

# The Castellino Prenatal and Birth Training Supervision Process

*Raymond Castellino, DC, RPP, RCST®, RPE*

*Ray Castellino, DC, RCST®, RPP, RPE has pioneered a way of working with early trauma that was experienced in the womb, during birth, and during the first years of life. He is constantly developing his work, drawing on 40 years as a Polarity Therapy practitioner and educator and 30 years as a craniosacral therapist, his chiropractic diagnostic skills, and his immersion in the pre- and perinatal field for the last two decades. He works with couples (including pregnant couples), families with children, and individual adults in a variety of settings: He co-facilitates About Connections with Mary Jackson, RN, LM, RCST®, is clinic director of the nonprofit BEBA clinic he co-founded in 1993, and offers private sessions and phone support/supervision, small-group Womb Surround Process Workshops, and a two-year foundation training in pre- and perinatal therapy. His website is [www.castellinotraining.com](http://www.castellinotraining.com).*

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*Editor’s note: The BCTA is printing this article by Ray Castellino because it provides a very effective process for professional consultation (supervision), one that you could use in your own professional consultation sessions. It provides an equally effective format for formulating intention in sessions with clients. Please note that not all of the forms of supervision Ray discusses here (e.g., group, peer) count toward the BCTA’s professional consultation requirement. Ray is presenting the type of supervision he uses with his staff and with students in his trainings. Nonetheless, any of these forms could be added to your professional and personal self-care. For the BCTA’s professional consultation requirements, see your member handbook.*

During the 2008 Breath of Life Conference in Raleigh/Durham, North Carolina, there was a discussion about supervision (or, as it is called in the BCTA, professional consultation). Franklyn Sills, myself, and others stated that supervision is necessary for us to be effective practitioners and teachers. I could not ethically practice or provide training without strong, effective supervision. Supervision makes me a better practitioner, a better teacher, and a better person.

It is an exciting growth process for all concerned. I look forward to supervision in a variety of forms. Supervision is necessary for students, practitioners, and teachers during all levels of the work because it helps us learn and practice ethical, safe, and effective therapy.

I am sharing with you information that I developed for myself, trainees in the Castellino Prenatal and Birth Therapy Training, individual and group supervision clients, and staff at BEBA (Building and Enhancing Bonding and Attachment). I will discuss what supervision is, why it is important on a personal and professional level, what might be covered in a supervision session, and some of the forms—individual, group, etc.—that it might take. I will present the structure for supervision that I use for myself when I receive supervision and that I use with my supervisees. Key to this structure are the practitioner’s process, the formulation of an intention for the session, and de-emphasizing story as the session’s focal point.

## **WHAT IS SUPERVISION?**

Supervision is a way for students and practitioners to develop clinical skills with the support of more experienced practitioners, instructors, training assistants, and peers. During supervision, the supervisee

may explore activation and counter-transference issues, challenging situations that occur during practice, business decisions and issues, and scope of practice issues. The main purpose of supervision is to support the practitioner to translate personal activations into effective and efficient therapeutic interactions with their clients. Supervision also addresses our human need to integrate our experiences as practitioners and teachers. Supervision is about what comes up in us, the challenges we face in some aspect of professional practice or teaching, more than about developing techniques or problem-solving a client's issue. By giving attention to ourselves and the issues that come up for us we become clearer, more effective therapists.

Supervision can be a place for the practitioner to develop specific therapeutic skills, including holding presence, establishing appropriate contact, setting and holding boundaries, tracking the client, reflection, and developing awareness of how one, as practitioner, is using and placing one's attention.

Here are some key ideas about supervision:

- Supervision is for our selves.
- The benefits of supervision to our selves and our clients are monumental.
- We are always learning. A key asset of a good therapist is "beginner's mind." Beginner's mind is the perspective of the learner, the listener. It is a perspective of deep interest and listening that supports our relationship with the people we are working with so that they may deepen into them selves. When this quality of listening is given or received, everyone grows.
- Supervision gives us the opportunity for feed- back, the opportunity to learn, and the opportunity to grow and to improve our skills. It helps us do a better job; therefore, our clients get better care.
- Staying on the leading edge (the edge of our learning curve) keeps us young.
- Supervision is a place to work with our own counter-transferences.
- By working with a supervisor, we have another point of view from which to survey our work. As a supervisee, I get an opportunity to broaden my perception and become aware of what I do not see, what is outside of my perception. What I don't perceive, I don't perceive for a reason. When a supervisor points out to me what I do not see, I can then ask myself what was happening for me that I missed something in my work with a client or family. Exploring what I miss, my blind spots, has the effect of broadening my perception.
- Supervision is a place to develop therapeutic strategies and useful clinical procedures and therapeutic formats.
- Supervision is a business cost. Account for it when you set your fees for the service you give.

## FORMS OF SUPERVISION

There are several forms of supervision. In this article I am focusing on individual, peer, and group supervision, each of which is discussed more thoroughly below. The following are some examples of forms that individual, peer, and group supervision may take:

1. Individual supervision: dyad (one-on-one) with a professional.
2. Peer supervision during training and professional practice: dyad or small group.
3. Group supervision with an experienced teacher or practitioner.
4. Clinical group supervision: Our clinical staff at BEBA meets about every six weeks for a group staff meeting where we review the work going on in BEBA and support the BEBA practitioners with the families they are working with.
5. Mentorship structure: We have a whole structure for developing strong, perceptive practitioners for the work we do at BEBA and About Connections. I work with trainees and mentor them in BEBA, in the Womb Surround Process Work- shop structure, and am now mentoring teachers in my work. Another, great example is how Mary Jackson mentors and trains assistant and young midwives in her midwifery practice. She mentors and works one-on-one with the people she is training.

### ***Individual, or Personal, Supervision***

At BEBA, facilitators receive supervision in person, on the telephone, through Skype, and occasionally via email. Regular individual supervision sessions are required for all clinical staff. As the clinical director and supervisor for BEBA, I make myself available to my staff for supervision, either by phone or in person, as their need arises. These individual supervision sessions have four primary focuses:

1. Supporting the practitioner to translate personal activations into effective and efficient therapeutic interactions with their clients. This is the main purpose of supervision. Supervision is about the practitioner integrating what is activating for them. These activations occur because our unresolved material gets activated when we are working or because we are under-supported and don't realize it. In traditional therapies, these practitioner activations are called *counter-transferences*. Counter-transference occurs when the practitioner's own historical material is activated. One of our jobs as practitioners is to translate our activations, or counter-transferences, into useful statements and activities that are cooperative and supportive for our selves and the people we are working with. Supervision can help us do that. And when we leave a session where we are questioning our therapeutic choices—and sometimes ourselves—supervision helps us to gain perspective, reorient, and regulate our own nervous systems. Supervision is more about the practitioner than the client.
2. Examining how the practitioner is working with their client in the following areas:
  - a. Developing appropriate therapeutic contracts
  - b. Setting and maintaining appropriate boundaries
  - c. Communicating effectively
  - d. Implementing effective therapeutic strategies
3. Maintaining consistency within individual sessions and over the course of the therapy with each client (i.e., maintaining the therapeutic contract)
4. Business issues:
  - a. Effective business structures
  - b. Business relationships
  - c. Scope of practice issues
  - d. Practice-building
  - e. Practice maintenance

### ***Peer Supervision During Trainings and Professional Practice***

During the course of studying pre- and perinatal therapy, students form strong peer support relationships. These paired (dyad) relationships and small groups become a basis for a developing network for peer supervision. Students share and give feedback to each other on creative home projects and may form study groups and give each other emotional support.

After graduation, peer support and study groups become increasingly important. Peers discuss and reflect on challenges they experience as practitioners with clients. There are peer study and supervision groups that meet for years after a training. Some meet in conference calls, some in person. Some groups do regular phone, Skype, or conference call support with each other and meet in person two or three times a year. There is a group of six people from the Swiss training that completed in 1999 that, as of this writing in May of 2011, are still meeting with each other twice a year. This provides fertile ground for professional growth: they are learning from each other and seeing how each of them is developing in their professional practices.

### ***Group Supervision and Tutorial Groups***

During the Castellino Prenatal and Birth Therapy Training, I introduce a program for group supervision. Many of the clinical skills presented in this foundation training take five to ten years to fully integrate. During group supervision and tutorial groups, practitioners present cases they are working with. These tutorial groups can be peer groups or led by a professional who facilitates and is paid. Trainees use a group process that I developed in the Womb Surround Workshops that I facilitate

and at BEBA. This format is described below in the “Structure for Supervision section.

During individual or group supervision sessions, clinicians can describe or show video clips of sessions or describe situations that are challenging to them as practitioners. (All sessions that take place at BEBA are videotaped. Most sessions that I facilitate in my private practice and Womb Surround Process Workshops are also videotaped.) Clinicians are asked to share how they are interacting with clients in specific situations, focusing on (1) how the therapy is progressing, (2) what is working for them as a practitioner, (3) what skills they are developing, and (4) what they consider their challenges to be. Presenting clinicians receive support and feedback from the supervisor (if there is one) and the other participants in the group. Some supervision groups are triads. Some are larger. In the past, Europeans have been much more willing to form and travel to tutorial groups than Americans. This system has proven itself to ensure effective application of the work and increase the investment students have made in their professional and personal growth.

## **STRUCTURE FOR SUPERVISION**

The following structure for supervision is a five- phase sequence that I have developed over decades. It is a suggested structure and has proven to be very efficient, minimizing time and maximizing benefit. It is derived from a combination of traditional psychotherapy supervision models, what I have learned from decades of receiving supervision, and from my experience supervising a wide variety of practitioners, including different helping professionals (medical to holistic), architects, account- ants, actors, politicians, writers, business professionals, CEOs, and even fire fighters. This process can be applied to dyads or groups. I have tested this model in both individual and group supervision settings in the U.S. and Europe. This structure is the same as the structure I use when working with participants in Womb Surround Workshops and other therapeutic settings. It is also the process I follow when I do telephone and Skype consultations. I follow this five-phase sequence though every supervision session that I conduct. The phases are:

1. The intention phase;
2. The personal challenge phase;
3. The relevant history phase;
4. The activity phase;
5. The integration phase.

The phases of the session structure are detailed below:

### ***1. Intention phase***

What is the intention for the supervision session? At the start of the session, the supervisee states their intention for the session. Stating a clear intention allows both supervisor and practitioner to focus and have their mind field bring forward what is really relevant to the supervision process. It is my observation that the mind organizes itself around intention whether our intentions are in our conscious awareness or not. It then organizes our somatic experiencing, bringing forward the somatic memory to find a way through our challenge.

If the supervisee doesn’t know what the intention is, that is all right. They should simply state that fact. The intention can be discovered during the session.

I like the supervisee to give some attention to what they want out of the session before the session. If, when we begin the session, the supervisee is not clear about their intention, I help them formulate an intention for the session. As supervisor, I want to have the felt sense that, “Yes, this is an intention I can really support the supervisee with. This is an intention that I can really get behind.”

An intention can be very general (e.g., “I want to explore such-and-such”) to very specific (e.g., “I want to know where my reaction to this client comes from so I can do a better job facilitating him or her”). What is most important to me is that the intention is *clear*, not how general or specific it is. In

most supervision sessions, the intention arises out of a specific situation with a client, so the intention will be specific to that situation.

Often the supervisee attempts to begin a session by describing or giving client history and information about a particularly challenging client. While this information is useful, I like to hear it later in the session. Up front I want to know what is going on with the practitioner. Then later we can find out about the client. So, my first questions are, “What is your intention for the session?” and, “If you meet this intention, how would *you* change, or what would change in your practice?” Here are just a few examples of intentions: “I want to gain a greater sense of confidence with this client. I feel like I am missing something and not sure what I am missing. I want to know what it is I am missing and to be able to work effectively with my client.” “I finish the day tired and drained. I want to be able to do my work and feel resourced and uplifted.” “I want to establish strong, clear, and compassionate boundaries with this client.”

## ***2. Personal challenge phase***

What’s the personal challenge? State your challenge. This could sound like, “I feel confused. There are so many layers in this family’s history that I get lost. I can’t find my midline. My tracking skills drop out. I’m afraid for my client.” “I go away from the sessions feeling tired.” “I feel stuck with this client. They are not progressing. I feel inadequate.” Often when the challenge gets stated, the intention increases in accuracy and clarity. We then restate the intention, bringing in this greater clarity.

Many times, even very competent therapists find it difficult to state what their personal challenge is. It is important that practitioners cultivate an awareness of what their own leading edge is, where the edge of their own learning curve is. Awareness of my own leading edge lets me know where my challenges as a professional lie and gives me information that will help me continue to hone my skills. This is a continual process, reforming itself each time the leading edge shifts. My experience is that when I am mindful of my own leading edge in relationship to a challenge that I am experiencing, new possibilities open to my awareness in relationship to my clients. My job as a supervisor is to support the practitioner to make good use of what they are feeling and to support them to discover their leading edge.

## ***3. Relevant history phase***

Focus on the parts of the history that are important to achieve the intention. This part of the process can include the client’s history and/or that of the supervisee. I will often ask the supervisee to pause for a short period of time, settle within themselves, and then see what comes up for them and discover what history to share. I ask them not to predetermine the content of what they say but to share what occurs to them in the moment. I assume that whatever they say is relevant to the history and the intention. The key questions have to do with what is going on for the practitioner in relationship to the client. I do not allow the practitioner to just rattle off information about their client. I am listening for the core information that will serve the intention for the session.

## ***4. Activity phase***

The relevant history phase leads to an activity that supports the practitioner in deepening into the material they are presenting, into the truth of their needs, and into the resources that provide the internal guidance and potency that enables them to find their way through their challenge and leave them with clarity and a balanced field. This section can look like a Somatic Experiencing session. It is necessary for the person in the supervisor role (and peer support people, if present) to reference midline. I give myself plenty of permission to not be in midline: I have an intention to be mindful of what I’m doing with my attention and to do the practice of returning to midline over and over again. As supervisor, I listen with the intention to support the supervisee in deepening into themselves and integrating their experience in real time.

One thing that we do a lot in BEBA clinic supervision sessions is use the videotapes of client sessions

to review the part(s) of the client session where the practitioner or the clinical team that is working with a family is challenged. The resulting discussion, and growth steps that each person in the group takes during this process are very rewarding.

### **5. Integration phase**

A supervision session is complete only when the material for that session is integrated into the supervisee's practice. Whatever we glean from a session becomes part of us and strengthens our practitioner skills.

During and at the end of the supervision session, it is important for the supervisee to pay some attention to the felt sense of the experience of receiving support. Supervisees should allow themselves to feel the support down through their muscles, viscera, joints, and into their bones.

At the end of the session, the supervisee makes a statement of what they received from the session. Either I, or the supervisee restates the intention for the session. The supervisee then makes an assessment of how the session met the intention. If the intention was not fully met, the supervisee and supervisor can make statements about what was not met and what still needs to occur. This can lead to the formation of *next steps*.

The supervisee should make a statement or statements about how the new learning can be applied to their professional work. This statement will help anchor the new learning and make it more likely that the new learning will manifest in the supervisee's clinical practice. As a supervisee, follow how the new learning manifests into your practice. Report back to your supervisor about how the integration of the new skills or ways of being in your practice works for you.

In the format I have developed, at the end of a group supervision session other members of the supervision team share brief statements about how they were affected by the session. It is important that these statements be "I" statements: They are not about the supervisee. They are differentiation statements made for the purpose of naming what the other members of the group were tracking, holding, and processing. The supervisee does not have to do anything about what the others are sharing.

### **TIME**

In group settings, each individual's turn takes anywhere from 20 to 40 minutes. Individual supervision generally takes 20 to 60 minutes for a single-intention question or for a single issue with a client or family. Usually, individual supervision sessions take 20 to 40 minutes. Each additional intention can increase the supervision session time proportionately. Three or four intentions or situations can take up to 1 1/2 hours.

### **OTHER COMMENTS**

The supervisee can use this format with their supervisor whether or not the supervisor knows the format. I have found that following this format makes my supervision as a client more efficient. I learn more about myself and about my work in less time than with other formats with which I've experimented.

Collaborative sharing may be one of the exciting outcomes of the supervision process.

I so look forward to participating in the supervision process. It is a mainstay of my practice and my work. Thank you for taking the time to read this and allowing me to share this material with you. I hope you are able to find your supervision work as rewarding as I have. ♦

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