Establishing, sustaining, and repairing ruptures in the therapeutic alliance are among the most important competencies in psychotherapy. For the novice psychotherapist, strain within the therapeutic alliance usually arouses feelings of insecurity and may undermine the trainee's developing, yet precarious, sense of confidence. Alliance strains and ruptures pose unique challenges for the clinical supervisor as well, who must safeguard client welfare while facilitating the supervisee's professional development (Falender & Shafranske, 2004, p. 6). The types of skills required for the therapist to be able to constructively negotiate alliance ruptures are complex, multifaceted inner and interpersonal skills. They require a basic capacity for self-acceptance (or at least an ability to work toward it), a willingness to engage in an ongoing process of self-exploration, and a capacity to engage in a genuine dialogue with the client. The quality and style of the supervisory process thus play a critical role in the development of these skills.
In this chapter, we discuss how our supervision model prepares therapists to address ruptures in the therapeutic alliance. We begin by outlining our model of the rupture resolution process. Next we outline general principles of supervision. We then outline some of the basic features of our group supervision model. We conclude with a transcript illustrating the supervisory process.

RESOLVING RUPTURES IN THE THERAPEUTIC ALLIANCE

The therapeutic alliance is one of the key mutative factors in psychotherapy (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000), and learning how to explore and repair therapeutic alliance ruptures should be an important focus of supervision. For more than 15 years, we have been encouraging therapists to pay careful attention to the therapeutic relationship and to the ongoing relational “pushes and pulls” that occur between the client and the therapist. We believe that inherent in all relationships, including therapy, is a negotiation between the subjectivities of each person. Within the context of psychotherapy, these negotiations are often most explicit in the form of ruptures or therapeutic impasses. We have identified and classified the types of therapeutic ruptures that we believe are germane to the therapeutic process and, on the basis of our research findings, have developed a model of the rupture resolution process (Muran, Safran, Samstag, & Winston, 2005; Safran, 1993a, 1993b; Safran, Crocker, McMain, & Murray, 1990; Safran & Muran, 1996, 2000; Safran, Muran, Samstag, & Stevens, 2002; Safran, Muran, Samstag, & Winston, 2005; Safran & Segal, 1990; Samstag, Muran, & Safran, 2004).

Our goal in focusing on and working with ruptures is not simply to repair them so that work can continue with a revitalized alliance. Rather, the aims are to help clients develop a fuller understanding of how they construe events and how that construal impacts their interaction with others, and to provide them with a new experience of relating. Ideally, this will help them to become more comfortable with their own emotional states and needs, and to develop greater flexibility in expressing those feelings and needs, with an improved expectation of maintaining relatedness with important others.

Elsewhere (Safran & Muran, 2000), we have found it useful to distinguish withdrawal ruptures from confrontation ruptures, and we have developed specific resolution models for each type of rupture. For our purposes here, however, we have abstracted a more general model consisting of five basic positions describing the therapist–client dyadic interaction: (a) identifying the rupture maker, (b) recognizing and disembedding from the relational matrix, (c) exploring the client’s construal, (d) exploring the avoidance of aggression–vulnerability, and (e) emergence of the underlying wish or need.
For heuristic purposes, these are presented as a consecutive series of separate and distinct positions. In practice, however, work with ruptures often moves back and forth through different stages. As a result, it is essential for the therapist to be focused on the moment-to-moment dyadic interactions instead of relying on the theoretical stepwise progression we describe here.

Position 1: Identifying the Rupture Marker

Ruptures begin when during the course of therapeutic work, the client notices some action of the therapist that confirms his or her dysfunctional or pathogenic expectations about relationships. The client reacts by either confronting or withdrawing from the therapist. This often triggers a defensive or angry reaction from the therapist, which in turn, confirms the client’s expectations. Whether the client’s initial perception was realistic or distorted, at this point, both the therapist and client are engaged in a cycle of reaction and counterreaction.

Position 2: Recognizing and Disembedding From the Relational Matrix

The first step in beginning the resolution process is for the therapist to recognize that he or she is embedded in a relational cycle with the client. When a client begins to openly criticize or blame the therapist or abruptly withdraws by becoming silent in sessions, repeatedly missing visits, or coming late to sessions, it can be easy to recognize that the normal negotiation process has broken down. Other ruptures, however, can be much more subtle and difficult to detect. This is especially true when clients try to conceal their anger or dissatisfaction. In cases like this, it may only be by noting his or her own subjective experience (e.g., feeling frustrated, spaced out, confused, or angry) that the therapist is able to recognize that the negotiation process has been compromised.

In this way, maintaining an ongoing sense of awareness of their own emotional reactions allows therapists to detect strains in the relationship and begin to identify client behaviors that are pulling for a complementary response. Once the rupture has been detected and the therapist realizes that both he or she and the client are caught in a cycle, the disembedding process, in which both the therapist and the client attempt to step back and communicate about what is going on, can begin. This process involves the therapist metacommunicating his or her observations about the cycle to the client (communicating about the communication process). No matter how the rupture began, the therapist must recognize, and be able to talk about, his or her own contribution to the cycle. This prevents the client from feeling blamed and gives him or her important feedback about how he or she is affecting others. It can also serve as a model for the idea that expressing feelings, even...
uncomfortable ones, can lead to closeness rather than increase alienation and can open up further exploration.

Position 3: Exploring the Client’s Construal

The goal in this stage is to unpack and explore the client’s construal of events. The focus here should remain on the interaction in the moment. The goal is to provide the client with the experience of working his or her way out of those cycles with another person, not simply to come to greater understanding of these cycles. To do this, the therapist needs to help the client to unpack his or her understanding of what happened to precipitate the rupture.

Position 4: Avoidance of Vulnerability—Aggression

Although exploring the client’s experience of the rupture may lead to a resolution, talking about these feelings can often generate considerable anxiety and may trigger avoidance of underlying feelings. As a result, an ongoing awareness of the emotional shifts in both client and therapist is critical, and the focus needs to be kept on what is happening in the moment. As clients become anxious, the focus needs to shift to the current anxiety, and the exploration needs to shift between both the feelings and the avoidance. This can help clients to better understand, and more comfortably express, a wider range of feeling states. It is not uncommon for ruptures to be partially resolved and then to reappear in slightly different form as the underlying schema is reactivated later in therapy.

Position 5: Expressing the Underlying Wish or Need

Clients often believe that their underlying wishes or needs are unacceptable or will go unmet, leading them to express them in a qualified or indirect way, which may pull for complementary feelings of frustration, confusion, or irritation from the therapist. If the therapist is not aware of his or her own feelings and responses, this may perpetuate a new enactment of the cycle. Providing the therapist can continue to be mindful of his or her own responses, continued work can lead to the examination of the underlying wish or need. As the exploration continues, and the therapist continues to validate the client’s emotional responses, the client can gradually become more comfortable with his or her underlying feelings and needs, and more capable of expressing them directly without feeling that doing so will endanger his or her ability to relate to others. At the same time, the client begins to understand that all of his or her wants and needs cannot be met and that the feelings of sadness and disappointment that result can be tolerated and accepted. Learning to facilitate such a process, which in our view is an essential clinical competency, is initially learned and practiced within clinical supervision.
Supervision is directed at helping therapists develop a particular stance, including an awareness of, and ability to work with, their own feelings and reactions. To do this, we believe that training needs to go beyond a didactic presentation of the model and a set of techniques. To help therapists develop the ability to integrate procedural knowledge and self-awareness (which is necessary to respond to clients in a flexible and creative way), it is essential that training have a substantial experiential component and emphasize the process of personal growth for therapists. Below are a number of principles that facilitate the development of this type of focus and awareness. First, we talk about general principles, and then we describe the specific structure and exercises of a typical group supervision session.

General Principles

There are some basic principles that guide our approach to supervision and that help define the stance taken by the supervisors and are encouraged in trainees. They include a strong emphasis on an experiential focus and the relational context of supervision, the use of supervisors as models, and openness to diversity issues.

Explicitly Establishing an Experiential Focus

The process of establishing an experiential focus often involves a partial shift away from many traditional ways of thinking about doing therapy that emphasize the development of a case formulation and the implementation of interpretations guided by this formulation. Although case formulations can be extremely helpful, they can also lead to premature formulations that foreclose experience.

It can be useful to begin the supervision process by explicitly presenting a rationale for an experiential emphasis to training. Typically, we begin by discussing the dangers of assimilating new experience to preconceptions and emphasizing the value of striving to develop what the Zen master Shunru Suzuki (1970) referred to as a “beginner’s mind” (i.e., a state of mind that is conducive to new learning and discovery). We encourage trainees to attempt to relate to videotapes of other trainees’ therapy sessions at a more experiential, rather than a conceptual, level and to give feedback of a more experiential nature. Over time, a group culture develops that is more experiential in nature and a more natural flow back and forth between experiential and conceptual levels emerges. At first, however, the disciplined and intensive focus on the experiential may feel somewhat constraining.
Self-Exploration

Our approach places an overarching emphasis on helping therapists to find their own unique solutions to their problems rather than providing our own formulations or suggestions for intervention (although this can be helpful as well). Therefore, we focus on helping therapists to develop a way to talk with their clients about what is going on in the moment in a way that is unique to the moment and their experience of it. The supervisor’s task is to help trainees develop the ability to attend to their own experience of the moment and use it as a basis for intervening.

Because this kind of self-exploration can be threatening, especially given the complexity of the dual relationship between trainees and supervisors (supervisors have both an evaluative and a semitherapeutic relationship with trainees), it is important to pay considerable attention to establishing an adequate supervisory alliance. The first step is to begin the work by explicitly discussing the role that self-exploration plays in training. Like the establishment of the therapeutic alliance, the development of a supervisory alliance involves the negotiation of relevant tasks and goals. When working in a group context, we begin by speaking about the fact that self-exploration will play a central role in supervision, and we make it clear that we anticipate that some therapists may feel less comfortable with this emphasis than others.

At the same time, we make it clear that it is also critical for therapists to respect their own needs for privacy. We thus emphasize that it is important for trainees to be able to take responsibility for halting the exploratory process when they feel uncomfortable with going further. In turn, we strive to be responsive to trainees’ feedback that we are pushing too hard. We have found that as therapists come to experience us as trustworthy and respectful of their needs for privacy and come to recognize our commitment to this, they find it easier to take risks and to explore vulnerable areas.

The Relational Context of Supervision

Just as we believe that each therapeutic interaction needs to be taken on its own terms, we feel that supervision has to be tailor-made to the needs of the trainee. Trainees need to maintain their self-esteem, and supervisors need to balance the need for support versus new information or confrontation in a given moment. One way we have found particularly helpful is to have trainees choose the specific issue or theme that they want to work on. If trainees are able to choose the focus, it facilitates the agreement on supervisory goals and helps improve the supervisory alliance.

It is critical for supervisors to monitor the quality of the supervisory relationship in the same ongoing way that therapists monitor the quality of the alliance in therapy. When there is an adequate alliance, the supervisory rela-
tionship can move to the background and does not need to be explicitly addressed. When, however, strains or tensions emerge, the exploration of the supervisory relationship should assume priority over other forms of supervision.

The traditional parallel process model (Ekstein & Wallerstein, 1958; Searles, 1955) is used by many supervisors as a way to talk about the dynamics of the supervisory process and explain conflicts and defenses that may be unwittingly enacted. Although the framework can be useful, it can also provide supervisors and trainees with a way of defensively removing themselves from the relational equation. By conceptualizing a supervisory impasse as a parallel to an impasse in the case being supervised, the supervisor can disown responsibility for his or her contribution to the interaction. This is not the best way of modeling the process of acceptance of responsibility to the trainee.

For this reason, we tend to apply the parallel process framework to supervision sparingly. Instead, we prefer to explore supervisory impasses in the same way we think about therapeutic ruptures. This involves a collaborative exploration of both partners’ contribution to the impasse. Sometimes there are parallels between ruptures in both supervisory and therapeutic relationships, and sometimes there are not. Regardless of whether working through a supervisory impasse helps to understand the particular strains in a case being supervised, the process of working through supervisory impasses provides therapists with valuable experiential learning about the process of working through relational impasses.

Supervisors as Models

Seeing their supervisors in action can be a valuable learning experience for trainees. The supervisor, modeling his or her therapeutic work, can stop and answer questions regarding his or her internal processes at critical points. When supervisors present their own videotaped material, trainees can ask the supervisors questions about their own thoughts and feelings. Although this process places supervisors in a somewhat exposed and vulnerable position, it highlights the fact that ruptures are an inevitable and valuable part of the therapeutic process, not something that can be avoided with sufficient training or experience. It allows trainees to see what the supervisor’s work is really like, rather than some idealized version of it. When trainees see their supervisors struggling to help their clients and alternating between moments of skillfulness and confusion, they can begin to develop a greater sense of self-acceptance toward themselves in their own struggles as therapists.

Trainees also get to see their supervisors in action when they help trainees to engage in the process of self-exploration in either individual or group supervision. The dual nature of the supervisory relationship limits the depth of this type of exploratory work to some extent, but it also provides the opportunity for supervisors to use the process to make didactic points and to
ask trainees if they have questions or observations. The interweaving of exploratory and didactic work can create a rich learning experience. It can also allow supervisors to modulate the intensity of the exploratory work by introducing a certain degree of intellectual distance when the exploratory process moves beyond what they think will feel safe in a training context.

Diversity Issues

We believe that diversity issues, including those regarding race, gender, sexual orientation, and cultural background, need to be focused on in the context of the particular therapist–client dyad. Knowledge about other cultures can be extremely helpful to clinicians. Sometimes, however, generalizations made on this basis can be used defensively to avoid the anxiety raised by tensions around these issues and can lead to clinicians making premature and inadequate clinical formulations. We believe that focusing on the elements of the model described in this chapter—therapist self-awareness, a focus on experience, and tracking of the continually shifting tensions of the moment—allows therapists to become aware of, and to begin a dialogue about, the particular issues of diversity that become salient for a specific dyad. Sue (1998), describing the elements necessary for developing cultural competency, emphasized the importance of nonspecific factors such as (a) scientific mindedness, that is, the ability to form hypotheses that avoid premature conclusions about culturally different clients and the ability to test these hypotheses creatively and (b) dynamic sizing, that is, the ability to know when to generalize and be inclusive and when to individualize and be exclusive. We believe that the approach described in this chapter can help to facilitate the development of these skills.

Structure of Group Supervision Sessions

There is a structure and several basic elements that we find useful to include in most sessions: starting with a mindfulness induction exercise, choosing a case to present and orienting the case presentation, playing an audiotaped or videotaped segment of the session, defining the rupture event, doing an experiential exercise, and finally, debriefing the group and the presenting trainee.

Mindfulness Induction Exercise

The practice of mindfulness plays a significant role in the therapeutic process. Structured mindfulness exercises at the beginning of each supervision session can help supervisees to develop an awareness of, and openness to, their own experience rather than focus on their intellectual understanding.
Such exercises also help trainees sharpen their abilities to become participant observers.

To begin each session, trainees are given some simple mindfulness exercises, such as carefully attending to the sensory experience of eating a raisin (Kabat-Zinn, 1991), focusing on their bodies for a few moments in an attempt to become aware of any physical sensations that emerge and to note when they find their mind wandering, or attending to the breath (following the inhalations and exhalations with attention). These exercises set the tone for each session by focusing trainees' awareness on the present and helping them adopt a sense of nonjudgmental awareness of their own sensory and emotional states.

Over time, this type of mindfulness work helps trainees increase their awareness of subtle feelings, thoughts, and fantasies that emerge when working with their client, which provide important information about what is occurring in the relationship. One of the most valuable by-products of this kind of mindfulness work is a gradual development of a more tolerant and accepting stance toward a full range of internal experiences. In fact, we conceptualize therapeutic metacommunication as type of mindfulness in action, insofar as it involves reflecting on experience in a relational context as it emerges in the here and now, in an attentive, nonjudgmental fashion (Safran, 2002; Safran & Muran, 2000).

Orienting the Case Presentation

Following the mindfulness exercise, the attention is shifted toward a specific case that a trainee will present. We strive to establish a culture of acceptance that privileges the presentation of difficult moments. As discussed, it is important that moments of confusion and not knowing come to be as valued as moments of clarity and skillfulness. As a result, we want trainees to focus their presentations on moments when they felt most stuck and confused. As described above, this can make presenting especially anxiety-provoking. Because of this, we grant trainees control over what they want to focus on and encourage them to monitor and limit their level of exposure. After he or she chooses a focus, we ask the trainee to present case material including, when possible, an audiotaped or videotaped segment.

Audiotaping and Videotaping

Using audiotaped or videotaped recordings of sessions in supervision can be a simple and powerful way for supervisors to get a look at what actually takes place in sessions. It allows therapists to gain some distance from their own work and adopt an outside perspective. This process can help them to disembed from whatever relational matrices are being played out.
We have found it useful to use audiotapes and videotapes in several ways, listed next.

1. Although we have found that allowing the trainee a chance to preface or set up the segment they want to present can provide a useful orientation to the group and provide the trainee with a desirable sense of control, we also encourage playing the segment without any introduction. This increases the emphasis on attending to new perceptions and experiences rather than on conceptualizing what is going on. We also tend to err on the side of playing more tape rather than less. This tends to reduce the tendency for group members to interrupt with their observations in a competitive fashion without understanding the larger context and the complexity of the situation.

2. Tapes are stopped at moments when therapists appear unknowingly engaged in enactments, and the therapists are asked to try to reconstruct their feelings at the time. This can help them to notice feelings that they were unaware of and allow them to begin to disembed. The supervisor stops the tape and says to the therapist, “Any sense of what you were feeling in that moment?”

3. Group members are encouraged to provide therapists with subjective feedback about the impact that the client has on them, for example, “Watching the client here, I notice myself beginning to feel tuned out.” Supervisors imagine that they are in the therapeutic situation and “think aloud” about the kind of unobservable internal processes that they go through watching the client, including feelings, thoughts, intuitions, internal struggles, and observations (e.g., the look on the client’s face or a change in his or her voice tone). This gives less-experienced therapists a glimpse of the covert processes of a more experienced therapist.

Watching recorded material can feel especially exposing to the therapist being observed. During the use of recorded material, it is important for the supervisor to use an empathic, exploratory approach to help therapists to begin to articulate semi-inchoate feelings and experiences. To do this, therapists are encouraged to go beyond simple, one-word responses and to explore the more subtle forms of their experience. The initial task, on viewing the video, is to define the rupture event. The task is to help the therapist become aware that he or she is embedded in the relational matrix with the client and to help him or her with the processes of exploration and disembedding. A relevant moment is chosen and used as a jumping-off point for designing an experiential exercise to allow both the presenting trainee and the group to begin to explore.
Awareness-Oriented Role Plays

Awareness-oriented role plays can help ground the training process at an experiential level and promote self-awareness in trainees. These consist of having therapists role play a segment of a session that has been problematic, either with the assistance of a training group member who plays the role of either the client or therapist or plays both roles themselves (alternating back and forth between the role of therapist and client). As with the other interventions discussed, although this may be of some use to practice with different ways of intervening, the focus here is on the exploration of feelings.

Because the goal is to facilitate awareness, therapists start with whatever they remember from the impasse, but they are encouraged not to worry about perfectly recreating what actually transpired in the session. These role plays take on a life of their own and provide valuable learning experiences even when they end up departing considerably from the original situation. The supervisor may encourage the therapist either to respond (either as the therapist or the client) in a way that feels emotionally plausible in the moment or to try to talk about what he or she is feeling. The goal of directing the therapist's attention inward at specific moments is to help the therapist become aware of feelings that are unconsciously influencing the interaction with the client.

Alternatively, different supervision group members can take turns playing the role of therapist and client in a moment of impasse. In this way, all of the group members can be actively engaged in the experiential learning process, and the kind of one-upmanship common to group supervision settings and case conferences can be reduced. Finally, other group members are able to struggle experientially with the dilemma of the presenting therapist. This often increases empathy for the therapist's dilemma, promotes an atmosphere of trust and mutuality, and facilitates the type of genuine self-exploration that is most helpful when therapists are caught in a difficult therapeutic impasse. Finally, by engaging in role plays as their clients, therapists can often notice client communications and emotions that for some reason they had not previously been aware of, for example, how hostile or scared the client was.

Debriefing

Each session is concluded by debriefing the group. During this stage, we gather final impressions and check in with the trainee who presented to see where he or she is vis-à-vis the group and then the case.

AN EXAMPLE OF THE APPROACH

In this section, we illustrate how our supervisory approach is put into practice. Much of our supervisory work has been done within the context of
group supervision, and we will share an example from a supervision group that was conducted by two of us (the first and second authors) with a group of psychology interns. As we mentioned above, we use videotaped sessions for supervision. The supervision session presented below was audiotaped. What follows below is an annotated and somewhat edited (due to space constraints) version of a transcribed account of what took place in a supervision group. We selected this segment of supervision because we believe it captures a number of important aspects of our work.

As we have been discussing throughout this chapter, we place a strong emphasis on helping our supervisees cultivate an awareness of their own internal processes when confronted with ruptures in their treatments. This provides them with greater flexibility when confronted with an impasse, so they can more easily disembed from it and engage in a dialogue about the rupture. We use a number of techniques from the gestalt therapy tradition to facilitate this improved awareness, including empty-chair exercises and role plays.

In this supervision session, a trainee (who we will call Simon) presented a case that he was feeling stuck with. He stated that his client questioned some of the fundamental premises of the therapy and that he was not sure how to handle it. The client was a 40-year-old single woman, currently living alone, who was having difficulty establishing and maintaining a romantic relationship. She had a tendency to disown her own needs and to feel uncomfortable showing vulnerable feelings. As she talked about the recent death of her cat, she began to cry and then began to defend against her sadness.

Simon: She began to cry and then tried to get away from the crying very quickly. She moved to a more affectively neutral part of the story and began to talk in a chatty way about friends’ explanations for why the cat died and so on. When I tried to explore what leads her to avoid the sad feelings, she started to question the method of what we’re doing, and that’s really what I’m stuck with. I think she pushed some buttons in me.

Supervisor: Why don’t you play a little segment of the session so the group can get a more nuanced sense of what’s going on?

Videotaped Session Segment

Simon: Let’s talk about how come you moved away from the sadness. Is it some sort of numbing? A way to numb yourself and then go on with the story? I don’t mean to call it a story. It’s something you get comfort from, but I think we’re both sitting here and wondering why it happened. What do you think it’s about? Why do you choose to tell that part of the story?

Client: I think it’s a way of getting away from the pain.
Simon: It's a way of numbing yourself?

Client: I mean, you know, just about every week I come here, and I cry. I wonder if things will ever get solved.

Simon: So you're not sure that crying has . . .

Client: I feel I've been depressed for most of my life, and I've cried a lot. I mean, what does that say? What does that solve? What does it do except make you feel a little better because it's a physical release. You know . . . part of my expectations of this therapy . . . I go back to that.

Simon: What do you mean?

Client: I don't know . . . more feedback from you . . . I don't know if we agree about what's important.

Simon: What's missing for you?

Client: Feedback.

Simon: About what in particular?

Client: What do you see? What do you think about all this? I don't know . . . You're the psychologist. [End of segment.]

In the segment above, the client initially presented with a withdrawal rupture, pulling away from her affect and engaging in storytelling. As Simon attempts to explore the process, the client begins to challenge the treatment and shifts to a confrontation rupture. The supervisor instructs Simon to stop the videotape at this point, as he imagines it might provide a good entree into Simon's experience of having his "buttons pushed" and probes for his experience.

Supervisor: Okay, Simon, why don't you stop the tape here. [Pauses.] Any sense of what you're feeling at this moment?

Simon: I don't know. Confused.

Susan: Couldn't it be useful at this point to comment on the way in which she goes on the attack to defend against her vulnerability?

Supervisor: Perhaps. But I think it's important in these situations to remember that with hindsight, it can be easy to see how you might have dealt with it. But the issue is that when you're in the situation, you're embedded. You can't see beyond it. I know that when I'm the therapist, when I'm stuck, I'm stuck. And it's often only in retrospect that I can gain some sense of what's going on. What I'm going to suggest is this now. Rather than keeping the focus on Simon, I'd like to
give other people the opportunity to start doing some work . . . at least in role play form. I'm wondering if I can have two volunteers? One to play the client and one to play Simon?

Geena: I'll play the client.
Howard: I'll play Simon.

Simon is not able to put his feelings into words, and at this point, one of the trainees (Susan) attempts to be helpful by suggesting a particular technical strategy that involves interpreting the client's defenses. However, the supervisor chooses to stay at the experiential level in an effort to help Simon become more fully aware of his own feelings that may be contributing to the impasse. Sensing that Simon is somewhat stuck, however, and that there is some impatience in the group, he encourages more group involvement at an experiential level, by structuring a role play exercise.

Supervisor: Okay. So here we have an impasse. The client is pressuring the therapist and saying in a sense, "I'm not getting what I want." And the therapist's task is to try to comment on the interaction in a way that facilitates the therapeutic process. The trick is to try to find some way of talking about what's going on in a way that doesn't mobilize further defensiveness on the client's part. You're the therapist [pointing to Howard], and you're the client [pointing to Geena]. So can the two of you reenact a little bit of what we saw in the tape? Howard, I'd like you, as the therapist, with the benefit of hindsight, to try to use your experience to metacommunicate with your client about what's going on. And Geena, I think it will be important for you in the client's role to try to get some sense of what it feels like getting this kind of feedback from Howard and to respond in a fashion that is informed by the way you're really feeling in role. So if it feels like a criticism or an insult or whatever, you'll try to respond on that basis.

As Geena and Howard enact the impasse between Simon and his client, they find themselves growing increasingly frustrated, and Howard breaks the exercise to enlist help from the group.

Howard [as therapist]: So, you don't see how expanding developing a greater awareness of . . .
Geena [as client]: I don't see how my becoming more aware will help. That's for you to tell me.
Howard: [To the group.] I don't know what I would do in this situation.

Supervisor: What's happening for you right now?

Howard: I'm feeling nailed to the wall. But I'm afraid that if I say that to her, it will just alienate her.

Simon: Yeah. I know that feeling.

Supervisor: So why don't you try metacommunicating about your dilemma to her?

The supervisor uses this as an opportunity to explore the feelings that are emerging within different people in the group. Howard articulates his experience of feeling "nailed to the wall," and this contribution frees up Simon to sharpen his awareness of his own experience. Howard is then encouraged to experiment with using this experience as a starting point for metacommunication.

Howard [as therapist]: [To Geena as client.] I feel a little bit like I'm being nailed to the wall. I'm feeling like I don't know how to answer your question. I want to stay with you on this, but I'm not quite sure I know what to say.

Geena [as client]: Well, I'd be interested in hearing from your point of view, what you think is important in therapy and what you hope to accomplish. [Long pause . . . Howard looks frustrated.]

Supervisor: [To Howard.] What's happening for you now?

Howard: I'm feeling really stuck. I tried to negotiate a way for myself to sort of be in the room, but it feels like she comes back at me with a rapid fire question, and I'm stuck again. And I don't want it to be a situation where we keep going back and forth in this way.

Supervisor: It's a real bind. You've tried to talk with her about what's going on, and she's put the pressure back on you again. So where do you go from here? Right?

Howard: Right.

Simon: I didn't metacommunicate as much as Howard did, but my sense is that if I had, the same interaction would have happened and I would have gotten nailed again.
Supervisor: My suggestion is that in this type of situation, you just continue to comment on the process.

Howard: Comment on the process?

Supervisor: Yeah. For example, let's imagine that it keeps going back and forth for awhile. I could imagine myself saying something like “I keep trying to put the ball in your court, and you keep trying to put it back into mine.”

The supervisor uses this as an opportunity to help trainees begin to develop an understanding of the importance of continuing to play the role of the participant observer by noting and commenting on whatever emerges in the moment, rather than becoming fixated on their initial understanding of the situation. The next effort to resume role playing was met with some resistance, as supervisees were experiencing the rupture as insurmountable. This was ultimately helpful for Simon, as he was able to feel supported in his frustration. He agreed to try again as the therapist in a role play, and he and Nicole (as client) end up in a similar place in which the client persists in expressing discomfort with progress made in the treatment.

Simon [as therapist]: Right... What are you feeling right now?

Nicole [as client]: Another feeling question. I'm feeling like this just isn't getting me anywhere.

Simon: [Shrugs and gestures to group as if to say, “I’m stuck.” Silence for a moment, and then everyone laughs.]

Supervisor: [To Simon.] What are you experiencing?

Simon: I don’t know. I just don’t have a comeback.

Supervisor: Okay. So you’re at a loss.

Simon: Yeah.

Supervisor: Okay. So can you work from this point? “I’m at a loss...” or whatever... in other words... try to put into words the feeling of the gesture you made to the group.

Simon: Okay. I don’t want to say, “I’m at a loss.” But let me see...

Supervisor: Why not?

Simon: Well... okay. I'll try it.

Supervisor: You don’t have to try it... but I’m just curious to find out what your reservations are.
Simon: Well... I think of saying, “I don’t know,” and my heart starts beating.

Supervisor: Can you say a little more?

Simon: Well... it’s like my competency is on the line. I guess it feels like that a lot with her.

Supervisor: So it’s not okay with you not to have the answers right now?

Simon: I guess not.

Through the role play, Simon accesses an experience of being at a loss. When the supervisor encourages him to use this experience as a point of departure for metacommunication, Simon begins to appear anxious, and he is about to push through this anxiety in an act of compliance. The supervisor stops him and instead uses the opportunity to begin to explore an internal conflict that may be contributing to the therapeutic impasse.

Supervisor: Okay... I’m going to suggest an experiment. It sounds like there’s an internal split. It’s not just that you feel at a loss but also that there’s a part of you that finds that unacceptable. Does that fit?

Simon: Yeah.

Supervisor: Okay. So can you sit in this chair [pulls up an empty chair] and play the part of yourself that finds it unacceptable? [Simon moves to empty chair.] ... In other words, tell the part of you that feels at a loss [gestures to empty chair] that it’s not acceptable.

Simon: [Speaking to empty chair.] You should have the answers. What’s wrong with you? [Pauses.]

Supervisor: Can you switch to the other chair and respond?

Simon: [Switching to other chair.] I don’t know. I guess I’m feeling stuck.

Supervisor: Can you switch chairs and speak as the other side?

Simon: [Switching chairs.] That’s not good enough. You should have the answers.

Supervisor: Switch, please.

Simon: [Switching chairs.] Well, I don’t, and that’s all there is to it [gesturing with hand].

Supervisor: What’s the feeling that goes with the gesture?
Simon: It’s like “Back off. I can’t be where I’m not.”

Supervisor: Switch chairs, please.

Simon: [Switches chairs and looks at the empty chair thoughtfully.]

Supervisor: What’s happening for you?

Simon: Well . . . that makes sense. I feel a sense of letting go.

Supervisor: Okay. So now I’m going to suggest as an experiment that you try talking about your feeling of being stuck to your client and see how it feels. Imagine that she’s sitting in the empty chair [gesturing to it] and try talking with her about your experience.

Simon: [To empty chair.] You know . . . I’m feeling kind of stuck right now. I’d like to say something that’s helpful to you, but I just can’t seem to find the right thing to say. [Long pause.]

Supervisor: What does that feel like?

Simon: It actually feels okay. It feels like a relief.

Supervisor: Okay. Now there’s no guarantee as to how your client would respond if you said that . . . but it seems like an important place to come to internally.

Simon: Yeah. I agree.

The supervisor uses an empty-chair exercise to help Simon explore the way in which his intolerance of his own feelings of helplessness contributes to the impasse. Because of this intolerance, he is more likely to get into a struggle with the client in an attempt to manage his own feelings of discomfort. By separating out parts of himself that feel helpless and the part that criticizes these parts, he becomes more aware of his own internal conflict and achieves an experiential awareness of the impact of being the object of his own self-criticism. This initiates a process of self-acceptance. This process begins when the part of the self that has been the object of self-criticism asserts itself and defends itself against the self criticism (“Back off. I can’t be where I’m not.”). It continues with a softening of the part of the self that is being critical (“Well . . . that makes sense. I feel a sense of letting go.”). This type of internal shift will not be permanent, but it does provide him with a momentary taste of what it is like to be more self-accepting on this issue.

We have found that the devotion of supervision time to opening therapists’ awareness of their multitude of experiences is the heart of the work. By having Simon engage in and observe role plays, he was able to reach a new level of understanding about how he feels when he is challenged by his client. Ultimately, he felt a sense of relief and a decreased sense of paralysis, as he accessed his sense of helplessness and became more accepting of it. This
allowed him to stay more present and attuned to his client, and he became much more adept at managing her challenges.

We hope that this case has been illustrative of our supervision model and philosophy. The emphasis is on helping trainees to develop an experientially grounded sense of their own contribution to impasses and to articulate semi-inchoate experience that is relevant to understanding what is taking place in the therapy. Our focus is on helping therapists explore their own dissociated feelings to facilitate the process of disembedding from impasses that are often emotionally complex and charged in nature. Mindfulness exercises, videotaped material, and role-playing exercises are extremely helpful in facilitating the supervisees' level of connection to their own internal experiences. Consistent with our belief that ruptures are relational experiences, we think it is critical for supervisors to facilitate therapists' deepening of awareness into both (a) the ways they experience, and perhaps contribute to, the rupture and (b) how they might negotiate or metacommunicate about this situation.

Although we find group supervision to be extremely helpful, our model can also be used quite effectively in individual supervision. In individual supervision, we use mindfulness exercises, various role plays, and empty-chair exercises and continue the focus on the therapist's experience over and above the interpretation of the client's experience. Although our rupture resolution model was originally designed in the context of relationally oriented psychotherapy, therapeutic alliance ruptures are a transtheoretical phenomenon. The relationally oriented model of supervision outlined in the chapter can thus be adapted for use in the context of a range of different treatment modalities. In addition, such training provides both a perspective and a foundation of skills and experiences to resolve ruptures, should they occur within the supervisory relationship.

FUTURE DIRECTIONS FOR RESEARCH

We currently have a number of research initiatives under way to investigate various aspects of our supervision model. One study that is currently taking place is examining whether cognitive therapists who undergo rupture resolution training in the fashion outlined in this chapter show an improvement in their ability to resolve ruptures in the therapeutic alliance. A second study is examining therapist individual difference variables that mediate the effectiveness of this training. For example, do therapists who (prior to supervision) are able to reflect on their experience with their clients in a non-defensive fashion show a greater improvement in therapeutic skills as a consequence of supervision than therapists who are more defensive? Do therapists' own relational schemas or attachment styles mediate their ability to benefit from our supervision approach? Is there a relationship between therapists'
abilities to reflect on both their clients' and their own states of mind, on the one hand, and the benefit they derive from supervision, on the other? Other potentially fruitful research directions may involve dismantling studies. For example, do therapists who are trained in the fashion described in this chapter improve their skills more than therapists who simply receive mindfulness training? How critical are the more experiential aspects of the supervision model? Research of this type will play a critical role in further refining our ability to help therapists through the process of supervision develop the complex cognitive, affective, and interpersonal skills necessary to work with challenging clients.

REFERENCES


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