

The Role of Professional and Peer-to-Peer Supervision in Massage Therapy

By Ben Benjamin, PhD

There are times when a therapist has an uncomfortable or disturbing experience giving a client a massage. The client may have made an off-color joke or was inappropriate in a more subtle way. Practitioners need a shame-free, trustworthy relationship with peers and a supervisor to review and evaluate such challenging or difficult experiences. Supervision groups with one's supervisor and/or peers create a setting for self-care, support, and development.

Supervision assists practitioners in maintaining ethical practices and reducing burnout.¹ The crucial role of supervision in the training of many health-care professionals has been widely acknowledged by practitioners and supported in the professional literature over the past 25 years. Yet the core curricula in most training programs often neglect to teach practitioners how to deal with the intense feelings that arise in the therapeutic relationship.²

When the body is touched as a part of the therapeutic relationship, feelings can become intensified. These feelings may be confusing and troubling, and at times diminish the practitioner's ability to deliver quality care. Without solid communication tools, practitioners have to figure out by trial and error how to best manage the complex interpersonal dilemmas of taking care of clients.³ Unfortunately, relationships can be irrevocably damaged with a strategy based on guessing. An important and integral aspect of being a health-care professional includes tolerating and managing feelings that arise in our professional relationships with our clients.⁴ This can be stressful and difficult at times. Discussing these issues in a supervision setting helps diffuse residual emotions and create balance.⁵

Different Types and Formats of Supervision

There are two types of supervision: technical supervision and relationship supervision. Technical supervision in massage and bodywork means working with an experienced therapist who is an expert in the type of work you do. This kind of supervisor can help you with how you approach a problem or develop new skills and techniques for working with a particular issue, whether it's shiatsu, myofascial therapy, massage therapy, orthopedic massage, craniosacral work, and so forth. For example, students and graduates from my orthopedic manual therapy programs periodically call me for a supervision consultation on how to work with a person who has a type of pain they have not seen before or someone who is not responding to treatment as they would expect.

In relationship supervision, often referred to as clinical supervision, the supervisor works with the therapist on how to deal with ethical and communication issues. For example, a practitioner may have a client who talks incessantly during the session, asks a lot of personal questions, or the therapist feels attracted to the client. All of these issues should be discussed, not brushed aside as if they were inconsequential.

There are many formats for supervision. It can be done on a one-on-one basis or in a group. It is often useful to have supervision in a small group of 8 or 10 practitioners who work together or do the same kind of work. This broadens the base of learning and creates an additional support system for each member. If the practitioner is in a larger supervision group, they can learn from many other practitioners' experiences.

Supervision increases each participating therapist's understanding of the fundamentals of ethical practice through witnessing others' learning, not just relying exclusively upon one's own professional trial and error. Hearing the fears and doubts of other practitioners who are feeling challenged by unusual, yet not uncommon, client situations can help practitioners feel less isolated and alone.

In a group setting, clinical or relationship supervision has four primary functions:

1. Addressing the relationship issues that arise between clients and practitioners
2. Acting as a support group for the participants
3. Serving as a forum for didactic instruction on important psychological concepts (such as projection, transference, countertransference, etc.)
4. Training the participants in supervisory skills so that they feel confident continuing this type of coaching by themselves in the future without the supervisor

In a group setting, the supervisor will often invite other members to help navigate a colleague toward the core issue underlying the problem they have brought to the group.

Clinical supervision provides an opportunity to discuss with a more experienced, psychologically savvy practitioner how to best help a client while promoting increased self-observation and awareness. For example, when a practitioner senses or has confirmation of romantic or sexual feelings from a client, scrupulous attention to professional boundaries is crucial. If a practitioner feels attracted to a client, careful self-monitoring of interactions and the safeguarding of boundaries is necessary. Rather than offering advice and telling the practitioner what to do, a good supervisor helps the practitioner explore what's happening internally, define where the appropriate boundary is for the practitioner and the client, and determine what action might correct the situation. Practitioners often increase their tolerance and understanding and learn how to manage feelings in themselves and their clients through clinical supervision.

Guidelines for Consultation

Ethical practitioners are committed to self-supervision concerning personal motives and ethical responsibilities. Asking oneself the following questions may facilitate self-supervision and assist practitioners in deciding when a consultation with a supervisor is indicated.

1. Does the care of this client deviate from the usual professional standards of care for this client's problem? Were usual and customary professional boundaries stretched or violated? What is the rationale for the unusual treatment approach?
2. Are you aware of strong feelings about this client? Are there indicators of favored or disfavored treatment status? Do you feel intimidated, afraid, angry, powerless, or especially close to this client? How do these feelings influence the care provided?
3. Are you confused or conflicted about the relationship aspects of this client's care?
4. Are you uncertain concerning the differentiation between professional and personal feelings and where to construct the professional boundary? Are you attracted to the client? Is the client attracted to you?

Essential Elements of Helpful Supervision

1. Useful supervision includes an interpersonal climate of reasonable safety, including an atmosphere of warmth, respect, honesty, and support that allows a trust-based relationship to develop. A collaborative approach with a sense of mutual empowerment and openness to new learning for all participants is valued. Definition and clarity about the supervisory contract, including time, issues of confidentiality, and learning goals, are essential to establish a sense of safety and clear boundaries.
2. Supervision works best when the educational contract is as specific as possible, and both parties communicate directly and clearly. The process of exposing and examining professional work and disclosing personal professional experiences commonly evokes feelings of anxiety or vulnerability. This is to be expected. Learning involves feeling like a beginner with a predictable sense of disruption as one transforms their previous ways of understanding and integrates new material. These inevitable feelings of vulnerability, perhaps ineptness, diminish with time and are coupled with a sense of increasing competence and self-confidence. Successful

supervisory experiences include feeling that “mistakes” are a ubiquitous and important part of the learning process and that the sense of comfort and self-disclosure deepens across time.

3. Supervisory approaches that foster the personal and professional development of the individual practitioner are preferable. Supervisors who encourage practitioners to creatively answer their own questions facilitate the development of a competent professional. Supervisors who communicate that they believe they ultimately know the best ways to understand and manage the clinical situation leave supervisees feeling incompetent, dependent, and unprepared for the complexities of client care.

How to Find a Supervisor

A skillful supervisor is like a guide in unfamiliar territory, enhancing understanding and helping direct the practitioner toward constructive answers, if necessary. A supervisor often helps by asking a variety of questions about what is needed and what the practitioner was thinking and feeling during the time they didn't know what to do. In appropriate situations, advice can be offered as to what next steps to take with a client. The most important aspect of supervision, however, is the opportunity to explore and work through a problem.

Finding a technical supervisor is usually easier to do. This person could have been one of your teachers at school or a therapist with many years of experience in the same modality that you practice. They must have had some teaching experience and be a good communicator. Just asking around in that modality's community can often help you find the person who is the right fit for you. Try them out once to see how it goes.

Finding a clinical supervisor is often not an easy task, particularly in areas where there are few therapists familiar with somatic practices. Psychotherapy disciplines have the longest tradition of providing clinical supervision and thus psychotherapists are fruitful sources. Psychiatrists, nurses, social workers, psychologists, and counselors are likely to be experienced supervisors.

Personal recommendations by a colleague or a valued teacher are also fine ways to secure names of potential supervisors. If a referral by a colleague or instructor is difficult to obtain, it's possible to contact state or national professional organizations to obtain names of professionals in good standing.

Interviewing Potential Supervisors

One should employ a consumer-oriented selection process in selecting and arranging clinical supervision. You are purchasing a professional service that may range from \$50 per hour to several hundred dollars per hour, and you should investigate and choose wisely. Often, group supervision is more cost effective and a richer learning experience.

Supervisors aren't equally talented, experienced, competent, or at the same developmental phase. Ann Alonso's *The Quiet Profession*⁶ explores the development process of supervisors, describing issues for the novice, mid-career, and late-career supervisor. Alonso notes that supervisors of clinical work change over time. For example, supervision of a young practitioner group may have changing needs over time, starting with skills in how to interrupt an incessant talker and moving toward dealing with sexual attraction to a client as the group matures and safety increases. An effective clinical supervisor has in-depth knowledge about human psychology and mind-body connections. They should teach about what happens when clients become emotionally dependent upon practitioners, with particular attention to transference and countertransference. A more feasible and cost-effective approach in the long run would likely be to have a group of lead therapists who work within the organization (selected by a list of criteria) trained in how to do supervision. This could be done online and include individuals from across the country.

After an initial screening telephone call to assess if the supervisor has time, is affordable, and sounds like a potential match, arrange an interview. During the face-to-face

or online interview with the prospective supervisor, you have an opportunity to experience how it feels to sit and speak with this person and gain an impression of how they think and work. If you go the route of hiring outside supervisors, the interviewer has to be someone who understands and knows what clinical supervision is and can recognize the necessary skills and attributes in a potential supervisor.

Prepare questions you would like answered in advance of this meeting, such as:

1. What has been your experience as a supervisor? How long? For what disciplines?
2. Have you ever worked with or supervised massage and bodywork practitioners?
3. Have you personally received massage and bodywork?
4. How do you describe your work as a supervisor?
5. What is your fee for supervision? For how much time?
6. Are the discussions with you confidential? What are the limits, if any, of confidentiality?
7. Can you give me the names of a few individuals you've supervised who would be willing to speak about their experiences?

These guidelines are designed to help you secure the best kind of supervisory assistance for your particular situation. If for any reason, even if it's difficult to articulate, you feel uncomfortable in the initial meeting with the prospective supervisor, trust your intuition and look elsewhere. Seriously consider any visceral discomfort and reservations. Remember there are other competent supervisors, and you will find one who is a better match.

Peer Supervision

Peer group supervision is a valuable model of supervision for massage therapy practitioners at any phase of professional life. Beginning practitioners may find it beneficial to engage in both individual and peer group supervision. Mid- and late-career practitioners often participate regularly in peer group supervision and seek individual consultations as required.

After six months or a year of clinical supervision, a brief start-up consultation with a clinical supervisor is helpful to define and establish the contract and frame for successful peer group supervision. When successful, peer group supervision far exceeds other forms of supervision and continuing education for individualized learning, intimacy, support, and a sense of belonging that anchors their professional work. Many peer groups opt to have a clinical supervisor moderate their meetings on a regular schedule, such as quarterly or twice a year. This supervisor might also be appropriate to meet with individually when additional support is requested.

Technical and clinical supervision improves and enhances a therapist's effectiveness, skills, and satisfaction with their work. Personally, I have had two supervisors throughout 40 years of my career, one technical and one psychological. In this article, I have spent more time describing clinical or relationship supervision because technical supervision is more straightforward and easier to find. The psychology and social work professions have used supervision for decades with excellent results. Massage and bodywork therapists are confronted with technical, ethical, communication, and relationship issues every day and often don't know where to turn for help and support. Supervision is what is needed to elevate our professionals' skills, effectiveness, results, and work satisfaction.

Notes

1. Nancy Bridges, "Psychodynamic Perspective on Therapeutic Boundaries: Creative Clinical Possibilities," *Psychotherapy Practice and Research* 8, no. 4 (1999): 1-9.
2. Ann Alonso, *The Quiet Profession* (New York: Macmillan Publishing Company, 1985).
3. Nancy Bridges, "The Role of Supervision in Managing Intense Affect and Constructing Boundaries in Therapeutic Relationships," *Journal of Sex Education and Therapy* 24, no. 4 (2000): 218-25.

4. Nancy Bridges, "Meaning and Management of Attraction: Neglected Areas of Psychotherapy Training and Practice," *Psychotherapy* 31, no. 3 (1994): 424–33.
5. Nancy Bridges, "The Role of Supervision in Managing Intense Affect and Constructing Boundaries in Therapeutic Relationships."
6. Ann Alonso, *The Quiet Profession*.