AAPC THEORY PAPER

Trunkie Trees and Growing Branches: On Being Supervisors and Supervisees Together

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Recently, as part of staff training conference, I was asked to draw a tree that represented how I saw myself professionally. I have always loved trees. I remembered a time of spiritual searching and unsettledness when I lived in eastern Kentucky. I would stand at my kitchen sink looking out the window at the large old trees that lined "Cattern's" Creek and dotted the bottom lands beyond—poplars, buckeyes, oaks, and giant sycamores with their smooth, peeled bark trunks almost white in the sun. The trees symbolized all I longed to be.

I drew my tree, branches reaching off the top of the sheet, roots running off the bottom. I did not add any blossoms, fruit, or wildlife but I took time to try to make the bark look as realistic as I could. When I was asked to tell the group what it meant, I began apologetically by saying "I guess I am feeling trunkie today." I went on to observe that the trunk is the center of energy and gravity for a tree, connecting the roots and branches to each other. I understand my role as a supervisor as a "trunkie tree" providing a connection between past tradition and emerging practice.

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The Roots that Formed me as a Supervisor

It was not until later that it occurred to me how truly I am connected to the roots of the pastoral counseling movement. The concept of providing pastoral care has existed for thousands of years, and I certainly am connected to those roots through the Christian tradition. More specifically, I realized that I was trained by persons only two generations away from Anton Boisen who pioneered the pastoral care and counseling movement. I am closer to the roots than I had thought.

I have had many excellent supervisors. Becky Gross was the one who was particularly formative for me. I learned from her a way of being with supervisees and clients. Even though I was a student, she always treated me as an equal, assuming that I brought valuable insight and gifts to my work. She listened to my ideas and let me know when I said or did something that enlarged her understanding. The approach that shaped our supervision was based on Bowen system's assumption that what is going on in one system in a person's life is also likely to be repeated in other systems, and that addressing an issue in any system will impact the other systems as well. All of my life was fair game in supervision. I found that broad view helpful. Having a place where I could bring my whole self and look at my work as an outgrowth of who I am in all times and places helped me to know myself better, and to gain confidence in using my whole self in working with the client.

My family was one of deep faith, lived out in practical, everyday ways. They were farmers, teachers, and preachers—nurturers of plants and students, bodies and souls, people who loved me and supported my growth. My Mennonite family is rooted in Anabaptist heritage, which gives shape to my theology. From this tradition, I learned about the centrality of community in the life of faith. It is in the gathered community where God's word and will are best discerned, "For where two or three are gathered in my name, there am I in the midst of them." Openness, respect, truthfulness, and equality are the hallmarks of such community, and hierarchy has little place. This way of viewing the church shapes my view of therapy. I see both therapeutic and supervisory relationships as a microcosm of the church, people gathered to discern God's will in their lives and their larger worlds, a gathering where God is always present.

A Theoretical Orientation

My role as a pastoral supervisor is to welcome supervisees into the world of pastoral counseling, to help keep them grounded and connected to the tra-

dition, and at the same time enable them to discover and develop their own voices as pastoral counselors. My aim is to help them reach deep and stretch high. Throughout the supervisory program, I work to create a safe, nurturing atmosphere where they are welcomed and supported in their growth. Such nurture is essential for healthy growth.

In its broadest definition, supervision is "an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person."[1] More specifically, supervision is a formation process viewed through a relational, developmental lens in which "use of self" is a central focus and the goal is to enable supervisees to develop their own identity as many-faceted therapists.[2] In this model, the formation process and awareness of my own identity as a "pastoral person" are as crucial as the development of my supervisees. My identity is made up of my personal history, spiritual experience, personal therapy, theoretical perspectives, and experience as a supervisor.

While there are clearly didactic elements in supervision, a great amount of learning comes from the interpersonal interaction between supervisor and supervisee and the modeling supervisors do in the course of their work. As a pastoral counseling supervisor my focus includes an additional element. Not only do I offer my supervisees myself as an authentic, empathic, experienced guide, but also as one who represents God's love, forgiveness, and grace. I believe that God is an active part of every encounter. When I sit with another, either client or supervisee, we are on even ground in terms of our humanity; God is present in each of our lives and can work through each of us.

Pamela Cooper-White describes a theological, relational paradigm for a pastoral therapist/client relationship that works equally well for supervision. She names the two players as "Helper" and "Person being helped."[3] The interaction that takes place in the space between the two carries great significance. Thinking of it as a supervisory model, the supervisor and supervisee each bring knowledge, both personal and professional, to the interaction. Ideas can come from either person and flow back and forth as new insights are developed and deeper meanings evolve. Interpretation happens jointly as each person's perceptions and perspectives are shared and built upon. Both persons can take the lead at times and can, at other times, be the receiver of insight. In this respectful honoring of each person a dynamic "we" is created. Approaching supervision in this way provides a healthy model for interaction with clients since supervisees tend to interact with clients as their supervisors interact with them.

This way of viewing the supervisory relationship is consonant with my theological understanding of God's presence in human interactions. While I believe God is present in each person, I see the rich interaction area of this model as the place where God can act even more creatively as ideas and experiences are heard respectfully, valued and built upon. It is the gathering of "two or three" where God is present and God's will is discerned.

A developmental, formational supervision model includes the process of integration, a time when theories, techniques, and personal style become wedded into the emerging therapist's own unique style. In thinking about that integrative process, I find Sharon Cheston's paradigm helpful.[4] She proposes three "ways" or categories in which students can think about their learning and their work: "a way of being, a way of understanding, and a way of intervening." The "way of being" speaks to the counselor's way of being present with the client in the room. The "way of understanding" refers to the body of psychological knowledge that exists, including personality theory, developmental issues, understanding of the conscious and unconscious, psychopathology, systems dynamics. It also recognizes the client's strengths and resources. The "way of intervening" refers to the techniques used to enable a client to change unproductive patterns and begin to function in more healthy ways. This can include treatment plans and assignments, and the way the counselor uses these to encourage and give feedback as change occurs.

The Process of Supervision

The supervisory program for residents at the center where I work consists of two hours of co-facilitated group supervision per week, an hour of individual supervision with one of several staff members, and the opportunity to see clients in our offices. Our residency group is currently all Caucasian and all female. The diversity comes in religious perspectives, which range from very conservative Protestant to Reformed Jew to Mormon. Holding the group together and valuing this much diversity has been a challenge at times. We use the definition I learned in the STAR program at Eastern Mennonite University: We are a "multi-faith gathering with inter-faith sensitivities." *Multifaith* is described as "a situation where many faiths are present in one setting," and *interfaith* is defined as "activities that involve an interaction between different faiths."[5] This means that each person is invited to speak freely out of that person's tradition and will be heard with respect. We seek to embody compassion and respect in all group interactions with residents.

In the residency program we use Stoltenberg's integrated, developmental model based on three levels of learning as a way to assess where residents are in their process of becoming.[6] This model provides a helpful guide for knowing how to be with them in their learning as well as a concrete way to note the progress they make. Movement from one level to the next represents "irreversible structural change," meaning that once a skill is acquired, it cannot be lost; it remains as part of a person's skill set. However, faced with a new situation, supervisees may temporarily go back to former ways of functioning until they gain more comfort in dealing with the new situation.

Within each of the three levels there are specific domains—discrete areas where skills are needed for work with clients. The specific domains are intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, professional ethics. Growth in each of the domains does not necessarily proceed at the same rate, meaning that a person may be moving from one level to the next in one area while more growth is needed in another area.

At each level, there are three overriding structures that are the criteria used to measure change and growth in the various domains: (1) self and other awareness, (2) motivation, and (3) autonomy. I find these structures one of the most helpful parts of the model because they articulate clearly the dynamics in learning counseling, aspects I might not otherwise separate quite so specifically.

Learning to Learn at Level 1

Supervisees at Level 1 are new to the field and have limited experience in the skills needed, even though they may have considerable life experience. Their focus (self and other awareness) is usually on mastering techniques and doing well, which means they have little time to be aware of the client's perspective or the dynamics of their interaction with the client. Often there is anxiety over "doing it right," or "not making a mistake," which can limit their willingness to experiment or follow their own instincts. They are usually very motivated, eager to learn and to do well. At this stage, supervisees show relatively little autonomy. They depend a great deal on the supervisor's help and reassurance.

My task as a supervisor at this level is to provide structure in shaping both the therapy the supervisee is giving and the supervisory session. It is often important to break skills into their component parts to help the supervisee recognize all the skills that need to be honed. Level 1 often requires specific

directives and lots of encouragement to foster confidence and a willingness to risk new interventions by the supervisee. Level 1 supervisees should be encouraged to take seriously their role in the therapeutic process and challenged to take some risks. At the same time, levels of anxiety need to be monitored so that supervisees do not become so anxious they cannot function well.

> A twenty-seven-year-old African American woman had sought counseling to deal with grief over losing her father when she was fourteen years old. Her father had been alcoholic and her mother emotionally abusive, but the client felt it important not to be critical of her parents. The deaths of mothers of several close associates had brought up loss issues again for this young woman, so she had come to counseling. The supervisee ended her case presentation by asking if anyone knew any good intervention ideas for helping her client deal with her loss.

This question is a frequent Level 1 concern. The resident was understandably eager to learn what would be helpful to the client. However, while the case was laden with significant emotional issues, she did not reflect on her feelings as she sat with the client and expressed little curiosity about what might be going on within the client. Her question at the end brought the presentation to a sudden halt, because it ignored the emotional content she had just presented. Instead of being self-reflective, she turned to us, the supervisors and her fellow supervisees, to tell her what to do. Several in the group gave suggestions. I talked about the value and power of her simply being able to listen to the woman's story. I also encouraged her to be curious about what it touched within herself. She listened politely but at the end solicited specific interventions again. Later in the session, as part of a theological reflection led by my colleague, I shared some personal, emotional responses to the exercise, in part to give the group an opportunity to model another way of being with someone experiencing grief. Even after a very effective listening process by the group, the resident asked once again for concrete suggestions of exercises to do, and I was reminded that learning takes time.

A second issue with Level 1 functioning is the ethical dilemma that can arise when a supervisee fails to see crucial pieces of a client's situation.

> A forty-eight-year-old Caucasian woman, married to a "dry drunk" who is emotionally and physically abusive, described her life as walking on eggshells. She alternately placates her husband and flies into rages, neither of which really work for her.

The resident brought in a tape of a recent session in which the resident made a number of reasonable suggestions about the client being more firm with her husband and observed her ambivalence around leaving. The resident

saw individual pieces of behavior but had not seen the overarching situation of domestic violence of which these behaviors were a part. Therefore, she had not spoken to the client about a safe plan or explained the husband's behaviors as part of a pattern which the client could not change by her placating behavior. I was concerned for the client's safety.

To complicate matters, the resident's individual supervisor became extremely frightened in listening to the tape, and the supervisee came away from her supervision very upset, feeling that her ability to be a counselor was in question. The group had the double task of helping the resident move beyond the shame she felt about having "blown it" with the client and also being realistic in taking seriously the dynamics of her client's situation. The former required empathic listening, pointing out the gifts she had as a counselor. The latter I dealt with by providing material and resources about domestic violence and asking the resident to continue taping sessions as a way of monitoring her work. To me this case illustrated the ethical tension between allowing a supervisee to learn and grow while at the same time protecting the client

Beyond Basic Skills: Listening for the Issues

The move into Level 2 begins as supervisees begin to feel more confident with their ability to use counseling skills. Level 2 supervisees have learned some basic skills and are now able to focus on issues beyond techniques. They are hopefully less anxious about themselves and their skills and ready to see the client's issues more clearly. They begin to notice verbal and nonverbal cues from the client and become intrigued with possible diagnoses. A possible pitfall at this stage is becoming so involved in the client's worldview that supervisees become stuck there with the client and have difficulty extricating themselves. Countertransference can also become an issue at this point.

The challenge at Level 2 is to begin to move toward greater awareness of client and awareness of the self of the therapist during the session. Motivation at this level is somewhat dampened by the realization that technique and goodwill are not enough to support change and that life issues are extremely complex. As they move toward more autonomy, supervisees want to do more on their own, and sometimes get into conflict with the supervisor. In my experience, those power issues are often subtle. A supervisee, for example, may come week after week, declaring that everything is fine with her caseload and that she really has nothing to discuss. On the positive side, supervisees are

willing to try more on their own and are interested in discussing how their interventions worked.

Supervision at this "adolescence" level calls for a delicate balance between giving supervisees freedom to learn and experiment, while at the same time following each case closely enough to insure that clients are receiving appropriate care. Supervisees are not yet ready to work completely on their own, even though they may want to do so; therefore, the supervisor has the responsibility to be aware of what is happening with each case. Empowerment is a goal at this level. One technique that promotes empowerment is to give multiple suggestions for interventions in order to present opportunities for choice and decision making on the part of supervisees. Supervisors can ask more about the rationale behind choices supervisees make and can nudge them toward more self-awareness in relation to clients and dynamics in the room.

> One resident whom I met with individually as well as in group supervision is clearly at Level 2 in most areas. She was interested in the diagnoses of her clients, particularly an anorexic client who alternated between a meager compliance and intentional sabotage of her treatment plan. The resident would gladly spend an entire supervisory session going over the details of the case, listing all the initiatives she took in finding an in-patient program for the client, being frustrated at the lack of communication from staff of that program, describing the client's behavior, telling about interactions with the client and her family. She expressed appropriate concern about the long-term danger her client was in and we talked about setting boundaries for the therapy and ethical/legal issues.

At one point in supervision, I asked what buttons the client pushed for her and she "didn't know." She had talked about her anger over several situations where those in responsibility did not hold her client accountable for her non-compliance, and I wondered about the source of her anger. She attributed it to the obvious danger for the client but did not connect with her own life experience. She could offer no other feelings about being in the room with the client except to say that she liked the client. When I identified what the client triggered in me, the resident pleasantly acknowledged what I said but still could not make any real connections with herself. This was her clearest growing edge. I will continue to explore her lack of feelings. What she does have is an eagerness to learn and a willingness to try suggestions. There are moments when personal feelings break through and she is able to connect them to her past, so I trust that she will continue to explore and grow in this area.

Finding Balance: Personal and Professional Integration

Movement to Level 3 begins as supervisees find a place of balance. They begin to be more realistic about themselves, both their strengths and their weaknesses. They can move back and forth between what is happening in the room with the client and their own feelings and reactions, holding in their minds a plan or scheme of intervention while interacting in an authentic way with the client. This is the level where supervisees are able to make productive use of transference and countertransference. They are more realistic about motivation: supervisees accept the ups and downs of work and are ready to settle in for the long haul as therapists. They are now able to recognize the value that can be gained in the therapy process without over- or under-inflating its potential. Autonomy is comfortably realized. Persons have moved from being primarily learners to a comfortable assurance of their competence, knowing when to consult and interacting more as peers.

Since no one progresses at exactly the same rate through all the domains, Level 3 is the time for the final integration of all the domains. It is the time for making the profession one's own, forming a professional identity that is congruent with one's personal life. Motivation and autonomy are at a high level, and the person can handle most problems or emergencies alone.

At this stage, supervision becomes more collegial. Supervisees can be depended on to structure the supervision, asking for what they need. This is the time to focus on personal and professional integration. Together the supervisor and supervisee can evaluate suggestions made as helpful or not and work together at molding interventions to suit the style of the supervisee. Supervisees view supervisors more as senior colleagues than authority figures. It is important, however, for the supervisor not to make assumptions about supervisees' skills in all domains based on their competence in one area. It may take time for skills in all domains to be acquired.

Working in an organization where some supervisees become staff members and colleagues, I have had the opportunity to observe several supervisees as they move from Level 1 to a very comfortable Level 3. One such woman I supervised as a resident began as a very eager Level 1. She was full of questions that took most of our sessions to answer. Whatever suggestions I gave her she tried, and she came back to report the results. She was often able to see the humor in her less than perfect attempts. By the end of the year, she spent much more of the time reflecting on clients and her feelings about them, initiating more on her own. It was clear that she was at a solid Level 2 and beginning to focus more on herself as part of the equation. She was concerned about the hectic pace of her life and how that impacted her work. I specifically remember her laughing at herself when she realized that trying to meditate in the car on the way to work was not real meditation, and that she needed to become honest with herself and set aside time every day for "real" meditation.

For the next two years, she worked for an EAP and then returned to work on our staff. She was invited to join a peer group of which I was a part, and it was a joy to see the growth she had made in the intervening years. She was always full of questions, but questions of a much deeper nature than earlier. She fearlessly tried many interventions and was open in discussing how they had worked. She used herself well with clients. In the peer group, she listened to others, asking penetrating questions, and offering kind, sensitive observations that made it clear that she was aware of both her responses and others' feelings. She took on leadership roles and intentionally developed her own unique style and niche in the counseling community. When she decided to move to another state, the peer group insisted on a leave-taking process. She participated freely and openly acknowledged how rich the experience was for her. It helped her to understand community in a deeper way than she had before.

Ethical considerations are an integral part of our work. Some of the issues that come up regularly in case presentations are questions about setting appropriate boundaries around time and interactions; confidentiality; record keeping; malpractice and legal issues, including subpoenas; when to report suspected or known abuse; how to deal with suicide threats; what is appropriate in self-disclosure; and how to avoid or manage dual relationships. Since we have persons working for different licensures, we emphasize the importance of each person knowing well the code of ethics for their particular discipline as well as the American Association of Pastoral Counselors Code of Ethics. While we do not have a formal process of risk assessment, we routinely remind residents of key questions to keep in mind as they work. For the past three years, the Center for Pastoral Counseling has offered an ethics workshop with an outside presenter, and we have strongly encouraged the residents to attend.

One interesting dual role relationship I live with is my dual role as supervisor and clinical coordinator. Most of the time, this dual role presents no difficulty. The part of my role that becomes sticky, however, is my role in the hiring of new staff members. That clearly came into play one day when I first did a supervision session with a resident and then moved on to an initial interview with her for a staff position. I had never done the two back to back, and it felt awkward to me. I was open in naming my feeling and stating a

clear ending of supervision and beginning of the interview. In the succeeding parts of the process, I asked another person to be in charge of the interview even though I was present. We were able to work our way through the process without difficulty, but the naming of the dual roles was important. Dual relationships cannot always be avoided, but when they are fully acknowledged by both parties they hold less power to create problems.

Theological Reflection

Theological reflection is at the heart of the work I do and plays a role in how I sit with others, whether or not I am actively thinking in theological terms. Killen and De Beer state, "Our capacity to comprehend and to live faithfully as Christians exists in direct proportion to our capacity to notice, describe, and discover the revelatory quality of our human experiences."[7] Supervision is a human experience in which supervisor and supervisee sit together, using their human experiences and their knowledge to focus on the stories that comprise the lives of clients. In reality, there is never a time when I am not doing theological reflection: it frames and informs my reasons for being in the room with another. Psychological constructs, systems theories, cultural awarenesses, economic realities may all be used in understanding the person or couple under discussion, but for me, all these facets of life are encompassed by the awareness of God's loving and life-giving intention towards every person. Not only is every step toward health enabled by God but every desire to change and grow is the voice of God within, calling toward the wholeness intended by God.

When I speak of "God," I hold a very loose definition. Although I tend to use anthropomorphic terms in speaking about God, my image is not necessarily a human one. God can be Energy, Spirit, Process, Presence, Universe, The Unknown, Guide, Connection. God is the one who surprises at every turn, who sometimes frightens, sometimes reassures, sometimes remains totally hidden. The one belief I hold with certitude is that God is *in* and *a part of* every human experience. I may not be able to articulate how or where. However, my challenge is to look for and recognize signs of the presence of The Holy Other within myself, in my supervisee and her work, in the life of the clients being discussed, in the larger society, and in the world of which we are all a part.

I believe that God's voice comes to us first and most clearly from within ourselves, communicating through our gifts and deepest longings about who God created us to be. For this reason, I am always eager to hear from new residents their stories of how they have come to the work of counseling. Hearing their stories informs me about who they are and where their strengths will be as counselors. When little is articulated, I see it as part of my work with them to help them discover and value those stories. Because such stories can be embedded in painful experiences it may take some time to fully appropriate them as "redeeming" rather than "bad" or irrelevant.

> A resident came to group supervision, reporting that she was up most to the night reading a book we had assigned. Based on a list of unethical therapist behaviors in the book, she had remembered a school counselor who acted inappropriately with her from ages fourteen to sixteen in the years just after her mother died. She reported that she had become very angry as she remembered everything that occurred when she was so vulnerable. However, in her recounting of it, she laughed as she spoke. Our responses brought more details and more laughter on her part. Finally, I questioned her affect, and she became teary—the first time in more than a semester when she allowed her vulnerability to show. She acknowledged that she had never before let herself face the impact of this experience, but that it was from it that she decided to become a therapist. She went on to wonder if she had made the choice for the wrong reason. The discussion which followed with the group brought forth more "calling" stories and allowed her to begin claiming her experience as having meaning in her life.

Intentional theological reflection happens in many ways in our residency program. At times, it is simply asking the question, "Where is God in this person's life?" or "How do you experience God as you sit with this client?" or "What faith resources are available to the client?" We also explore personal life experiences of residents as they come up in the course of their work, using similar questions. There are times when we explore the theological world of the client, especially when that world includes beliefs that the resident views as being detrimental to the client. We have used Karl and Ashbrook's model for theological reflection, as well as one proposed by Killen and de Beer.[8]

Killen and de Beer name four positions from which theological reflection can begin: *tradition,* which includes scripture, doctrine, historical background, current practices; *culture,* which includes social structure, physical environment, ideas, and expressive arts; *positions* or one's individual viewpoints, beliefs, and convictions; *action,* which is the feelings, thoughts, and stories of one's own life. It is possible to enter into theological reflection from any one of these points. In group supervision, we have used the suggested format, starting at different points, and found the structure helpful, both in bringing ourselves imaginatively into the client's world and struggle, and accessing

the spiritual resources available to the counselor and client. The following is a case using the "Beginning with a Life Situation" model.

Step 1. *Narrate the story.* Mike is a ten-year-old boy from a very convoluted family system. He was born to unmarried parents who lived together until his birth. Shortly afterward his mother took him and left the father. She married a man who turned out to be a sex addict, and they had a child together. Currently the biological father and his current wife live across the street from Mike, his mother, stepfather, and stepbrother. Mike is depressed and has behavioral motor tics and enuresis. Mike's biological father is verbally and physically abusive to him and refuses to come to counseling either individually or with his son. Mike's mother and stepfather have come in with Mike. Child Protective Services became involved with the family and seemingly botched their interventions, making the situation even more stressful. The current crisis developed when the mother wanted to move, and Mike was caught between his two parents.

Step 2. *Listen, attending to one's own feelings.* After hearing the case, the group came up with their feeling reactions: frustration, confusion, a sense of injustice, discouragement, anger, tenseness, helplessness, outrage, distress.

Step 3. *Let the feelings evoke images and choose one on which to focus* Group members named as images an inner child in a tug of war, Solomon deciding to cut the baby in half, Jesus carrying his cross up the hill, Jesus at his trial, Mike in complete armor with a sword and the resident with no armor but with a sword, a ten year old boy with wild emotion. The image that held the most power was that of an inner child in tug of war, being pulled in many directions, his injuries not attended to.

Step 4. *Sit with the image. Listen for where God is present. Notice what is broken. What are the possibilities for newness, for healing?* The reflections that followed included the observations that everyone is broken, that no one is attending to self-brokenness, and that fear has overtaken love.

Step 5. W*here do the images take us in our Christian tradition?* A number of biblical references were made. One person spoke of Jesus on the cross saying, "Father, forgive them for they know not what they do." Another person remembered Jesus saying that if anyone hurts one of "these little ones," it would be better if a mill stone were hung around his neck and he be drowned. A third connection was to Jesus' warning against judging and the importance of taking the "beam" out of one's own eye before helping to remove the speck from another's eye.

Step 6. *Pick one piece of the tradition and explore that in the same way the image was explored.* We focused on the theme of love and God's care for "the little ones."

Step 7. *Have a conversation between image and tradition.* It was observed that, in a real sense, every person in the family was "a little one," everyone was in need of experiencing love. However, the parents also had power for which they needed to take responsibility. One of the ironies of the family is that the true "little one" was a parentified child.

Step 8. *Organize the results of the reflection. What questions or insights arise? What concrete actions are called for? What learning will you take to new experiences?* The group again focused on the dynamics of love and the ways it needs to be expressed and experienced by each player in this story, including the resident/therapist. Since the resident had been subpoenaed in this case and was facing a court appearance, she also felt like a "little one," rather apprehensive about the experience and overwhelmed.

Step 9. *How will you take these learnings into your own life?* The resident observed that this process had been very helpful and that she would use it again either on her own or with the group when a challenging case arose. At the end of our process she felt much less anxious and more connected to her own resources, both intellectual and spiritual. She stated that she would take the image of our supportive circle with her when she appeared in court, knowing she is connected to our strength and love and empowered by our reflection process.

One of the strengths of this model is its use of imagery and imagination. Imagination is the catalyst that brings theological resources to life, giving flesh and bones to abstract truths, taking the grim realities of people's troubled lives and breathing new meaning into them. As Barbara Brown Taylor states, imagination provides "a shocking gift of new insight."[9] Imagination helps us enter a client's world, and it is also essential in theological reflection, as demonstrated in the above case. Imagination is the liminal playground in which intangible realities give birth to new images, transforming the facts of our existence. Imagination frees us from our old, tired ways of seeing, to enter and inhabit larger, more spacious worlds where we can live more freely and fully.

So I end where I began, with an image of myself, a "trunkie tree," deeply rooted in tradition and watered by many teachers and supervisors, family members and clients. The "trunkie tree" has grown branches that extend in many directions. Now it is my turn to support the growth of new trees, new pastoral counselors, as they explore their roots, develop healthy trunks, and spread their branches to shade and protect those who come to see them.

NOTES

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6. C. D. Stoltenberg, B. McNeil, and U. Delworth, *IDM Supervision: An Integrated Developmental Model for Supervising Counselors and Therapists* (San Francisco, CA: Jossey-Bass Publishers, 1998).

7. Patricia O'Connell Killen and John de Beer, *The Art of Theological Reflection* (New York: Crossroad, 1994), ix.

8. J. C. Karl, and J. B. Ashbrook, "Religious Resources and Pastoral Therapy: A Model for Staff Development," *Journal of Supervision and Training in Ministry* (1983): 7–22. James B. Ashbrook, *Minding the Soul: Pastoral Counseling as Remembering* (Minneapolis, MN: Fortress Press, 1996).

9. Barbara Brown Taylor, *The Preaching Life* (Boston, MA: Cowley Press, 1993), 46.

ACPE THEORY PAPER

Supervision and Mutual Vulnerability

Mary Christine Mollie Ward

And God saw that it was good … God saw everything that he had made, and indeed, it was very good. – Genesis 1:25b, 31a[1]

Although I have been a Christian all my life and an Episcopal priest for more than seven years, it has taken me nearly four decades to claim those words from the opening pages of the Bible as my own. My experiences in clinical pastoral education (CPE) not only have been life-giving to me as I have rediscovered my "true self," but the CPE process has been a model for the life I want to lead. Moreover, understanding of oneself as "good," indeed "very good," is the underpinning for not only my true self but also the theme that ties together my supervisory theory of mutual vulnerability: the idea that authentic relationship is both the means and the end to the nurture of pastoral caregivers.

I believe that God calls each of us to risk mutually vulnerable relationships with self, God, and others. From a theological perspective, I believe that

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