Peer Supervision Groups for Early Career Psychologists

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Peer supervision groups are appealing to early career psychologists for many reasons. After the seemingly endless required hours of supervised practice for graduation and licensure, many therapists feel an understandable wish to "try their wings" and practice without formal supervision. Yet they wish to have some opportunity for case consultation, to share the emotional intensity of clinical practice, and to combat the isolation of private practice. And peer supervision groups are free!

There are many advantages to this form of supervision – but also certain problems. In this article I will highlight the benefits and risks of peer group supervision and suggest some safeguards that maximize benefit while offering protection. To be technically correct, we should call these groups peer consultation groups. Supervision and consultation are not the same. Supervision implies a supervisory responsibility for the supervisee's patients. Consultation does not include this responsibility and consultees are free to take or leave consultative advice. However, the common term is peer supervision group, and that is what I will use.

A group supervision format offers many advantages over individual supervision: a variety of clinical opinions, learning from parallel process, opportunities for new referrals, and potentially reducing shame through hearing about others' mistakes. However, if poorly managed, they can injure individuals and ultimately dissolve.

Since peer supervision groups are leaderless groups, it is crucial to understand that model. The literature contains numerous accounts of the failures of such groups. In each case, the group might have been saved if basic principles of group dynamics had been attended to. The tasks normally handled by a leader do not disappear; they must be managed by the members.

The frame

When setting up a peer supervision group, it is important to address many of the same questions as when setting up a therapy group. The answers to these questions create the frame of the group.

What's your agreement? Will the group be weekly, biweekly, or monthly? Will it be open-ended or time-limited? Just as in a therapy group, a good contract creates the frame. Clear boundaries promote safety. Expectations about regular and timely attendance need to be spelled out and

discussed if they become an issue. Nothing can take the life out of a supervision group faster than spotty attendance.

How big do you want the group to be? A size range of four to six members is ideal. This size gives everyone frequent enough presentation opportunities and still creates some sense of "groupness." The members should be at similar levels of experience so that they will work with the material with equal sophistication. If an opening occurs, how will it be filled?

The process

How will the group work? Good supervision addresses both content and process. Therapists at all levels face countertransference dilemmas and participate in enactments for which consultation is useful.

Traditionally in supervision, one member presents and the other members consult on the presented material. However this can leave the presenting member feeling very exposed while the others look smart. An alternative method is to have all members agree to share their emotional responses, including associations, to the presented material. This method, described by David Altfeld (1999), promotes greater access to the affective material in the presentation.

Some peer supervision groups appoint a leader for each meeting to monitor the process. At the very least it seems useful for someone to be in charge each meeting of starting and stopping on time.

Many groups find it useful to build in a planned evaluation session from time to time (maybe after each cycle of presentations) to discuss "how are we doing?" This can be a time to address any issues about group frame or process.

The positive power of group

The factors that are so healing in therapy groups (see Yalom and Leszcz, 2005) are present in supervision groups as well. Hearing that other clinicians struggle with difficult patients can be relieving (universality, installation of hope), seeing that your input is helpful (altruism and imparting information), and learning about yourself in group (interpersonal learning) are examples.

Furthermore, therapy is hard work and coming together on a weekly or biweekly basis is good clinician self-care. It is important that consultation groups include some “schmooze time” for just this reason, and it may be

wise to schedule this at the beginning for a defined time period. Thus it is part of the contract, and does not get confused with resistance to doing the work.

Competition and shame

Exposing one's work to colleagues stirs up anxiety and fears of being judged. In addition, shame in the patient can be transmitted into the consultation group via parallel process. The consultation group needs to work carefully to protect against any member feeling overly shamed. On the other hand, peer supervision groups that are overly "nice" can come to feel relatively useless. Nobler's account (in Counselman, 2003) of the development of a peer supervision group over time is instructive as the group members struggled towards intimacy and honest reactions.

In summary, with proper attention to principles of good group management and with patience for trust and safety to develop over time, peer supervision groups can be a wonderful addition to the life of a new professional.

References

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