Abstract

This paper describes an approach to supervision and consultation with practitioners who work therapeutically with individuals, couples, and families where domestic violence is of concern. The approach is rooted in an established and visible safety methodology, developed over the last 16 years in the Reading Safer Families project (Cooper and Vetere, 2005). We emphasise risk management, responsibility for behaviour, and co-operative practices as an integrated framework for safer therapeutic practices. The paper illustrates how supervision style and process are adapted to pay attention to safety from all perspectives in the family-professional network.

Keywords: Domestic violence; supervision, consultation, safety

For NOT only young children, it is now clear, that human beings of all ages are found to be at their happiest and to be able to deploy their talents to best advantage when they are confident that, standing behind them are one or more trusted persons who will come to their aid should difficulties arise. The person trusted provides a secure base from which his (or her) companion can operate. (Bowlby, 1979)

If I compare my supervision and consultation practice with generic therapeutic work and with domestic violence work, I am struck by one difference. The difference is in my style. Clearly I always pay attention to safety, in all its forms, when supervising therapy with individuals, couples, families and teams: safety of the client, safety of the practitioner; safety in the therapeutic and supervisory relationships, and ensuring therapy is a secure base for practice. However when supervising work with family violence, and the risk of future violence, I am more direct and directive. In short, I am more active. In this paper, I shall describe how I help qualified therapeutic practitioners promote a safety methodology for safe therapeutic practices when violence is of concern. Interpersonal violence is here defined broadly to include psychological, sexual, physical, financial violence and neglect, in any significant family relationship.

A Methodology for Safe Practice
We have written in detail elsewhere of how we set up a dedicated family and domestic violence service and developed a methodology for safe practice, that reassured family members and professionals alike that we took safety seriously and would not engage with unnecessary risks in our assessment and therapeutic work (Cooper and Vetere, 2005; Vetere and Cooper, 2003). I summarise some key points here to show how supervision is informed by these practices.

The methodology consists of the management and assessment of risk, helping family members take responsibility for their behaviour, and working openly and collaboratively with family members and the professional network. We work with no-violence contracts and safety planning, we have a triangle as the minimum sufficient therapeutic network with either our referrer or another trusted person (known as the stable third), to corroborate what we are being told and help us think about the management of risk with the couple/family. We explore and assess around repeat violence, the relational contexts and triggers for violence, empathy for the victim, the capacity to reflect on experience, the relational impact and consequences of violence, and internal motivation for change. We separate accountability and responsibility for violence from explanation for violence. We help people take responsibility for their own safety and that of others. We do not talk with children in front of their parents until we are sure that the parents are taking safety seriously. We explore the developmental consequences for children of ‘witnessing’ family violence, and we pay attention in our work to the use of language that minimises or denies the violence and its effects. We try to work more transparently by using reflecting processes in the room with couples/families, being clear about our moral position around violence in family relationships and our own moral dilemmas, making clear our relationship with social control, and negotiating confidentiality when we know that safety is not affected. We promote collaborative practices by helping family members see other professionals as potentially helpful, and by supporting their ability to sustain co-operative relationships with professionals.

Stress and Dilemmas for Supervisees

We are open to absorbing profound loss, hurt and mistrust from our clients but also to the stimulation of those states, present in us all. (Berger 2001).

There are many sources of stress for our supervisees in their work with family violence. They hear gruelling accounts of emotional and physical cruelty. They face disappointment when violence continues despite attempts to prevent recurrences. They risk an inflated sense of responsibility to stop the violence, especially if working alone, or without the support of the ‘stable third’ (Cooper and Vetere, 2005). They can experience tension when trying to introduce psychological/systemic language
into a legal system with little tradition of acknowledging the role of emotion and passion in people’s thinking and behaviour.

Our supervisees encounter many dilemmas in the context of their work with one or more families and couples. They can feel overloaded with too much information and find it hard to achieve clarity of purpose and direction. They risk becoming isolated by not sharing their concerns with a resulting preoccupation with the family. Constantly being asked to make judgements about unpredictable behaviour by other family members and the professional network can cause tension, and lead to a tendency to lose sight of family members’ competencies and resilient coping. These challenges can even lead to a wish to seek quick and simplistic solutions. Finally, they risk over-empathising with victims and repeating victim/rescuer positions with resulting anger and frustration over other agency responses, services or management decisions.

Responsibilities of the Supervisor

In this context, there are a number of responsibilities for the supervisor, including how we help supervisees identify contra-indications for therapeutic work. We believe it is helpful for supervisors to share with their supervisee some ideas about their supervisory style and their supervisory role, in relation to safety and safe practices. It is then possible for the supervisor and supervisee to discuss what would be the acceptable and collaborative parameters for such a process. As supervisors, we hold responsibility for creating a safe space for thinking and reflection, within a trusting relationship where we can hold indecision, reflexivity and action in equal regard. Our clarity about shared responsibility and shared accountability allow tensions and anxiety to be contained in ways that encourage creative ideas. Within this frame, it is helpful to tell supervisees we shall always ask about their personal safety and well being. This needs to be a natural part of the ebb and flow of the supervisory process. If we mention personal safety for the first time in the context of a particular piece of worrying therapeutic work, it can have the effect of unhelpfully raising anxiety rather than acknowledging the safety and threat that runs through all the work. We pay attention to the well being of supervisees and the effect that working with family violence has on them. Supervisees might experience intense feelings of empathy or there may be moments when the work triggers unexpected memories in ways that surprise everyone. We try to be straightforward about our willingness to support supervisees within the supervisory relationship, and we offer appropriate advice and referral when needed.

Monitoring these boundaries for ourselves is also the responsibility of the supervisor, when the work and/or personal issues impact on the supervisory tasks. Thus, supervision of our supervision is important for helping us hold our commitment to trying to maintain the balance (for ourselves and our supervisees) between getting
overwhelmed (or frozen) on the one hand, or underwhelmed and potentially unresponsive, on the other hand.

Contra-indications for therapeutic work with couples and families, where violence is of concern, form part of the supervisory conversation. They cover a wide range of family choices, behaviours and expectations, and although not a checklist nor an heuristic, clinical and supervisory judgement is used to determine whether to proceed with therapeutic work. Contra-indications can include: family members’ inability to accept responsibility for their actions; no acknowledgement there is a problem; no wish to change; inability to develop a commitment to a shared resolution; constant blaming of others, either family or professionals; inability to reflect on past experience; inability to empathise with the victim/s or reflect on another’s point of view; lack of respect for social control; inability to see professionals as potentially helpful; drug/alcohol use problem and unwilling to seek treatment; and holding extreme values where others are seen as objects.

Creating a Conversation that includes Safety, Doubt and Progress

When a supervisee brings their therapeutic work with family violence, we ask them to describe the case from all points of view – the family members and the professional network. We ask what other issues, or descriptions of the family, are there that others may want us to know about? We clarify what the supervisee wants from the supervision in terms of goals and tasks. We explore and illuminate what the family members are doing well. We ask about the history of domestic violence in this case, and what action (if any?) has already been taken. We carefully track if the supervisee and their team/colleagues/management agree about the level and type of risk and/or action to be taken. In creating a systemic reflexive space for supervision, we ask if the family members and agency colleagues had listened to our conversation, what might they say?

The supervision is structured according to the level of violence in the family system, and addresses safety issues and when to access other professionals eg child protection systems, police domestic violence units, legal processes. The supervision conversation is organised around issues of predictability and the potential for future violence with supervision goals set for both the shorter and longer term. We are always mindful in supervision of what we know, what we do not know, and what we do not know we do not know. These three positions, so to speak, help us keep in mind that our work is never without risk. We seek to help supervisees make the covert overt, as family violence thrives in secrecy. Similarly we help reduce the tendency to minimise violence and its relational consequences, and to make clearer the impact on the self of the supervisee of working across multiple levels of uncertainty.

In therapeutic work with domestic violence, we believe that an integrative theoretical position is ethically sound and best helps explain the variety of interpersonal
circumstances that lead to family violence. Formulation is at the heart of integrative supervision practice – the essential link between theory and research evidence on the one hand, and intervention on the other. All formulations summarise the clients’ difficulties and the therapeutic context and show how the difficulties are connected, using psychological theories and principles. They attempt to explain why and how the difficulties developed, in these ways, at this time, and in these situations, taking account of the complexity and multiplicity of family-professional network relationships. Formulations used in supervision map the possible interventions, rooted in the same psychological theories and processes, and are open to revision and reformulation in the light of new information. A systemic meta-theory usefully provides the overarching framework for integrative formulation when working with family violence (Vetere and Cooper, 2008; Vetere, 2006).

We promote integrative thinking by elaborating how our supervisee’s relationship with particular schools of thought may constrain or support safe practice. We explore our supervisees’ preferred ideas about safety, risk, responsibility and collaborative practices. We ask them to identify their theoretical ideas and practices they are firmly wedded to, and explore the implications for safety and safe practice. Similarly we ask about ideas they occasionally draw on, and ideas they are less attracted to, in relation to implications for safety. We identify where they may need to challenge or experiment with their preferred theoretical ideas in order to develop a safety methodology for their practice.

Finally, in supervision, we need to be clear about crisis in the family – who thinks it is a crisis, what perpetuates crisis, what intervention would be helpful, and always to identify and support signs of safety in family members’ relationships. Helping our supervisees maintain their manoeuvrability in the therapeutic context and with inter-agency working relationships is a priority, particularly in the context of high anxiety around the risk of future violence. Such manoeuvrability depends on a clearly articulated and visible safety methodology that both family members and professionals can trust. The potential for mirroring conflict within family systems and within professional networks is ever present, and the opportunity to reflect calmly on hierarchies and boundaries with the supervisor enables a kinder reflection to emerge. Thus, holding a meta-perspective in mind, that takes account of all perspectives, fears, hopes and choices, helps supervisees navigate the complexity of domestic violence work.

References


