of clients, therapist, and community, and adhere to all ethical and legal (and sometimes organizational) responsibilities. Provide intervention ideas and process perspectives while also encouraging each person to evolve their own clear model of how he or she helps people change. Sometimes supervision revolves around a specific theory or method, so learning and demonstrating competence in those particular descriptions and change-inducing steps may be central. Since an aspect of supervision is about each therapist expanding his or her intrapersonal and interpersonal capacities, the supervision relationship itself provides as much learning potential as the content and client/therapist issues addressed. This rich environment can provide explicit and implicit learning about creating a connection that is compassionate, accepting, and safe. This dvadic experience nurtures healing. mindsight, development, wellbeing, and change, not only in the supervisee, but also the supervisor.

> As I think about how I prepared to be a supervisor, I look out toward the periphery of my web of connections and see nonclinical supervisors who fed my left-mode understanding of our field. giving me а deep appreciation for a variety of scientific methods or varying aspects of how to run a business. They offered me opportunities to apply systemic thinking outside of sessions. Research requires logic, analysis, and linguistic

skills, so the process of learning to be a scientific researcher heightens those left-mode qualities. It is of interest, though, that when I now review my multiple research experiences, I see all the integrative connections that added to my tri-level view of mind-brain-relationship interactions. The management perspective I learned as a business partner and a corporate executive deepened my understanding of left-mode realities like documentation, ethical and legal standards, profits and policies. Some of the relationships I had with clinical supervisors also emphasized the left-mode



in therapeutic work when they stressed regulations and record keeping, or clearly approached clients and interventions in linear, logical ways, perhaps emphasizing particular cognitive, behavioral, or strategic methods.

A few heart-centered supervisors excelled at providing right-mode experiences of safety, acceptance, compassion, and a consistent time and place to address my therapy or supervision relationships in all their diversity. They provided kindness and witnessing while I talked my way to coherence. They didn't offer much information, strategy, or advice, but they did know how to be present and listen, invaluable teachings. Two supervisors challenged me limbically, triggering implicit memories that brought up worry about their opinions and approval, as I learned, sometimes the hard way, about safety, trust, compassionate confrontation, and their limits. As with my experience on the left, I can also recognize, at the other periphery of my web of

connections, another set of non-clinical "supervisors," right-mode and somatic mentors, who taught me the essential importance of bodies, sensation, sensory processing, silence, and breath.

Early on, perhaps an expression of my systemic worldview or training in hypnotherapy, I also

realized that each client and supervisee has different strengths and needs, and so I learned how to talk and be in either left or right modes (or both), able to consciously choose and intentionally shift, as needed, so they could feel heard and understood. From that safety, they could open further to the ideas and interventions for growth and change that emerged from our conversations, as well as to the compassion and vitality our relationship could invoke.

The integration of these right and left modes, and the integration of vertical levels of body/brain /mind/ecology were major processes uniting much of the content of all those years of supervision and



study. While clinical stories and self-report were essential opportunities for reflection and for wording my coherent narrative of therapy, the supervision methods that truly augmented my own prefrontal capacities for mindful awareness, neural integration, and seeing relationship included reviewing tapes of sessions, co-therapy, teams, real-time consulting, and groups for supervision, consultation.

Through all these experiences I have felt challenged, cheered, and cherished. I have been taught by content, process, example, and intention. These mentors provided the kind of supervision that promoted multiple forms of integration (for an in-depth discussion of all the IPNB domains of integration, see Siegel, 2006, 2007). Taken together, they move beyond favoring left mode or right mode, somatic or analytic, past, present, or future oriented description and intervention. As a group, these people chorused with me – Both! And! All! I still call on them internally, from time

> to time, to touch base with the deep respect and appreciation for the power and potential of therapy, supervision, and consultation that relationship with them has fostered.

The sojourn continues. This tapestry of knowledge and noetics is expanded, updated, and held in coherence by my lifetime

commitment to awareness, reflection, connection, and new learning. I thank many dear colleagues and friends with whom I have been fortunate to share this life-long path of growth, in mind and heart.

This web now also holds all those I've supervised over the years. I've been enriched by their diversity in backgrounds, training, theoretical models, and ways of being therapists. I've learned to use my capacity for mindsight to provide a safe setting for open examination of the multilayered complexity of the therapeutic experience. Each person I engage with now, in training, supervision, supervision of supervision, or consultation gives me another opportunity to appreciate how *they* "mind" the healing relationship.

We do much of our work with clients in private. Supervision, consultation, and study groups are how we bring more perspectives to mind in relationship and community. This may be an opportunity to consider where you are and where you have been—as supervisee, therapist, supervisor, and peer consultant. You may begin to notice the unique web of connections and relationships that have shaped your unique sojourn of integration.

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How lovely to think that no one need wait a moment, we can start now, start slowly changing the world! How lovely that everyone, great and small, can make their contribution toward introducing justice straightaway... And you can always, always give something, even if it is only kindness!



-Anne Frank

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