Chapter 14

Mentoring supervisors: a process model

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One day last spring, I received a phone call from Anne, a colleague supervising at a local mental health clinic. As I listened to her strained and subdued voice, unlike her usual energetic speech, I knew something was up. She said, “I think I need to talk with you. I am feeling frustrated and worried about a couple of people in one of my supervision groups.”

When we met a few days later, I noticed her troubled expression and, as she spoke, the furrows in her brow deepened and her eyes looked so sad. Initially she had some difficulty in expressing her concerns, and she began the conversation by stating that she doubted whether two or maybe three of the eight interns in her supervision group would even “make it” as therapists.

She continued, “I’ve never had so many people in one group that concern me. They just don’t seem to get it. And I don’t know how to help them.”

Introducing Anne’s interns

As she spoke about each intern, the issues became somewhat clearer. Maya, an Asian-American woman in her early 30s, joined the clinic staff about a year ago. She had not previously worked with children, nor had she elected to take a course in child counseling during her academic training. In fact, in the first group supervision session, Maya announced that she was only interested in seeing adults and older adolescent clients. Maya said, “I feel so uncomfortable with children. I’m just not cut out for that. I know I can work well with adults; I love to listen to them and I like trying to figure out what is going on in their lives. But children seem like a whole different breed to me.”

In reflecting on her own thoughts about Maya’s unease with children, Anne said that she didn’t believe that all therapists needed to be able to work with every client. “However,” she added, “Maya just can’t seem to see any other approach except ‘talk therapy’.” She thought Maya was far too narrow in her approach to therapy and wondered what might be
underneath Maya’s reluctance “to spread her wings.” She was worried that this attitude might hinder Maya’s effectiveness and growth as a therapist.

The second intern, Natalie, a young Caucasian woman in her mid-20s, had joined the staff quite recently and was very interested in counseling children. However, she saw children as simple, “sweet angels,” who were mostly victims of their parents and other adults in their environment. The ideas that children’s behavior could also affect their environment, that their behaviors in therapy may be metaphors for their experience in life, and that the symbols they use in play or sandplay might suggest a deeper instinctive awareness seemed to escape her. Anne said, “When I talk about the symbolic life or the power of imagination, Natalie just looks at me blankly. I don’t know what to say to her that will help her see beyond her preconceived ideas and begin to move towards a more psychological outlook.”

By this time, I was thinking, “Oh my, how can I help Anne and indirectly help her supervisees? I’m not sure what I have to offer.” I was aware that my feelings of inadequacy were beginning to surface. And then, my attention became riveted on Anne’s next comment. She said, “In some ways I’m most concerned about Ned – not about his ability as a therapist – but because I see him becoming disheartened.”

Anne described Ned as a talented therapist, working equally well with children and adults. His African-American background and wide cultural experiences contributed to his understanding of the clinic’s clients. However, Anne reported that recently he had said to her, “I like to use sandplay, art, and play therapy, along with traditional talk therapy with the children and adults I see, but I find myself asking, what am I really doing? What is this all about? I think my clients are getting better, but maybe it’s just my imagination – maybe the children are just getting older and the adults are telling me that things are better in their lives because they want to please me. Sometimes, when I look at all the sand tray pictures, especially the chaotic child pictures, I just feel lost and wonder what I can do.”

As Anne spoke about these three interns, I understood how distressing it was to be entrusted with their professional development and yet feel that perhaps she would be unable to nurture their growth. She was reaching out to me to help her discover ways to support and guide these interns along their paths of becoming professional and competent therapists.

**Understanding the supervision group**

I knew that Anne had been selected as a supervisor by her clinic’s administrators because of her proficiency as a therapist. To prepare for this new role and to meet state licensure requirements, she had attended a day-long workshop on supervision techniques, but she had received no specialized training in the supervision of sandplay therapy, play therapy, or other expressive arts therapies, nor had she pursued advanced certification or
specialization in these areas. However, she was knowledgeable, skilled, and clearly sensitive in the use of these approaches with her own clients. Even a seasoned therapist may not, however, have developed the necessary skills to be an effective supervisor/teacher. For example, new supervisors sometimes find that they don’t have the necessary language to successfully communicate to students/supervisees what a competent and experienced therapist does naturally to help a client. Sometimes there simply are no words to describe what supervisees need to know. Thus, the supervisor is left with the critical job of exploring new, creative, and meaningful ways for supervisees to relax enough in order to learn and absorb therapy skills so that these become a natural way of being with clients.

The eight interns in Anne’s supervision group were typical of many supervisees earning hours towards licensure. They all held at least a master’s degree and were fairly new to the profession. They attended group supervision sessions once a week for two hours and saw eight to ten clients per week. They had been assigned by the clinic to attend Anne’s supervision group without knowing her theoretical orientation or anything else about her. In addition to participating in her group, some of the interns were also in another weekly supervision group or individual supervision either at the same clinic or another one, as well as possibly being involved in their own therapy and attending professional training workshops. Some clinics sponsor workshops that are designed to enhance interns’ knowledge and skills, whereas in other clinical settings the supervisor is responsible for additional training, as was the case in Anne’s mental health clinic.

This general type of supervision group is quite different from the majority of sandplay supervision groups in which licensed therapists who are interested in studying sandplay choose to come under the tutelage of a chosen certified sandplay teacher. Nevertheless, these pre-licensed therapists, usually with only a modicum of training, use the clinic’s sand tray and miniature collection with their clients, and their supervisor is called upon to supervise their cases, no matter whether or not the supervisor feels comfortable and knowledgeable about sandplay and play therapy.

**Reminiscing about internship**

After Anne talked about the concerns she had regarding the three interns, I asked her if she would be willing to try a relaxation exercise followed by a visualization to explore her feelings further about the situation. She readily agreed. After getting comfortable, I asked Anne to close her eyes and led her in a short relaxation process. Then I asked her to go back in her memory and visualize herself when she was a new intern sitting in the supervision group at her first placement. Giving her enough time to consider and feel each of the following situations, I suggested that she try to remember how it felt to be there. Then I asked her to focus particularly
on her thoughts and feelings about herself and her relationship with her supervisor and other members in the supervision group at that earlier time in her career.

I have found that empathy and reflection deepen through simple relaxation and visualization exercises. Supervisors are often able to recall difficult times during their first internship and connect with how they felt. They realize that their interns are experiencing some of the same anxieties and fears.

When we had completed the exercise, Anne was surprised and pleased with herself that she had no difficulty recalling her feelings and thoughts.

She said, "I had been chosen to be an intern at a clinic with an excellent reputation. However, I didn’t feel that I really deserved to be there. I felt scared most of the time and kept hoping no one would notice how ‘green’ I was. I remember being really ‘off my center’ – I usually spilled coffee on myself or someone else during supervision. My group teased me about being a danger to myself and others," she laughed. "Most of the time, I tried to be invisible, hoping I wouldn’t have to say much. When I did talk, my vocabulary seemed to leave me and I found myself stuttering and groping for words."

Reflecting on possibilities

I said, "I’m wondering how you got through that period and were able to work through your feelings. What happened that helped you do that?"

“Well, as I think about it now, in hindsight,” Anne said, “I believe several things helped. Of course, just being at the clinic for an extended period of time helped – I just couldn’t maintain my high level of anxiety indefinitely, and I finally settled in. Also my clients helped me indirectly. Although some of my early clients dropped out of therapy after a few sessions, I did have success with a few clients. I especially enjoyed the children I saw. When I was with them, I could relax and play with them, and that seemed therapeutic for me as well as for them. Also, I was seeing a therapist for myself at the time, so I received support from her. And then, after a while, I realized I wasn’t the only intern who was scared and we began to talk about our anxieties in supervision. My supervisor was wonderful; she understood how difficult this all was for us newbies. She seemed to have confidence in us and dealt with our mistakes with kindness and forgiveness.”

“Do you see any parallels between what you experienced early on and what your current supervisees might be experiencing?” I asked.

“Well, Natalie does have that ‘caught in the headlights’ look at times. I know she has very little experience. Maybe she’s just scared. Or perhaps she has not experienced how therapy can work on a deeper level – how the
psyche is able to heal itself – in either her own therapy or with clients. This could explain why I get a blank look from her when I talk about non-verbal therapy, the instinctual push toward health, and the importance of symbols in expressing the inexpressible.”

“Let’s think more about that together,” I said. “If we assume that she needs to gain more experience in working on a deeper level, how might that happen?”

Anne replied, “Well, I don’t want to make suggestions about Natalie’s own therapy, but maybe if I presented a sand tray case or two during supervision, the pictures themselves might help her understand.”

I chimed in, “That sounds like a good idea, and it might help Maya too.”

Anne responded, “Yes, I think it would, and . . . taking that idea a little further . . . maybe sometime after I show a case and talk about how I go about understanding the sandplay process, Ned would be willing to share one of his sandplay cases. Of course, I’d help him beforehand. There’s nothing quite like seeing a sandplay case, in its totality, to deepen understanding of the sand pictures and the client’s unconscious processes. And studying one case in depth, especially if it is one of your own client’s sandplay process, is even better.”

Anne went on, “But I think Ned also needs to talk more about the feelings he expressed of not being effective in therapy. When he said this during supervision, he sounded anguished, on the one hand, while on the other hand it seemed that he was thinking of his clients’ progress in an almost magical way, something that just happens and is out of his hands. I think I need to help Ned talk about and understand on a cognitive level what he is actually doing to facilitate his clients’ psychological growth and help them learn to support themselves in the process.”

After a couple of moments of reflective silence, Anne said, “Another activity I’ve previously tried during supervision might work. Here’s what I do. I ask a supervisee to hold an image of a client in mind and then select miniatures from a more intuitive, non-cognitive state of mind. The type of miniatures that are selected usually surprises us initially, but with reflection we often come to a deeper understanding of the client. I don’t think I’ve done that exercise since Natalie joined the group. Of course, I’d want other supervision group members to do this activity first before I ask Natalie, so she won’t be so scared. I hope this might help her better understand the power of the unconscious.”

I nodded in agreement and then asked, “What other ideas do you have?”

“Well, of course,” Anne responded, “the best way to learn about the deeper aspects of the psyche is to create your own sand tray pictures.” She continued, “I don’t feel comfortable in asking Natalie to do that, especially since she is currently in therapy, but perhaps she’ll think about going in that direction after she sees a case. Whenever I show a sandplay case, I emphasize the importance of making one’s own sand trays with a
sandplay therapist in order to have a better understanding of the process. Natalie may pick up on this suggestion. She really does want to be a fine therapist.”

Anne’s belief that Natalie would benefit from participating in her own sandplay process is congruent with the current thinking in the field of sandplay therapy. Sandplay therapists believe that not only creating trays, but also having the opportunity to experience a transformative personal sandplay process, is the most significant, foundational requirement of training. It is what Lee Shulman (2005), president of the Carnegie Foundation, refers to as signature pedagogy. Just as physicians view grand rounds as the centerpiece of their training or their signature pedagogy, sandplay therapists view the completion of a personal sandplay process as fundamental in the education of future sandplay therapists.

**Accessing the wisdom of the unconscious**

I felt pleased about how the consultation session was progressing. However, I noticed that Anne was spending much more time talking about Natalie and Ned than she was about Maya.

I said, “I notice that we haven’t talked much about Maya.”

Anne responded, “Humm, that’s interesting. I wonder what that’s about.” After thinking for a short time, Anne said, “Actually, I think I feel less connected to Maya than anyone else . . . in the group.” At that moment Anne seemed to drift off. She seemed to be thinking hard about something.

I waited.

Then she said, “My mind just went to a strange memory. Let me tell you about it. About 15 years ago, I saw Jon, a 9-year-old boy in my therapy practice who had told his parents that he wanted to kill himself. They were of course concerned and talked with his pediatrician. The pediatrician referred him to me. Although the boy had been born in the US, his parents were fairly recent immigrants from Cambodia. His father spoke some English, but his mother spoke only her native language. During my first session with Jon, he talked openly about his sad feelings and other things that were on his mind. At one point, when our talking had slowed down, I noticed that he was glancing around the room, looking at the toys. I suggested that he might like to play with them. (I hadn’t, as yet, started using the sand tray in therapy.) He shook his head and then told me that his parents didn’t allow him to play anymore. According to Jon, when he turned 8 years old, they took away his toys. They told him that he was too old to play. Instead they wanted him to spend his time on schoolwork.”

Essentially this is a story about a boy whose parents were misguided. They thought they were acting in his best interests. However, when he could no longer play, a meaningful and necessary part of his childhood was lost to him. This loss left him bereft, depressed, and unable to express his
feelings in a natural way. For children, play is instinctual behavior and their most natural mode of expression. It is through play that children explore, create, release stress, rehearse roles, master skills, and integrate their experiences of mind and body. Play also opens up the path toward healing, balance, and internal harmony. Jon's parents wanted him to be successful and have a good life. But the means they selected (i.e., to stop his play) to reach those goals did not consider his necessary needs as a child (i.e., to play). Their mistaken approach had caused not only a psychological wound, but also the possibility of a symbolic or actual death, that is, his initial threat to kill himself would be realized.

After telling me Jon's story, Anne stopped, looked at me, and said, "I wonder why this story came into my mind now? Is this memory in some way tied to Maya?"

I waited, but I was also thinking about suggesting that Anne create a sand tray. I knew that Anne had excellent thinking and analytical skills and would easily be able to identify connections between Jon's story and Maya. I was worried, however, that the conscious connections she made might not touch into that unconscious part of her that had sent the gift of Jon's story when she was struggling with issues surrounding her relationship with Maya. I felt there was a need to access an even deeper, intuitive understanding of the connection, even though such a use of the sand tray is unconventional.

I finally decided that both approaches could be used – the verbal and the non-verbal – but that it would be best to start with a right-brain, hands-on physical approach (a sand picture) before moving to a left-brain, cognitive approach (verbal analysis). Anne readily agreed to my suggestion and after touching the sand in the damp tray, she moved to the shelves of miniatures and quickly began to select items, seemingly without much cognitive thought.

The first miniature she placed in the tray was a Native American woman sitting astride a white horse that pulled a bundle secured to two poles. Most of the remaining miniatures were placed quickly, although she did spend some concentrated time positioning flowers and vegetables in rows.

After the sand tray picture was completed, we looked at it together. Anne said, "I wanted this tray to come from the least cognitive place as possible, closest to the most unconscious space as it can be, so I only selected miniatures that caught my eye. However, when I saw the flowers and vegetables, those seemed to really fit. I knew at once that I wanted to create a garden somewhere in the tray. As I made the picture, I was amazed how each miniature seemed to find its place in the tray."

Anne went on, "Now that I look at the tray, I see some miniatures that I really like: the old woman in the right corner sitting at the spinning wheel, the goddess near the center back with her arms outstretched holding snakes in her clasped hands, the Middle Eastern man standing at the left side
holding a hookah and watching the action, and the stone with the word hope written on its top. I do hold hope about Maya. And, of course, I love the garden – it is so vibrant and plentiful and it’s being protected by the umbrellas. I also feel good about the Native American woman on horseback. She seems to be on a journey, moving from the cave in the left corner towards the garden. I think she could be Maya . . . or perhaps me.”

After studying the tray for a few moments in silence, Anne added, “I don’t know what the vacuum cleaner, army medal, and surfboard are doing here. Also, I have no idea about the mouse sitting by the cave entrance. Anne then pointed to a large chalice and said, “This chalice is really too big for the picture and it seems empty . . . well, actually it seems like it’s waiting to be filled – maybe with rain water.”

Then Anne exclaimed, “Oh, I didn’t see this before! Look! In the center of the tray is a bunch of yellowish flowers that seem to be growing wild. They aren’t part of the organized garden.”

We spent a few more minutes just standing and looking at the tray, and then we seated ourselves once again.

Anne said, “I’m so glad I made a sand tray with Maya in mind. If I had just used my thinking self in considering the connections between Maya and Jon’s story, I would have said that both Maya and Jon are from Asian cultures. However, I noticed that the sand tray contains miniatures from several cultures – all different from my own, plus I don’t understand why some of the miniatures are even in the tray. It may be that my feelings of distance from Maya may not just be because we are from different cultures. Perhaps there are many more things about Maya that I do not understand. Maybe I need to listen and observe more.”

“What else did you notice about the picture?” I asked.

“I noticed that the flowers are in full bloom and the vegetables seem ready to eat,” Anne responded. “When I saw this, I thought about my relationship with Maya and the development of her skills. Maybe Maya has already enhanced her skills. However, I also noticed that the garden is full – there didn’t seem to be much room for anything new to be planted or grown. Maybe Maya has enough on her plate right now – she doesn’t need anything more. Yet, a group of wild flowers grows outside of the garden in the center of the tray. Perhaps something natural and beautiful, but unexpected may emerge during her journey. I think that’s the hope I hold.”

I then asked, “Can you come up with any connections between Maya and Jon’s story – either from thinking about it or from the sand picture?”

“Let me see . . .” Anne responded. “Well, Jon’s parents thought they knew what was best for him, but when they told him that he must stop playing, he became depressed and had suicidal thoughts. It seems to me that he essentially lost his way.” After a brief hesitation, Anne said, “Oh, my, as I think about it now, I realize that I’ve had an agenda for Maya all along – from the very first day! When she announced that she didn’t want
to see children, I think I heard her statement as a refusal to consider any approaches outside of verbal therapy. Therefore, I believe I’ve been on a campaign to broaden Maya’s outlook on therapy. In fact, I’ve been thinking about assigning a child to her for therapy, even though she doesn’t want to counsel children. What’s been stopping me from making such an assignment is that I believe a child would immediately pick up on Maya’s reluctance and, therefore, the connection would not strong enough to support a therapeutic alliance. Now I realize that if I had made such an assignment, I would be a lot like Jon’s parents – believing that I know what is best for her, rather than trusting her own natural path.”

Anne then made a surprising observation. She said, “Rie, did you notice that the surfboard had a name written on it?”

“No, I didn’t see that,” I said.

Anne said with wonder, “On the surf board it says Natural Breath . . . That certainly says it all, doesn’t it?”

**Processing the session**

In their small book, *Mentoring: The Tao of Giving and Receiving Wisdom*, Huang and Lynch (1995) define mentoring as the giving and receiving of wisdom. They state that through interactions with others, mentors share the “gift of wisdom and [have] it graciously appreciated and received by others who then carry the gift to all those within their sphere of influence” (p. xiii). Huang and Lynch emphasize the point that mentoring occurs within a community, and mentoring activities help to promote a culture of wisdom throughout this community.

I am sometimes asked, “How does a mentor differ from a supervisor?” In the introduction to this book, Harriet and I define a supervisor as both “a teacher and a mentor (not a personal analyst or therapist), who is able to establish a collaborative relationship in a free and protected environment.” As a mentor, the supervisor becomes a trusted ally, guide, facilitator, sounding board, and advocate, and above all invites and nurtures the “total autonomy, freedom, and development of those he or she mentors” (Freire, 1997, p. 324).

In mentoring Anne, I was mindful that the nature of our interaction was as important, if not more important, than the information she took away with her, and further I knew that both our process and content would have a subsequent impact on her interns, and they, in turn, would have an impact on their clients.

Throughout the session, Anne and I worked collaboratively. At times, I suggested a verbal or a non-verbal activity that I thought would facilitate the process and help her come up with ideas or ways of solving her concerns or defining the issues in a different manner. I tried to resist the impulse to
give her direct suggestions or options. Instead I asked questions to open up the possibility of her thinking in a different way. For example, I asked if she saw any similarities between Jon’s story and her relationship with Maya.

Anne was particularly open to the wisdom and reality of the unconscious. She was willing to tell me Jon’s story and she recognized that the story was important, not a random memory of the mind. She also created a sand tray enthusiastically, using an unorthodox approach and being able to hold Jon’s and Maya’s stories with her during the entire process. And, after the picture was completed, she thoughtfully reflected on the tray and its possible messages. All of this helped me see that she felt protected and safe enough with me to express herself within the container of the consultation room.

The interns she discussed with me were typical of many pre-licensed people we supervise. Natalie was a young, inexperienced intern who wanted to learn but seemed anxious and overwhelmed by her new responsibilities. It was hard for her to take in information and relate it to her practice, because the intensity of her anxiety and tension was so high that it blocked access to her authentic feeling state and inhibited her connection to the unconscious. I wondered if her anxiety also limited her being able to experience a deeper level of therapy. As Anne deduced, Natalie needs time to settle in, see clients, work in her own therapy, and develop a mutually trusting relationship with Anne. Anne’s idea to present sandplay cases to her group is a good one; believing the deepening of the psyche as it evolves through sandplay will speak to Natalie on an entirely different level than just a cognitive one. When Natalie is ready, it is essential that she experience first-hand the movement of the psyche through creating her own sandplay process, especially if she wants to work with young children using non-verbal play and creative arts therapies. In the meantime, Anne’s exercise of having the interns select miniatures with a client in mind and then reflect on the miniatures’ symbolic meanings could help Natalie recognize and begin to understand the symbolic language of the psyche.

Ned’s questioning of his effectiveness as a therapist and his current need to understand cognitively what he initially understood intuitively, and now doubts, is quite common among advanced interns and even some experienced therapists. As a supervisor, it is extremely important to recognize and address these concerns with a supportive, understanding attitude as well as offer as much cognitive, resource information as possible. Without this approach, therapists may become frustrated and move from using both talk therapy and expressive arts therapies with children and adults to working only with adult clients using traditional verbal therapies. Anne’s idea of giving Ned the opportunity to discuss his concerns and present a sandplay case will provide an opportunity for him to think about and discover answers for himself. Students of sandplay therapy and other expressive therapies often attend workshops and consult with a number of different
teachers in order to broaden and deepen their knowledge. A training workshop given by a certified sandplay teacher may help Ned better understand how and why sandplay therapy is effective, and an individual case consultation would help him prepare for his case presentation.

Pre-licensed therapists often state initially that they don’t want to see children in therapy; however, over time, that belief usually fades as the supervisee hears in supervision about other therapists’ child cases, realizes that child therapy is fun and gratifying as well, receives more training in non-verbal therapy, and becomes more confident. Nevertheless, most supervisors usually allow the supervisee to have some choice in the types of clients they see. Anne’s attitude was much the same; i.e., therapists don’t have to work with every type of client. Yet, Maya’s vehemence worried her and, in the year Maya had been at the clinic, her attitude had not seemed to soften. Anne didn’t think that the primary issue was working with child clients versus adult clients. It seemed that Maya would not allow herself to try anything new or different. Anne wondered, “Was Maya shut down in some way? Why was she so rejecting of approaches other than traditional talk therapy? Was there something in Maya’s background that didn’t allow her to participate in imaginative play or expressive arts? Would Maya’s hesitation to ‘spread her wings’ hinder her growth as a therapist?”

During the mentoring session, it became apparent that a deeper dimension needed to be accessed to understand the forces at play between Anne and Maya. When Anne became aware that she was focusing her attention on Natalie and Ned, she realized that she felt distant from Maya. Then memories about a previous client, Jon, came into her mind and she wondered about the connection between that client and Maya. To understand more, Anne created a sand tray while thinking about these memories and their possible connections with her work with Maya. From that experience, she intuited that perhaps there were many things about Maya she didn’t understand; she needed to observe and listen more. Contrary to her fear that Maya was not developing as a therapist, Anne’s sand picture suggested movement and growth, with the possibility that something unexpected and natural might emerge – perhaps for Maya, or for Anne, or in their relationship. Connecting Maya and Jon’s story, Anne realized that from the beginning she had held expectations for Maya, and she almost acted on what she thought was best for Maya, rather than allowing Maya to follow her own natural path.

My mentoring session with Anne was satisfying and meaningful. Within a free and protected space we worked together collaboratively using our thinking, feeling, intuitive, and sensate functions to illuminate issues arising in supervision. Normally, I like to make a summary statement at the end of a session, but this time I chose not to do that. I felt that Anne’s reflections concerning her three interns were still in process and that, over time, additional creative thoughts and ideas would emerge.
References

