Using the Person-of-the-Therapist Supervision Instrument*

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Virtually, all supervisors recognize the importance of the use of self as a critical aspect of effective therapy, and therefore the self-of-the-therapist (POTT), as of key importance in supervision. This resource briefly introduces the POTT supervision model developed by Aponte and colleagues, along with an in-depth discussion of its accompanying supervision instrument. A case example illustrates the instrument’s use in supervision. Because of the wide applicability of these ideas, we encourage all systemic supervisors to consider ways to incorporate a focus on the POTT in their philosophy and to consider using the POTT supervision instrument. Supervisors using a transgenerational supervision approach can learn about the important role of these ideas in this perspective in Chapter 10 of the accompanying book.

—Editors’ introduction

In the person-of-the-therapist (POTT) supervision model, the exclusive purpose of supervision is to help therapists be more effective with their clients. What supervisees gain personally from the supervision is incidental to the supervisory process. Supervision attends to the case itself, identifying client issues, developing hypotheses about their source, and implementing strategies that will achieve the purpose of the therapy. However, at the heart of this clinical effort is the


purposeful use of self in all aspects of the therapeutic process from assessment to intervention. The supervisor bears the responsibility of overseeing the therapist’s use of self within the technical aspects of the therapeutic process. The personal depth to which the supervisor will delve and how the supervisor will work these personal components of the therapist’s conduct of therapy will depend on the needs of the case and the capacity of the supervisee to deal with all aspects of his or her person in the therapist role. Therapists who have undergone the POTT training are prepared to make fuller use of this kind of supervisory experience. Supervisors who have received training in the use of self in relation to clinical practice will be better positioned to offer a systematic approach to supervising therapists’ use of themselves.

As already noted, the POTT model is not tied to any one school of therapy. It is an approach to the development of supervisees that holds them accountable for how they actively and purposefully use themselves in every aspect of therapy. The self of the therapist in the context of a relationship with a client is treated as an instrument for assessment, as well as a tool for intervention. Therapists’ cultural, philosophical, and spiritual values are treated as contexts for therapists’ judgments and choices about how they view clients and their issues. Supervisors guide therapists to assume responsibility not only for their actions but also for their worldviews in the nitty-gritty work of therapy. What follows is a presentation on instruments that can serve as tools for supervision within the POTT frame.

POTT Supervision Instrument

In this article, the authors propose an instrument that provides concrete structure to this process of working with and supervising within the POTT model. Aponte and Winter (2000) in their training program at the Family Institute of Virginia developed a predecessor of the Person-of-the-Therapist Supervision Instrument, which served as the starting point in developing our supervision instrument. The proposed supervisory instrument, as it has been tested and revised, seeks first to focus the supervisee on the clinical issue being addressed. Then the trainee looks to identify the links of the technical/clinical challenges of the case to the personal information deduced from the therapist’s self in relation to the client and client issue. This personal information is then translated back into therapeutic action—how to connect with the client and how to use the self in the diagnostic and interventional components of the therapy. The underlying philosophy “concentrates primarily on the bridge between the actual conduct of treatment and the therapist’s personal life” (Aponte & Winter, 2000, p. 145). The following instrument is the metaphorical blueprint for the bridge in supervision.

The instrument being presented here for the POTT supervision was developed by Harry Aponte and J. Carol Carlsen1 during the period in which Dr. Aponte was mentoring Mrs. Carlsen for her approved supervisor credential. The instrument evolved through several stages prior to and during the course of the supervision
before reaching its final form. The instruction sheet and evaluation sheet together comprise the written instrument of the POTT supervisory form. The supervision instrument is to be completed for each case and updated for every supervisory session. The critical step for our purposes is for therapists to then envision how they will use themselves in working with their client(s) at each stage of the therapy—the formulation of the issue, the reasoning about what comprises the issue with the consequent goals of the therapy, and finally the implementation of the therapeutic strategy with its corresponding technical interventions.
The Instrument

Person-of-the-therapist supervision instrument*

1. Provide identifying information about the client:

2. Attach the client’s genogram.

3. State the agreed-upon issue the client is seeking help for in therapy, and note anything in it that carries personal meaning for you:

4. Describe your personal reactions to your clients, and theirs to you:

5. Address whatever cultural or spiritual values may be coloring how you view the issues they are presenting as distinct from your client’s perspectives:

6. State the aspect of the issue you aim to deal with in today’s supervisory session, and highlight anything in it that carries personal meaning for you:

7. Explicate your hypotheses about the roots and dynamics of the client’s issue:

8. Explain your therapeutic strategy with the case, and in particular with the aspects of the case you are to discuss in today’s supervision:

9. Detail how you are implementing your strategy’s technical interventions:
10. Detail how you use yourself in conjunction with your interventions:

________________________________________________________

11. Identify your personal challenges working with this client around the focal issue:

________________________________________________________

12. Discuss your plan for meeting your personal challenges in this case:

________________________________________________________

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Instructions for using POTT supervision instrument

General

• The clinical questions are meant to be model-neutral. Supervisees should adapt the instrument to their particular therapeutic model.
• The personal questions aim to elicit only personal information that relates directly to the case under consideration. Supervisors and supervisees should stay within those boundaries.
• The overall goal is to achieve integration between the technical and personal components of the therapeutic process. Clinical observations should be made with the personal in mind, and personal observations should be made within the boundaries of the clinical. The supervisee is always building the bridge between the two.

Specific

• #1 asks for the basic identifying facts about the client (individual or family), not for history or explanation about why the client is requesting therapy.
• #2 refers to a genogram that gives a picture of the family system, only as context to the issue the client is now presenting, not an exhaustively detailed genogram. Supervisees should make a notation about any detail in the genogram that carries special personal significance for them that may be relevant to their work with this case.
• #3 is looking for a brief, specific, summary statement about the issue the client is presenting, along with a note about any way it personally touches the therapist.
• #4 refers to the relationship between client and therapist, its characteristics, and potential impact on the work of therapy.
• #5 takes into consideration culture, values, and spirituality of both client and therapist, and how these may influence the relationship and work of therapy, including views about the issue related to personal standards determining salutary functioning and dysfunction, and appropriateness of solutions and goals.
• #6 asks for the immediate, specific circumstances of the issue facing the client today. Identify anything about what the client presents that touches you personally.
• #7 is looking for the therapist’s hypotheses, remote and immediate, that will offer at least a tentative understanding about the nature, roots, and dynamics of the issue the client is confronting. This “why” is going to lead directly to the “how” of the therapist’s approach to the client’s issue.
• #8 calls for the strategy the therapist plans to use to address the issue. This plan of approach should reflect the therapist’s therapeutic model and philosophy as applied to this particular client’s issue.
• #9 gets down to today’s tactic, the specific interventions the therapist is implementing with the case. How these interventions are dealt with here depends on the stage of treatment—the technical process and the therapeutic relationship.
• #10 gets into the use of the self of the therapist in carrying out this work. Again it is treated in relation to the stage of treatment, and directly references the self in the implementation of the therapeutic strategy—its technical interventions and therapeutic relationship.

• #11 gets personal. It is looking for what in the self of the therapist is presenting a problem today for the therapist in working with this client around a particular issue. The problem for the therapist may be in relating to the client as now called for, or may be in implementing a particular technical intervention.

• #12 is looking for solutions to the therapist’s personal challenges in this case. The therapist needs to formulate how he or she will attempt to deal with the personal challenges the case presents, including the kind of help he or she will need to do so.


What follows is an abbreviated example of how the instrument may be used. It is based on the seeds of an actual supervisory session. However, it is disguised, and has been embellished as needed for the purpose of illustrating the instrument’s use.

**POTT Supervision: An Illustration**

The numbers of each instruction correspond to the numbers on the instrument.

1. (Briefly state the clients’ names, ages, ethnicity, and position in the family, as well as their occupations and socioeconomic status.)

   Example: *The client is a 17-year-old African American girl in a group home. Her 33-year-old mother is a single parent. My work was exclusively with the youngster.*

2. (Complete your client’s genogram, highlighting what in the genogram may trigger an emotional response in you or carries special meaning to your own life experience. Limit your personal information to what you deem relevant here.)

   Example: *Her position in her family reminds me of what it felt like to live in my father’s home after he remarried, and I found myself with a stepmother.*

3. (Make a brief statement that encapsulates the client’s issue, and briefly note any particular personal significance it carries for you that may affect your therapy.)

   Example: *The client is uncooperative at home, in school, and with all other authorities, while engaging with her peers in delinquent behavior. The client’s mother has ejected her from the family, and is looking to have her placed permanently outside the home. I instantly identified with this excluded child.*

4. (Address the personal aspects of your interactions and relationship with your client.)
Example: There was an intense ambivalence on both our parts. I was drawn to “save” her, but was apprehensive about her rejecting me. I sensed she wanted my approval, but was distrustful of all adults.

5. (Speak to how your and your client’s family, cultural, and spiritual values affect how you each think of the issues you are working on in the therapy.)
Example: I am a 24-year-old female Caucasian from a middle-class family. I believe my client and I both felt the cultural distance between us, but it did not seem unbridgeable. Although from a blended family, I took for granted I had a home. My client could not. Neither did her mother, who was raised in foster homes.

6. (The issues people deal with manifest themselves in a variety of forms depending on context. Identify what aspect of your client’s struggle is calling for your attention today.)
Example: She will soon be appearing in court for a hearing, and I would like to help her present herself in a cooperative manner that will allow the court to be sensitive to her needs and emotional vulnerabilities. She can be quite uncooperative with anyone in authority, and with me in our private sessions. This task calls for my gaining her trust, but I do not handle the threat of rejection well.

7. (Given the information you have and what you observe, what do you believe may be behind the issues the client presents?)
Example: Her mother’s abandonment by her mother, and experience with serial foster homes aborted her ability to bond with her own child, my client, who herself grew up expecting abandonment. Her expectation of another rejection by adults prompts her to reject adults first.

8. (Describe your general plan for working with your client and, in particular, with today’s issue.)
Example: Because the mother has refused any cooperation with our agency, we must work to create an environment of emotional safety and trust for our client. I will personally try to win her trust as a step toward her viewing the court, her legal guardian, as an ally.

9. (Detail your proposed technical interventions in her issue today.)
Example: Work toward getting her to share her fears so that she feels heard and understood, and this step must precede enlisting her active cooperation in formulating what she would like to see come out of her court appearance.

10. (Consider what you can bring of yourself to the work with this client in this situation to achieve your goal.)
Example: I need to help this youngster experience me as caring about her and the personal pain in her life. I will need to draw from my personal identification with her, and empathy toward her to make a connection with her. My youth and my gender should help to form a bridge with her.

11. (What dynamics within you stand in the way of using your self more effectively today in the therapeutic approach you are planning?)
Example: My fear of rejection will make it difficult for me to risk being emotionally open and receptive to her. My need to succeed to guarantee acceptance will put pressure on me to win over this young girl at my pace rather than at hers.
12. (What are you going to do about the personal obstacles standing in the way of your being effective clinically? Do you believe you can meet the goal you have for yourself with the support of supervision, or will you also need the added help of some personal therapy)?

Example: I believe I need the support of my supervisor to risk a more personal connection with this youngster. I will be anxious about feeling like a failure if she pushes me away as she has often done in the past. I will need my supervisor to help me keep focused on the process of developing the relationship with my client, and not be overtaken by the drive to “succeed” with my client.

The supervisor’s response: You have already taken a major stride in recognizing the internal pressure you will be fighting to change this young girl’s attitude about trusting an adult authority, as she perceives you. I support you in your goal to be more emotionally present to her in this coming session, leaving it to her to decide whether she wants to and can allow herself a closer emotional connection with you in this very next session. Your challenge is to make yourself more emotionally receptive. You can enter the session more intent on being understanding and responsive to her than to change her. You will consider yourself successful to the extent you can be emotionally present to her. Success will not depend on whether she responds positively to you now. However, this client raises a personal issue for you that you will be facing repeatedly in your work as a therapist. Personal therapy is always a long-range option for you, and something you can consider as you attempt to be consistently emotionally accessible in your clinical work. That is your call.

We also suggest that therapists maintain a record of their experience with the supervision. Taking the time to write about the case in preparation for supervision and then reflecting on the results of the supervision should help therapists think more clearly about work on a case. Taking the time to formulate one’s thoughts should also help therapists develop a discipline about how they think about their therapy, gaining greater mastery of their therapy, and hopefully of how they use their person in the practice of their therapy. The following is an example of an instrument that therapists may wish to use to help them maintain a record of their reflections about their supervisory experience. Such a record can form the basis for ongoing discussion with their supervisors, and for evaluating their supervisory experience.

After the supervisory session, the supervisee will summarize the basic outcome of the supervision.
Postsupervisory Questionnaire

1. How my thinking and feelings about the case were influenced:

Example: *I felt more relaxed about risking being more emotionally present in the session with my client, without the pressure of trying to guarantee that she would reciprocate by showing that she trusts me.*

2. How my therapeutic strategy with this case was influenced:

Example: *I was able to think about the relationship as the focus of my next contact with this client, rather than the goal of changing her attitude toward adult authorities.*

3. How my use of self with this case was influenced:

Example: *My supervisor’s assurance that I need not guarantee how the client would respond helped me to let up on the pressure I put on myself for changing my client. I was more comfortable being personally present in the session with her.*

4. What questions remain about my conduct of the case:

Example: *In the next session, my client did indeed respond warmly to my approaching her with the intention to be open to a more personal connection. She was able to share about herself, as she had not done before. However, in the following session, she refused to even meet with me. I suspect that she became anxious about the closeness she experienced, and had to reject me before risking the possibility of my rejecting her. What disturbed me most about my reaction to her refusal to see me was that I felt relieved. I am ashamed of my reaction, and do not understand it.*

Supervisor’s Response: Your relief at not meeting with her may well help you understand her refusal to see you. You have your own fear of closeness, and were likely anxious about getting together with your client again after that close emotional connection. Your insight about your own fear of rejection will enable you not to react to her avoiding the session as if it were a personal rejection. Consequently, it will leave you emotionally free to both understand her reaction, and to address her fear of rejection when the opportunity presents itself.

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Further Reflections

Referring back to Rober’s (1999) internal conversation paradigm, the supervision tool serves as a map for the inner dialogue that leads to the outer intervention. The ongoing evaluation is meant to review with supervisees not only the progress of their cases but also of their use of self at each stage of treatment. This instrument also aims to aid supervisees in monitoring the growth of their ability to make active use of themselves in therapy in general. Periodic review by means of the instrument can be a rich source of feedback for therapists about their understanding of themselves in the context of conducting therapy, and the development of their skills in utilizing what they bring of themselves to the therapeutic process.

Regarding the evaluation of the supervision, each supervision session ends with reflection by supervisors and the supervisees about what was or was not helpful to the therapist. Because the supervisory process parallels the therapist’s work with clients, supervisor, and supervisee address not only what the supervisee is learning about the case but also how their relationship is influencing the clinician’s learning about the use of self. This presupposes that supervisors also give thought to their use of self in the supervisory process. Supervisors’ ability to be in touch with their own use of self in the supervisory role will have a direct relationship to their ability to oversee their supervisees’ use of self in therapy. Thus, the supervision of the person-of-the-supervisor is an essential element of the training experience. It calls for a focus on the person of the supervisor in the context of supervising.

Note

1 Harry J. Aponte and J. Carol Carlsen have copyrighted the supervision instruments. These instruments may be duplicated and used as long as the authors are cited as the source. Copyright 2007 Harry J. Aponte and J. Carol Carlsen.

References

