Peer Supervision Groups: *an investment in our counseling skills & well-being*

Colleen Caleshu
Lead Genetic Counselor
Clinical Assistant Professor (Affiliated)
Stanford Center for Inherited Cardiovascular Disease

@ColleenCaleshu

STANFORD CENTER FOR INHERITED CARDIOVASCULAR DISEASE

CAGC-ACCG

CAGC 2017 Short Course and Annual Education Conference
September 27-30, 2017
Delta Victoria Ocean Pointe Resort & Spa, Victoria BC

INSERT NAME OF SPEAKER HERE

- I have the following financial relationships to disclose.
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- I will not discuss off label use and/or investigational use in my presentation.

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Have you taken part in supervision?

Peer group supervision

- Why do it?
- What is it?
- What is it like?
- How do you do it?
- What do you talk about?

- Discussion

Why do it?

Why GCs wanted to do it

Stay one step ahead of students

Place to process problems

Stay connected

Help with work/home boundaries

Help with getting overinvested in cases

Fresh look at one's work

Gain wisdom

Kennedy et al 2000

Prevent burnout, isolation

Learn new ideas & approaches to practice

Recognize, understand, address countertransference

Increased self-awareness

Think through situations more critically

Benefits

Manage intensity of counseling work

Means of analyzing, improving and validating practice.

Clarke et al 2001, 2007; Likhit 2000; Rosenfield et al 2000;

"Peer group supervision promotes professional and personal development by providing peer support and validation, deepening one's understanding of patients and one's self, increasing knowledge and skills, offering opportunities for informal socializing, and fostering a sense of community."

Zahm et al 2007

"Insecurity can be transformed into better counseling skills and past failures become the seeds for future successes"

"… these stories also beg us to take the rich body of our experiences and, with the help of supervision, become better genetic counselors and better people"

-Bob Resta

Resta 2002

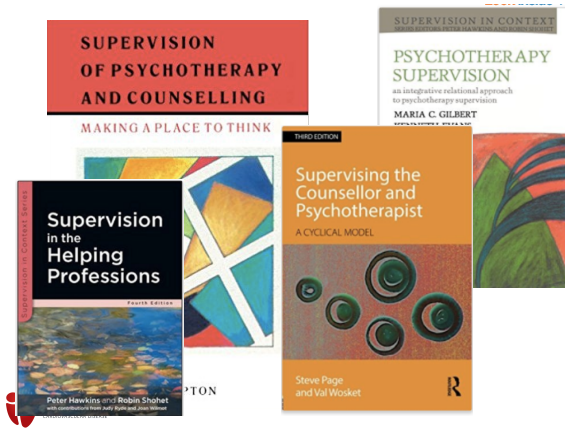
Who doesn't want all that?!

What is it? (What is it not?)

Not just for students!

Ongoing professional development

Required by some employers, countries



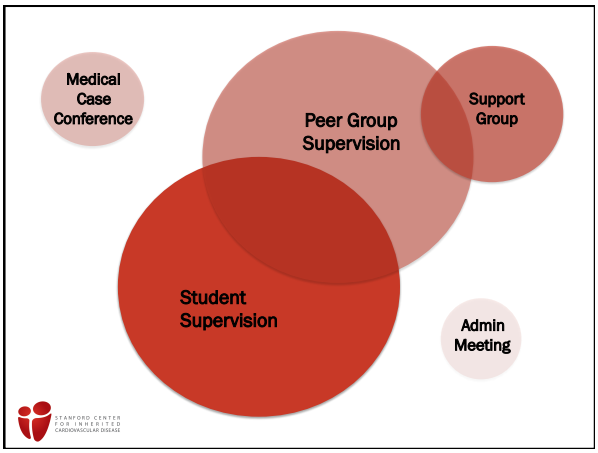
Definition of Genetic Counselling Supervision

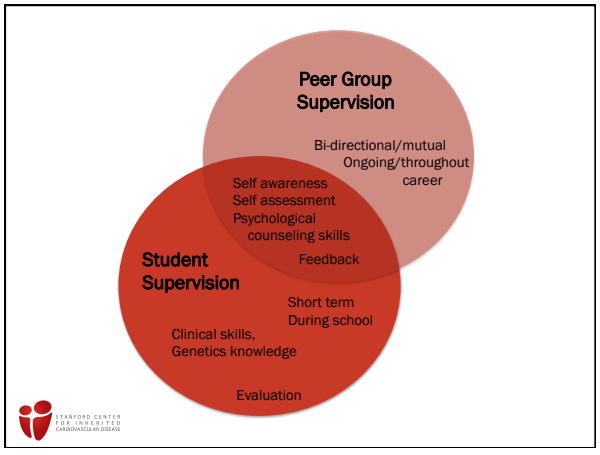
Genetic counselling supervision is a formal and contractual arrangement, whereby genetic counsellors meet with a suitably trained and experienced supervisor to engage in purposeful, guided reflection of their work. Focusing on the dynamics between client and genetic counsellor, the aim of this process is to explore the interaction between the counsellor and their client, and the impact of external factors on this, enabling counsellors to learn from experience, improve their practice and maintain competence. The overall intention is to enhance the quality and safety of client care and to promote the ongoing professional development of the genetic counsellor.

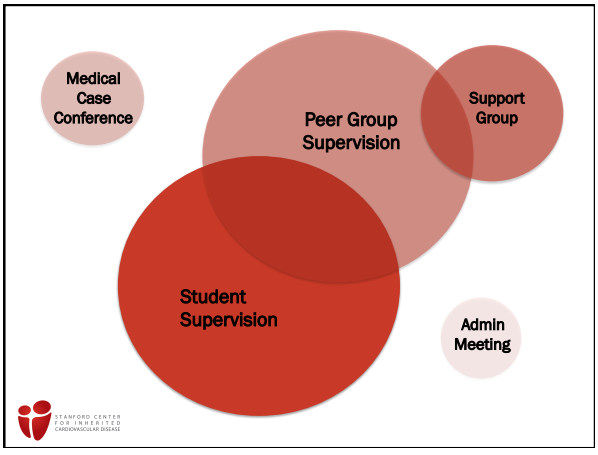
Clarke et al 2007

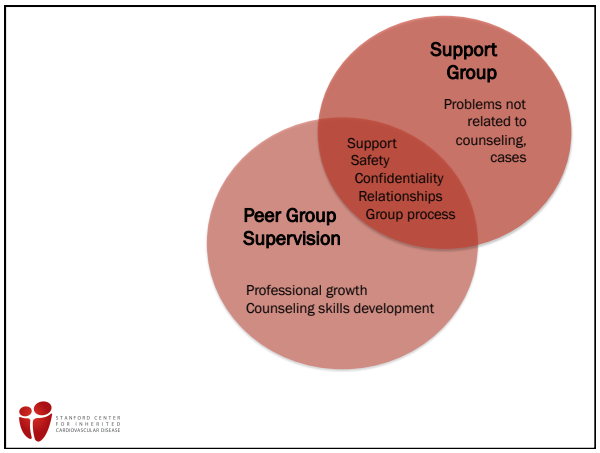
Form of reflective practice

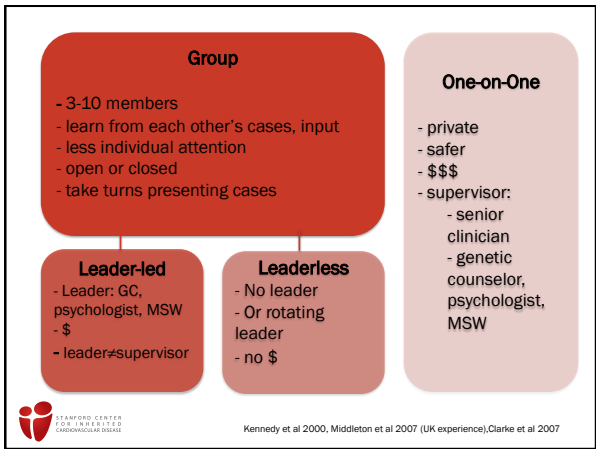
Holding place



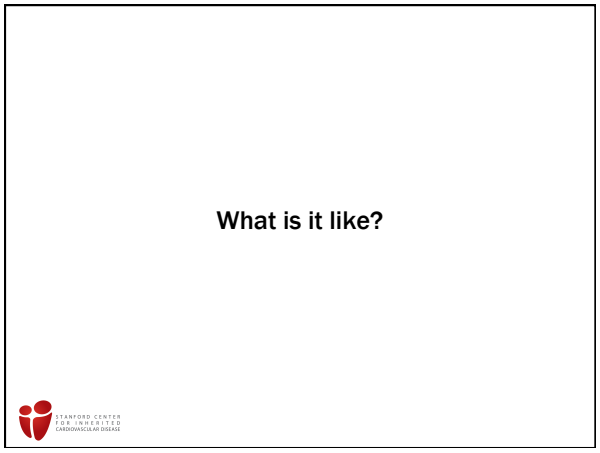








What is it like?



contemplative

refreshed

stimulated

thoughtful

therapeutic

What is it like?

Middleton et al 2007 UK experience, Zahm et al 2007

contemplative
scary
angry
refreshed
mixed
stimulated
irritated
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intense
exhausted
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challenging
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What is it like?

But worth it

Middleton et al 2007 UK experience, Zahm et al 2007

How do you do it?

APPENDIX A: SAMPLE GROUP SUPERVISION CONTRACT

It is envisaged that each group will develop it's own contract and may be different from the sample contract below. The terms of the contract are usually developed in the first session and are personal to each group.

1. The supervisor will establish the issues to be discussed each session by asking each supervisee at the beginning to list the areas they want to cover. Time will then be allocated accordingly to create a structure for the session.
2. Topics for the agenda can be brought up by individual members as well as the supervisor.
3. Issues raised at group supervision cannot be discussed with any other members of the department who are not group supervision members.
4. Any group members who are unable to attend can be informed of what was discussed at the session they missed and the group can discuss issues that have been raised within the groupwork, outside of the session.
5. Each group member will make all reasonable efforts to attend every session, where this is not possible, at least 24 h notice will be given.
6. The supervisor will not raise issues within the group setting that have been raised within individual one-to-one work. However, individuals within the group may choose to raise issues themselves that they have discussed within on-to-one sessions.
7. Personal issues can only be brought to group supervision when they are impacting on work life. It is envisaged that most group sessions will cover case discussion and team group dynamics, but this will vary.
8. The supervisor can keep notes if they choose; all written documentation will be completely anonymous and will maintain client and other group member's confidentiality.
9. Notes will be taken by the supervisor, these are for her/his use only. These remain confidential and no direct access will be given to anyone within the Clinical Genetics Department. These will be kept by the supervisor at her/his premises and not within the Clinical Genetics Department. However, they may be used as a prompt if the supervisor is needed to make specific comment in relation to a disciplinary issue.
10. If the supervisor has any doubts about an individual's competence, she will raise it with the individual in the first instance and then after discussion with the supervisee, with their line manager.
11. Everybody within the group is responsible for only bringing issues that they feel comfortable with and everyone is also expected to contribute issues for discussion.

Clarke et al 2007

Our contract

- Mission
- Member goals
- Structure
- Rotation
- Ground rules
- Safety, confidentiality
- Roles & responsibilities
- Closed group
- Re-evaluate occasionally

Our mission statement

To develop our psychotherapeutic counseling skill set and our self-awareness by creating a safe space in which to explore those aspects of our sessions, to learn from each other, and to support one another in that development. To develop our culture and identity as a genetic counseling team that values and prioritizes psychotherapeutic counseling.

Our schedule:

1 meeting/month

1.5 hours
~15 minutes check-in
~75 minutes case discussion

Key considerations

- confidentiality
- safety
- only discuss within group
- keeping time
- multiple relationships – bosses, students, friends
- collusion/soft vs truly challenging

(leader watches for these issues)

What do you talk about?

Audiotapes

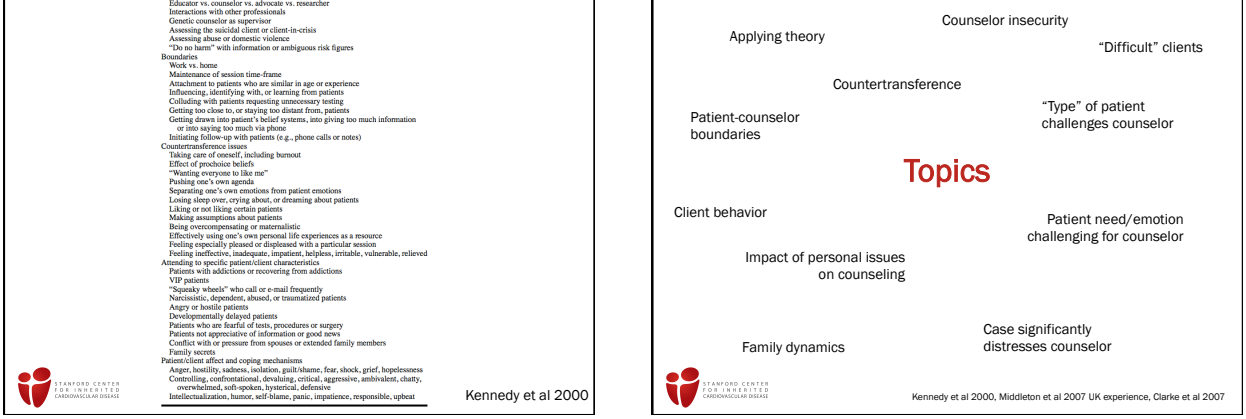
Notes

Transcripts

Table 1. Examples of Themes Evolving from Case Presentations and Discussions

Roles of the genetic counselor
Educator vs. counselor vs. advocate vs. researcher
Interactions with other professionals
Genetic counselor as supervisor
Assessing the suicidal client or client-in-crisis
Assessing abuse or domestic violence
"Do no harm" with information or ambiguous risk figures
Boundaries
Work vs. home
Maintenance of session time-frame
Attachment to patients who are similar in age or experience
Influencing, identifying with, or learning from patients
Colluding with patients requesting unnecessary testing
Getting too close to, or staying too distant from, patients
Getting drawn into patient's belief systems, into giving too much information or into saying too much via phone
Initiating follow-up with patients (e.g., phone calls or notes)
Countertransference issues
Taking care of oneself, including burnout
Effect of prochoice beliefs
"Wanting everyone to like me"
Pushing one's own agenda
Separating one's own emotions from patient emotions
Losing sleep over, crying about, or dreaming about patients
Liking or not liking certain patients
Making assumptions about patients
Being overcompensating or maternalistic
Effectively using one's own personal life experiences as a resource
Feeling especially pleased or displeased with a particular session
Feeling ineffective, inadequate, impatient, helpless, irritable, vulnerable, relieved
Attending to specific patient/client characteristics
Patients with addictions or recovering from addictions
VIP patients
"Squeaky wheels" who call or e-mail frequently
Narcissistic, dependent, abused, or traumatized patients
Angry or hostile patients
Developmentally delayed patients
Patients who are fearful of tests, procedures or surgery
Patients not appreciative of information or good news
Conflict with or pressure from spouses or extended family members
Family secrets
Patient/client affect and coping mechanisms
Anger, hostility, sadness, isolation, guilt/shame, fear, shock, grief, hopelessness
Controlling, confrontational, devaluing, critical, aggressive, ambivalent, chatty, overwhelmed, soft-spoken, hysterical, defensive
Intellectualization, humor, self-blame, panic, impatience, responsible, upbeat

Kennedy et al 2000



Kennedy et al 2000, Middleton et al 2007 UK experience, Clarke et al 2007

My topics/cases

Weakness, lack of confidence in counseling children & their parents

Building therapeutic relationship in busy multidisciplinary clinic

Challenging case – countertransference, incidental finding, counselor emotional reactions

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A Leader-Led Supervision Group as a Model for Practicing Genetic Counselors

Annette L. Kennedy[1,2]

Journal of Genetic Counseling, Vol. 9, No. 5, 2000

Supervision for Practicing Genetic Counselors: An Overview of Models

Annette L. Kennedy[1,2]

Journal of Genetic Counseling, Vol. 9, No. 5, 2000

J Genet Counsel
DOI 10.1007/s10897-007-9115-2

ORIGINAL RESEARCH

An Investigation of Genetic Counselor Experiences in Peer Group Supervision

Kimberly W. Zahm · Patricia McCarthy Veach · Bonnie S. LeRoy

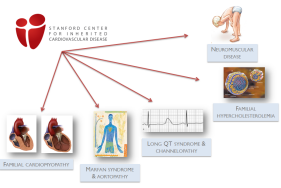
Journal of Genetic Counseling, Vol. 16, No. 2, April 2007 (© 2007)
DOI: 10.1007/s10897-006-9074-z

Professional Issues

Reflections on the Experience of Counseling Supervision by a Team of Genetic Counselors from the UK

Anna Middleton,[1,4] Vicki Wiles,[2] Ann Kershaw,[2] Sarah Everest,[2] Sarah Downing,[2] Helen Burton,[3] Sue Robatham,[3] and Annette Lanly[3]

Recommended reading



ccaleshu@stanfordhealthcare.org
650-725-6273

@ColleenCaleshu

Discussion

ccaleshu@stanfordhealthcare.org
650-725-6273

@ColleenCaleshu