Supervision Group 18th May 2020

Attendees

Leslie Ironside

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| Angela | Evans |
| Belinda | West |
| Elena | Mardegan |
| Iris | Gibbs |
| Julie | Kitchener |
| Marie | Bradley |
| Sabina | Rosdarklin |

We welcomed Angela to the group and were pleased to hear a little about her recovery.

Iris’s computer fell just before the supervision. Iris had already printed out her presentation and we used Julie’s smart phone to facilitate hearing Iris’s presentation and Iris hearing us respond on Zoom. We reflected on this being a useful experience of our collective efforts to adapt to new contingencies, unscheduled yet workable.

Iris may intend to circulate the notes from her presentation to the group so this is a brief summary:

Iris spoke of a supervision with a therapist supervisee working for an independent fostering agency.

The supervisee’s existing role is to work with individual children, engage with the agency and support the carers. Under lockdown the supervisee is experiencing pressure to extend the support to all three elements of her work. The links between agency, carer and child appear to be brittle and increasingly fragile. After years of placement without permanency, there is now a placement breakdown crisis triggered by breaking a lockdown rule. A disruption meeting has been scheduled. Under these circumstances, the supervisee has been called upon to support the carer more and to attend the disruption meeting to which the carer would not be in attendance. Additionally, the impact of escalating conflict between child and carer meant the supervisee was also called upon to regulate the young person through telephone consultation between scheduled sessions. The supervisee felt her role as therapist was stretched and the triangular tasks given to her raised difficulties that she brought to supervision.

Iris, as supervisor, in talking about this supervision session, raised questions regarding the role of the supervisor, clearer before and now changed for her and the supervisee during this time.

Now the supervisor may be inclined to:

* Check out how the person is in him/herself
* Give advice more readily
* Slip into a support role
* Offer humane parental input, advising rest to a tired and ill supervisee
* Share laughter in response to the supervisee’s disclosure- that the supervisee can feel like running away from the escalating difficulty, that they want to go home, see their children and share a family event.

While this modifies the supervisory role, the work can still be done but perhaps with more stress and then the added stress of managing the new technological means of communication.

Even so, in the supervision the child was kept firmly at the center of thinking.

* It was possible to aid the supervisee think about communicating the voice of the child in the disruption meeting.
* The supervisee was helped link experiences of her vulnerability in relation to the child, carer and agency, to an increased understanding of the child’s experience.
* The supervisee was assisted prepare for helping the child make endings, include an ending to the therapy, if she is to be moved out of placement and away.

The supervisor also helped the supervisee consider when the need to say no may arise.

We discussed the role of supervision in the new situation. We raised the following:

* A need and responsibility to note the state of the supervisee and to make sense of the supervisee and patient. What the supervisor did initially was helpful as showed from what followed on from it. Often now many of us want to check in with the supervisee first and do so.
* We are now managing situations with increasing faultlines, holding together situations that are already fragile. How can one have a disruption meeting that focuses on the child’s needs without the carer involvement? To what extent and for how long have we all been managing the existing fragility? Have there been things we may have needed to look at prior to the virus?
* Thinking about laughter within the supervision, we considered the layers of containment and of managing anxiety, of holding the therapist so that the therapist can hold the child, of our being able to think together about what the child is transferring to the therapist that feels so difficult.
* The dropped computer made us think about falling and injury. What full hands we have and we can ask ourselves how much can we hold? With work in the transference we may now ask what work is viable and for whom, via computer-linked communication, amidst existing clients, and new clients for assessment?
* For some, returning to sessions in the therapy room is being thought about in terms of needs and timing. BPC advises on safely resuming face to face work in the therapy room, and adult therapists may return following guidance. However, the complexities of work with children make this return to a therapy room harder to bring to a firm conclusion. We thought about older children who actively clash with the outside world and and break rules and younger children for whom it is so hard to implement physical distance rules in the therapy room. We await the Covid 19 response team guidelines on how to proceed given the complexity.
* While we have been presented with an alternative means to continue our work, this is not true for others including those with whom we sometimes work. Foster carers, akin to carers in the community and in care homes, are in daily close proximity with those for whom they care. Foster carer work is conducted in their homes within their family lives and we are not clear that the strain they may experience as carers for children in care is as yet adequately held in mind in the networks of support.

Elena attended the BACP conference and offered to forward material from the conference that is most relevant to what we discussed today.

We thanked Iris and the group for today’s input. Marie has offered to present next week.

SR 24/05/20