



IAPS WISDOM

NEWSLETTER OF INDIAN ACADEMY OF PROFESSIONAL SUPERVISORS

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Editorial

Greetings to All!

It's amazing what we accomplish, when we're in it together!

We are very happy to share another edition of Wisdom Newsletter, December 2021.

Wisdom Newsletter has interesting and informative articles from experts in various fields of Psychology and is highly appreciated by our readers.

This edition brings you articles from Dr Saraswathi Bhaskar, Founder, Chennai Counsellors Foundation; Ms Sibylle from University of Barcelona, Spain; Dr Sandhya Rani in Member's Column and Dr Appasaheb Patil in the Emerging Researcher Column.

In this edition we are introducing Dr Usharani and Ms Susheela Maharaj in the Know Your Supervisors Column.

The signature programmes of IAPS-Supervision Circle and In Supervision-were held in the month of October and November, respectively.

Checkout the answers for the previous edition crossword puzzle and enjoy this edition's too.

IAPS is growing stronger with each day and has successfully conducted RISEUP training of the 8th batch in September for professionals in Bengaluru and 9th batch for the faculty members of Montfort College, Bengaluru in November.

To mark World Mental Health Day, IAPS had organised a special webinar, "Grief and Trauma-Informed Response". With special emphasis on Understanding Grief, Trauma and Anxiety in Pandemic.

An eight-hour module emphasising on the importance of Supervision was conducted for professionals of a corporate in Bengaluru and to the postgraduate students of Martin Luther Christian University, Shillong, Meghalaya. Kindly go through the details in our activities column.

Kindly send your feedback to iapswisdom@gmail.com

Upcoming Events

- Workshop on Protection of Children from Sexual Offences Act (POCSO) will be held on 23rd December 2021.
- RISEUP training for the 10th batch is scheduled for February 17th to 19th, 2022 in Guwahati, Assam.
- IAPS in collaboration with ACA and APRCC is coming up with the Virtual Asian Mental Health Symposium to be held on 9th and 10th April 2022.

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Founder's Note

Dr Vasuki Mathivanan

Dear Readers,

On the occasion of Wisdom's 2nd Anniversary, many congratulations to the entire editorial team for being innovative and meticulous in designing the content and structure of the newsletter. The team's dedication has taken IAPS globally. It is not easy to reach 500+ readers within couple of years of its commencement. Many more laurels to achieve in the coming years of Wisdom's journey...

In view of the diversity of postgraduate Applied Psychology curriculum, lack of standardisation and licensing procedures, supervision becomes imperative. Despite the importance of supervision in Applied Psychology training, there is a virtual absence of a distinct body in India which provides training in supervision. "An academic committee", one of the subcommittees of IAPS, aims to integrate Supervision as an important part of the PG curriculum by introducing and exposing students to different aspects of supervision in the field of psychology and therefore, setting a premium standard in the field of psychology.

I am delighted to share that we have organised three Zonal consultative meets-South region, Mumbai/Pune region and North-East region-with Heads of the Department and Senior Faculty members from UGC recognised colleges and universities on one platform. Discussion centered on: If supervision has to be a prominent feature of psychology, training and practice in India, then what's the way forward and the various ways in which IAPS can collaborate with academic institutes so that academicians and practitioners can work together to maintain quality standards in practice. These zonal meets helped to understand experiences and challenges involved in supervisory practices in an academic context and explore possible ways of incorporating a module on Supervision developed by IAPS in the postgraduate curricula in Applied Psychology. We are walking through our mission successfully and every single step is carefully and strenuously planned by our members. It was very encouraging to have more than 35 academicians as part of these zonal meets.

During these trying times we stand together to provide our services to the community in different ways. At the same time, focussing on self-care of the therapist to emerge stronger and kinder is very essential. I urge everyone to find means to increase the inner power and give the utmost importance to the personal wellbeing during this pandemic.

ART THERAPY SUPERVISION

A VISUAL EXPLORATION OF CLINICAL PRACTICE



Sibylle Cseri
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In art therapy, unconscious elements emerge through visual form with the help of diverse art materials. The art materials serve as an essential tool for self-expression and help channel, manifest and transform deep-rooted emotional states. Hence, the therapeutic process in art therapy, does not exclusively rely on verbal exchange, but rather supports itself on visual expression, which has a voice of its own.

In art therapy, we work with art objects that have emerged out of creative processes, with the manifestation of unconscious material in tangible form, with transference and counter-transference phenomena and a significant therapeutic relationship that supports and facilitates this very transformative process of self-discovery and healing. In order to undertake such an intrinsic journey, the client must feel safe and contained. In art therapy, the client experiences containment through the art materials that help channel emotions in a safe way, through the created art objects that hold and embody emotions that are often difficult to tolerate and through trust in the therapeutic relationship. On the other hand, the art therapist also needs containment that supports not only these delicate processes, but also the often complex and emotionally challenging clinical situations. Supervision in this case offers the outer layer of containment to the therapeutic work that aids not only for coping with sensitive material, but also strengthens professional development.

Just like within any therapeutic relationship, In supervision also trust must be established first between therapist and supervisor as the alliance between both is building up. Feeling trust in a supervisory relationship offers the necessary solid base for this intricate work, where not only the emotional world of the client, but also the very intimate and profound counter-transference feelings of the therapist are in need for exploration.

Supervision in therapy, gives the opportunity for receiving guidance, an external point of view, a place for reflection and a means of revising therapeutic intervention within a trusted relationship between supervisor and therapist. Supervision helps to acknowledge intuitive feelings and helps to avoid acting out personal and possibly unconscious counter-transference reactions. It helps to confirm, contrast or gain insight from an outside point of view. A successful supervision session gives the supervisee a sense of clarity, awareness, renewal and motivation for a therapeutic journey that relies on care and self-care.

As mentioned above, the therapeutic process in art therapy, incorporates additional elements, which don't form part of traditional verbal psychotherapy formats that also incorporate supervision as part of the practice. In art therapy supervision, the art therapist will not only provide the written record and the verbal account of the sessions, but will also incorporate the images that are needed for this consultation. In this sense, the art therapy supervisor must have advanced knowledge and

familiarity in regard to creative processes and the resulting art objects as a primary means of therapy. Looking at and thinking about images and creative processes together with the supervisor, forms the core element of art therapy supervision. It is a process of verbal and non-verbal contemplation of the material brought to session.

The images produced in art therapy, are a visual record of each session; a form of embodiment that contains the experience as a visual reminder of the therapeutic process. The images shared with the supervisor are handled strictly in confidence. They might be looked at together in their original format, especially when the supervision takes place within the institution. Otherwise the art therapist shares them through digital means, which makes online supervision formats also possible. One of the most important goals of art therapy supervision, is to explore aspects that have been overseen, not acknowledged or counter-transference feelings that may have come up in regard to the client, the art work and/or the art making process. This very journey of gaining insight sets out to capture the essence of each session in the client work, where known aspects come together with unknown parts, thus creating new meaning, such as the hermeneutic spiral is described in phenomenology. "The parts are seen in relation to the whole and the context of the whole gives meaning to the parts". (Carpendale, 2011, p. 16). Carpendale points out that this circular hermeneutic exploration doesn't only refer to the looking at the artwork, but also contemplates the therapeutic relationship. "In art therapy these relationships are between the client and the artwork, the client and the therapist, the therapist and the artwork, the supervisee and the supervisor." (Carpendale, 2011, p. 16). A phenomenological approach as a means of distilling the essence of the lived experience, makes particular sense to art therapy and to art therapy supervision, since it aims to explore the truth and find clarity of insight with an attitude of wonder, as the philosopher Merleau-Ponty describes. "To seek the essence of perception is to declare, that perception is not presumed true, but defined as access to truth" (Merleau-Ponty, 1969, p.24 in Carpendale, 2009). A phenomenological approach to looking, consists in the open minded, not knowing but curious and attentive observation of the appearing phenomenon that emerges throughout the creative process and its manifestation in form of an art object. It is through simple and pure description of that, which can be observed externally, when meaning emerges internally. This phenomenological approach of looking together in art therapy between therapist and client is equally relevant to the shared gaze in art therapy supervision as a means of gaining insight. The Jungian art psychotherapist Joy Schaverien (2007) talks about active imagination, as a shared experience between therapist and supervisor as they intend to unfold the essence of the therapist's experience of the client and the picture.

"This is akin to what Ogden (2005) has called 'dreaming the patient', but whilst for Ogden this 'imagined third' remains completely imaginal and intangible in art psychotherapy an actual object from the session may be present in the supervisor's room." (Schaverien, 2007, p. 45)

In art therapy supervision, the supervisor has the unique possibility to experience the supervisee's client not only through description, but also through the client's tangible self-manifestation in visual form. This allows the supervisor to connect more directly with the client's inner world that is brought for consultation.

Another often used resource in art therapy supervision is the so called post-session image created by the art therapist after the session. In some cases, the art therapist may create an image right after a session or sometime later. This is a complementary tool to the written register of the session, but in this case it offers a visual reflection on how the therapist has perceived the session. This post-session image embodies the therapist's own counter-transference feelings in response to the session/the therapeutic relationship/client's artwork and/or creative process of the client. It allows the therapist to channel the very own personal feelings into a visual support, while it also manifests relational and transference phenomena that are difficult to voice, but are contained and become visible within the image. Bringing a post-session image to supervision is a useful and helpful tool when it comes to analysing the clinical material. This however requires a heightened sense of trust and a strong therapeutic alliance between the supervisee and supervisor, since this added material is highly sensitive and personal through which the therapist might feel exposed or vulnerable in front of the supervisor. The image (fig.1) is an example of one of my own post session images produced as a means of reflection on a particular client work.

Working with post-session images are also becoming more frequently used in training programmes, where students undertake many hours of clinical supervision for the internship placements during their studies. This method allows the students to heighten self-awareness and deepen reflection on their role as practising therapists within many diverse clinical settings. Art therapy supervision is mostly held individually in-present or online format, but small group formats are also a chosen option, especially for beginning art therapists, who may need to feel supported by peers and community.

Furthermore, ethical issues are to be considered and respected when working with highly confidential material in supervision. The images that are shared with the supervisor, are to be handled carefully, are to be protected and shared through a coded format when working in digital and online means. In art therapy, a register of the images in the form of photographs of the client's artwork is important, since this visual record allows to not only have a safe backup of the art objects, but also facilitates the possibility for a chronological review in the therapy session and in supervision. Looking back periodically at the whole therapeutic process in a visual and tangible manner, is an important experience not only for the client, but also for the supervisee in supervision. This retrospective review allows to observe patterns, repetitions, newly emerging themes or ways of expression and ultimately transformations that are at times subtle and hard to perceive. The supervisor may observe elements that have gone unnoticed by the therapist and may describe own counter-transference feelings, which may confirm or cast a different light on the therapist's own perceptions towards his/her client's process.

It is important in art therapy supervision, to keep the client's artwork in the centre and not to lose focus on its non-verbal expression. Sometimes, therapists may bring certain anxieties or insecurities in regard to their clients to supervision, which then may put the focus on the verbal account of the situation, while the images stay behind and are left out. This is also often a frequent dynamic with students in training, who bring a certain amount of insecurities into the supervision session as a response to working

in new institutional and clinical contexts. The supervisor in this case, must be aware of this dynamics and help the therapists/students to bring the images into the foreground again, so that the images can voice and express what otherwise may go unnoticed.

CONCLUSION

Supervision offers the space where imagining or 'dreaming' the client not only becomes possible but also necessary. It is a safe space, where therapist, supervisor and the images of the client come together for reflection and deeper understanding.

Art therapy supervision is based on the same principles than verbal psychotherapy supervision, yet the presence of the artwork as a visual record contributes an important additional dimension to the analysis. In verbal supervision formats, the sessions rely on oral transmission of memory, as well as a written registry. In art therapy, the images hold and embody the experience, like a direct imprint of the sessions and the client in tangible form. As the art therapy sessions progress, these images create a visual reminder of the therapeutic process in form of a visual registry that can be looked back at and reflected upon chronologically, just as the post-session images created by the therapist.

Looking at and observing together images as direct testimonies of the therapeutic process, connecting the known parts with the unknown, discovering that which has been already there, but not acknowledged yet, exploring own counter-transference feelings, thinking together about the therapeutic relationship, interventions, interactions and the intrinsic transformations that appear during the creative process, facilitates self-care for the therapist while feeling renewed and supported in this very particular therapeutic approach, where the protagonist is the client's healing journey through art.



Fig.1

References

- Carpendale, M. (2011) *A Traveler's Guide to Art Therapy Supervision*. Trafford Publishing.
- Carpendale, M. (2009) *Essence and Praxis in the Art Therapy Studio*. Trafford Publishing.
- Schaverien, J., Case, C. (2007) *Supervision of Art Psychotherapy*. London and New York: Routledge

MY EXPERIENCE WITH CLINICAL SUPERVISION IN EMERGING SPECIALIZATIONS



Dr. Saras Bhaskar
Counselling Psychologist
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Clinical supervision in the mental health field is to promote quality service in Health Psychology. Supervision offers a framework to enhance the development of the supervisee's competence while ensuring the protection of clients/community and society. A variety of definitions for clinical supervision exist and it opens various facets in clinical supervision. Differences typically reflect aspects of the supervisor's discipline and training focus. Bernard and Goodyear (1998) defined "Supervision is an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper of those who are to enter the profession."

In India, conventional counselling has been in existence for years; on the other hand, professional counselling is a recent concept that is gaining momentum. Policies and guidelines with regard to licensing and regulating bodies is a work in progress. Now, it is heartwarming to note how practitioners in the last five to ten years have taken it upon themselves to provide competent ethical and supervised practices. In this article, the author has attempted to explain Bernard and Goodyear's definition in the Indian context.

Clinical supervision is an intervention

Supervision needs unique competencies and skills that allow the supervisor to help the supervisee. Certified clinical supervisors incorporate various modes and interventions to facilitate supervisee development. Imparting these models, modes, and interventions will help the supervisee understand the underlying processes of supervision. To establish this acknowledgement, there needs to be an open dialogue between supervisor and supervisee. Recognizing and respecting personal styles and preferences for frameworks and interventions need to be discussed and deliberated. The ability to process the supervisee's skills and knowledge and extend quality supervision requires a special understanding of the 'psychology' of the human mind. Clinical supervision is provided by a senior member of a profession

A clinical supervisor is expected to be advanced, at least in some important ways than the supervisee. It does not matter how many years a professional has practiced in the field. Other competencies include practical understanding of clients' abstract world and their needs, advanced counselling skills to make meaning and providing interventions designed to meet the client's needs to excel in supervision practices. With regard to different therapeutic interventions, earlier there was no mandate to be certified to practice a particular technique. If the theories were taught in the curriculum and if the concept is understood that was sufficient. After that, the application of knowledge became the onus of the student practitioner to contextualize with their cases.

Currently, various schools establish norms to be certified, to teach, train or practice. This comes across as impeaching and assessing the knowledge and efficiencies of the practitioners who have been in the field for over two decades. At the graduate level during the fieldwork experiences, supervisors are the direct campus course instructors. While they may be academically qualified to supervise, the field experts are the ones who convert the theories and techniques into an application. Hence, academic institutions can promote certified clinical supervisors to oversee the students and groom them to be field ready.

Clinical supervisor evaluates, monitors and serves as a gatekeeper

A clinical supervisor ensures enhancement of the professional functioning of counsellors. They have an ethical responsibility to monitor the quality of care that is being delivered to the supervisee's clients. The feedback given during the supervisor/supervisee interactions helps build confidence for the quality of care. This evaluation forms the basis of the work done in supervision. The supervisor also serves as a gatekeeper for those who want to enter the counselling profession. The supervisor is charged to evaluate the counsellor based on work done with current clients and to assess the potential for working with future clients. These summative evaluations occur after there has been enough supervision to expect a certain degree of competence. Evaluation is a crucial aspect of the supervision process and one that is often the source of discomfort for both the supervisor and supervisee.

Clinical supervisor/supervisee's relationship is crucial

The supervisor/supervisee relationship is a unique and necessary part of the mental health field. It is important to keep in mind that both the supervisor and supervisee contribute to this relationship and have responsibilities within the process. As supervision presumes that it will last long enough for evolving progress of the supervisee. Supervision is based on the philosophy that the two work for the "best interests" of the clients. Both parties need to set aside their personality differences and not detract from the learning experience. Mutual respect, genuineness, willingness to listen, looking to understand, and communication are key components. Although most supervisory relationships can be smooth, there can be special challenges to developing positive relationships. Age, gender, cultural background, theoretical orientation, and cognitive and learning style differences may influence the development of the supervisory relationship. Indeed, supervisors and supervisees "can simply have vastly different personalities and personal styles, resulting in the distance that may take a longer time to bridge the relationship" (Kiser, 2000, p. 85). Irrespective of the challenges—introspection, awareness, communication, patience, and flexibility are key to building a satisfactory relationship. While clinical supervisors do not have the sole responsibility for a positive learning experience, they do a powerful role in shaping the supervisory affiliation. This eventually converts to becoming a "mentor" adding value to the unique relationship for the future.

Clinical supervision in emerging specializations

The mental health practitioner's entry into Gynecology and their earliest role in treating patients with infertility dates to the 1930s at the global level. In India, Health Psychology paved way for more specializations in counselling and psychotherapy. Two areas that evinced interest for the author are Infertility Counselling and Adoption Counselling Competency.

Inability to attain parenthood leaves many men and women in despair, seeking Assisted Reproductive Technology treatment. While the couple goes through bereaving the loss of fertility, they find it stressful to cope with the intrusive enquiries of families and the community. Here, mental health professionals need to be cognizant of “infertility grief” experienced by the couple. The need for mental health professionals to specialize in this niche area motivated the author in her PhD program to design 12 weeks of specific Infertility Counselling Intervention Program (IPIC) using ACT and REBT for couples undergoing infertility treatment. Currently, she is working on a manual that would help the practitioners.

It's imperative to exercise caution for the practitioners not to accept referrals without proper training, certification, and supervision.

Next, adoption by itself warrants special knowledge on the part of professionals who assist adoptive families. Firstly, the family challenges become more complex when they must receive and assimilate the child to the pristine environment. More children beyond the infancy stage and sometimes as old as 7 years are placed for adoption.

Secondly, CARA (Central Adoption Resource Agency) has mandated preadoption counselling for prospective parents and a report needs to be submitted by the counsellors confirming the readiness of parents who wish to adopt. Thirdly, adoption agencies seek professional help to prepare an older child for adoption. All the above tasks require a specialized set of insights and skills for mental health professionals. Realizing the need in this area, the author conducted a couple of research work and published papers. Gaining knowledge and learning experientially as an adoptive parent herself was useful in extending counselling to the adoptive families. This is another area that practitioners need to be sensitive and sensible about. Placement of children in adoption is a closed one in India and neither the child nor the adoptive parents have shared information about birth parents. This unique position has its challenges. Unless the practitioners gain insight, professional help can be counterproductive. Hence a curriculum was designed for adoption competency counseling and offered as a certificate course for postgraduate students in Bengaluru (Bangalore), India. To conclude, Infertility counselling and Adoption Competency counselling calls for specific knowledge, building skills and requiring special training for both supervisors and the supervisee.

References

Goodyear, R. K., & Bernard, J. M. (1998). Clinical supervision: Lessons from the literature. *Counselor Education and Supervision*, 38(1), 6–22.

<https://doi.org/10.1002/j.1556-6978.1998.tb00553.x>

Kiser, P. M. (two thousand). *Getting the most from your human service internship: Learning from experience*. Belmont, CA: Wadsworth.

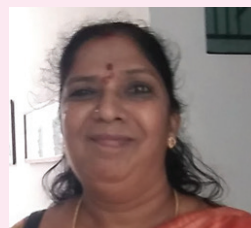
Riessman, C. K. (2000). “Stigma and everyday resistance practices”: Childless women in South India. *Gender and Society*, 14, 111–135.

Saraswathi Bhaskar, Rene Hoksbergen, Anneloes van Baar, Subasini Mothiram and Jan ter Laak, “Adoption in India – the Past, Present and the Future trends”. *Journal of Psychosocial Research*, vol 7 No. 2 (July–December) 2012.

Saraswathi Bhaskar, S. Thenmozhi and K. S. Kavitha Gautham, “Stress and depression during Assisted Reproductive Technology Treatment-Infertility Counselling”. *International Journal Reproductive Medicine & Gynecology*. July 2018;4(2): 028-033.

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KNOW YOUR SUPERVISORS



Dr S. Usharani
PM 018

I have over three decades of experience in training, counselling, research, and teaching. I am a Founder Trustee of the International Foundation for Crime Prevention and Victim Care. I am working as an Assistant Professor of Psychology in Women's Christian College for the past nine years.

I have done my Doctorate in Psychology with a specialization in Victim Psychology from the University of Madras. I also have a PG diploma in Victimology and Victim Assistance from Tokiwa University, Japan. I have worked extensively on Crime Prevention and Stress Management and trained over a lakh police personnel and the public. I have received awards for my contributions, BPRD Research Fellowship, an international award for best academia in Victimology, to name a few.

I am a therapeutic supervisor for Cognitive Behaviour. As a Professional Supervisor using the RISEUP Model, I have enhanced my proficiency in counselling various target groups especially women and children. It also helped me to guide postgraduate students in formulating case studies and report writing.



Ms A. Susheela Maharaj
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I am the founder of Help to Heal Consultancy which provides counselling services focussing primarily on Marital and Premarital counselling. I also work as a consultant in Apollo Hospitals.

I have worked with various organizations, schools, and colleges. My practice is focussed on the combination of Psychology, Special Education and Law

Through my trust, I have conducted many camps to bring awareness about mental health in society. I have conducted a rally in Besant Nagar Beach for 'Mental Well Being'. Being the Honorary Secretary and Correspondent of Homes & School for Intellectually Challenged, I had several opportunities to work with special children and their parents.

I find the RISEUP Model of Supervision has given strength to my approach to supervision. It builds a platform for professionals to improve quality by giving structured training. I wish it will take us to a licensed body recognised by the Govt. of India.

LEADERSHIP LESSONS IN SUPERVISION



Dr Sandhya Rani Ramadass
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Dr Sandhya Rani Ramadass is a senior consultant psychologist from Chennai. She provides psychological support in the form of psychometry for recruitment and promotion; counselling, leadership training for seafarers in maritime institutes and shipping companies since 2006. In this article she proposes some leadership insights that supervisors can gain and apply. The "Great man" leadership theories were popular in the 19th and early 20th centuries. The belief that a leader is born and his traits are inherent are old school thoughts.

Contemporary approach looks at leadership as an individual who has developed a set of qualities or traits, which were developed during their formative years, in situations and out of life experiences. It is also to be noted that rather than possessing traits it is effective only when implemented and displayed in action.

Kirkpatrick and Locke (1991) identified a set of leadership qualities as the key traits of an effective leader. Supervisors are often in a role where they could be potential role models and vicariously influence their supervisee. This article reviews the key leadership traits identified in relevance to supervision. Techniques on how supervisors can develop those and help supervisees develop the traits as well are discussed.

1. Drive

- Leaders are ambitious and achievement-oriented. They have clear challenging goals and strive to meet them in the best possible way.
- They show initiative, energy and tenacity. They find ways to overcome barriers and are often agents of change. Learning and practicing together can be quite taxing. It is necessary for supervisors to exude adequate level of motivation in a way to inspire the supervisees, to help them get over their hurdles and failures and encourage them to stay energetic. Goal setting, leading by example, understanding setbacks as learning opportunities are key lessons one should learn from a supervisor. One must love the job enthusiastically.

2. Leadership Motivation: desire to lead

- Leaders assume responsibility and often possess a desire to influence people. This is often equated with a need for power. However, an effective leader would prefer to distribute one's power. Thus an efficacious leader is firm yet gives his subordinates autonomy.
- There are two types of power motive
 - Personalized power motive:** seeking power as an end in itself, which is driven by the need to control and dominate.
 - Socialized power motive:** using power as a means to achieve desired goals, or a vision driven by the need to achieve the organization goals.

It is important that when supervisee is unable to be on track, the supervisor needs to step up, take charge, and give directions to the supervisee relating to the proper procedure to develop and master the skill. Having the upper hand in knowledge and experience, the supervisor needs to ensure that supervisee would benefit from their support. Thus, they can use the socialised power motive as a means to guide the supervisee.

3. Honesty and integrity

- Integrity is assessed by looking at one's deed and if it matches their words.
- Successful leaders are open and transparent. They also maintain confidentiality and follow the ethical protocols. Followers may often use this as criteria to trust their leaders.

Communication is a crucial component between the supervisor and supervisee. Transparency, following boundaries, confidentiality are delicate skills that one can learn vicariously by observing the seniors practice them. Being honest about one's limitations, admitting to weaknesses, willing to take support are also healthy ways to practice honesty.

4. Self-confidence

- Believing oneself while making decision.
- Able to get the trust of the team through their behaviours.
- Being emotionally intelligent and help in developing the emotional intelligence of the team.

For leaders, confidence helps to appear definitive, authoritative and dominant. Being sure of one's own knowledge and competencies helps the supervisor to be assertive and communicate the necessary path and plan of action in the supervision process. Ability to understand one's own triggers and typical behaviours when triggered to work on healthy ways to cope with situations is an important trait to be displayed by the supervisors. Often one can get frustrated and supervisors need to educate supervisees to be aware of this and regulate this.

5. Cognitive ability

- Ability to gather, integrate, and interpret information of different sizes.
- Leaders often have been observed as possessing at least above average intelligence.

One's cognitive abilities gives the leader an edge over the others. Challenging the brain through healthy hobbies, brain-stimulating exercises such as puzzles, learning new concepts would help the supervisor to be one-step ahead or at least on par with the supervisee. Staying up to date with the trending approaches gives the supervisor an added advantage.

6. Knowledge of the business

- Knowledge about the industry, technical matters and ongoing trends helps in trouble shooting, making informed decisions and clarifying the subordinates' doubts. Underqualified and inexperienced professionals can only go some distance. In order to go all the way one must run the extra mile and give their all to stay on top of the field. Regular upgradation of knowledge by attending knowledge enhancing and skill developing workshops, conferences and memberships in recognised bodies is necessary in this field.

7. Other traits

- Charisma, creativity/originality, and flexibility. Some qualities are innate and some developed. Some abilities can be maintained if they cannot be enhanced. However, mastery of skills and knowledge contributes to one's confidence as a leader. Values like honesty are also choices based on the individual priorities. Supervisors never stop learning; they are constantly evolving as much as their supervisees are. Supervisors need to regularly upgrade themselves. They also inspire their supervisees to be lifelong learners as well.

In conclusion, leaders are not like other people. They don't have to be geniuses, but they need to possess the right qualities and be able to harness it. Likewise, supervisors need not be perfect. However, mutual agreement that everyone is learning together and aiding the supervisee to go through the process using these traits is an approach that can be experimented. Kirkpatrick and Locke (1991) have brought out these universal leadership qualities. Applying them in the supervision process is something that supervisors can ponder about.

References

- Kirkpatrick, S. A., & Locke, E. A. (1991). Leadership: Do traits matter? Academy of Management Perspectives, in Pierce & Newstorm (2011) Leaders and The Leadership Process reading, Self-assessments and applications. McGraw-Hill New York

HIGHER ORDER VALUES OF MALE AND FEMALE WHO ARE IN A RELATIONSHIP



**Appasaheb C. Patil &
Shanmukh V. Kamble**

Abstract

The main objective of this study was to determine the significant difference between male and female who are in a relationship on their higher order values. A purposive sample of 150 couples constituting 150 men and 150 women who were in a relationship from Karnatak University, Dharwad were drawn for the purpose of this research. Revised Portrait Value Questionnaire developed by Schwartz et al. (2012) was administered to the participants. Statistical technique t-test was used for data analysis. The findings of the study revealed that the men and women who are in a relationship differ significantly on their higher order values.

Keywords: higher order values, relationship.

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Introduction

Values are beliefs that refer to a person's desirable goals. Values guide the choice or evaluation of actions, policies, people and events. Schwartz (1992) defined basic values as trans-situational goals that function guiding principles within the lifetime of an individual or group. The Portrait Value Questionnaire includes short verbal portraits which describe a person's goals, aspirations, or wishes that are implicit to the importance of one basic value. The higher order values include self-transcendence, self-enhancement, openness to change and conservation. Self-transcendence refers to transcending one's selfish concerns and promoting the welfare of others. Self-enhancement refers to enhancing one's own personal interests even at the expense of others. Openness to change refers to pursuing intellectual and emotional directions however unpredictable or uncertain the outcomes. Conservation refers to preserving the existing state and the certainty it provides in relationships with close others, Schwartz, et al. (2012).

Objectives

To study the significant difference between male and female who are in a relationship on their higher order values

Hypotheses

H_a: The male and female who are in a relationship differ significantly on their higher order values.

Method

Sample

A purposive sample of 150 couples constituting 150 men and 150 women who were in a relationship from Karnatak University, Dharwad.

Measures Used

The Revised Portrait Value Questionnaire (PVQ-RR) developed by Schwartz et al. (2012) is a 57-item scale based on the original Schwartz Value Scale (Schwartz, 1992). The Revised Portrait Value Questionnaire includes short verbal portraits, for each verbal portrait, respondents were asked: "How much like you is this person?" There are six likert-scale responses to the PVQ-RR

questions: 1. very much like me, 2. like me, 3. somewhat like me, 4. a little like me, 5. not like me, and 6. not like me at all. Every portrait describes a person's goals that points to the importance of a single basic value.

Demographic information was used to obtain age, gender, education, income, domicile, caste, religion, birth order, family type, parent's income and length of courtship

Statistical Techniques

t-test was used to determine the significant difference between male and female who are in a relationship on their higher order values.

Results

Table 4.04: Showing Means, SD's and 't' values of male and female who are in a relationship on four higher order values

Sl No.	Higher Order Values	Male (N=150)		Female (N=150)		t value
		Mean	Std. Deviation	Mean	Std. Deviation	
1	Self-Transcendence	51.25	9.19	48.82	10.87	2.09*
2	Self-Enhancement	48.23	10.79	51.56	8.76	2.93**
3	Openness to change	51.10	9.94	49.12	9.72	1.74 (NS)
4	Conservation	49.58	7.78	50.37	11.48	.69 (NS)

*p<0.01; Highly Significant
**p<0.05; Significant

Discussion

On the self-transcendence value, male respondents have expressed above average score of 51.25 than female respondents which is 48.82. Respectively, the standard deviation scores are 10.87 for female respondents and 9.19 for male respondents. The obtained 't' value for self-transcendence is 2.09 which is significant at 0.05 level. On the self-enhancement value, female respondents have expressed above average score of 51.56 than male respondents which is 48.23. Respectively, the standard deviation scores are 10.79 for male respondents and 8.76 for female respondents. The obtained 't' value for self-enhancement is 2.93 which is highly significant at 0.01 level. On the openness to change value, male respondents have expressed above average score of 51.10 than female respondents which is 49.12. Respectively, the standard deviation scores are 9.94 for male respondents and 9.72 for female respondents. The obtained 't' value for openness to change is 1.74 which is not significant. On the conservation value, female respondents have expressed average score of 50.37 than male respondents which is 49.58. Respectively, the standard deviation scores are 11.48 for female respondents and 7.78 for male respondents. The obtained 't' value for conservation is .69 which is not significant.

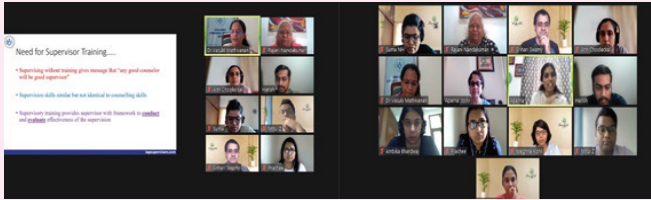
Conclusion

The males have significantly higher level of self-transcendence value than females. Hence, men transcend their selfish concerns and promote the welfare of others compared to women. The females have significantly higher level of self-enhancement value than males. Hence, women enhance their personal interests even at the expense of others compared to men. The findings of the study revealed that the men and women who are in a relationship differ significantly on their higher order values.

References

- Grant, S. (2017). An Exploratory Study of Values Alignments in a Teacher Professional Development Digital Badge System.
- Schwartz, S. H. (2012). An overview of the Schwartz theory of basic values. Online readings in Psychology and Culture, 2(1), 2307-0919.
- Schwartz, S. H., & Butenko, T. (2014). Values and behavior: Validating the refined value theory in Russia. European journal of social psychology, 44(7), 799-813.
- Schwartz, S. H., Cieciuch, J., Vecchione, M., Davidov, E., Fischer, R., Beierlein, C., ... & Dirilen-Gumus, O. (2012). Refining the theory of basic individual values. Journal of personality and social psychology, 103(4), 663.
- Schwartz, S.H., Cieciuch, J., Vecchione, M., Davidov, E., Fischer, R., Beierlein, C., Ramos, A., Verkasalo, M., Lönnqvist, J.-E., Demirutku, K., Dirilen-Gumus, O., & Konty, M. (2012). Refining the theory of basic individual values. Journal of Personality and Social Psychology, 103, 663-688.

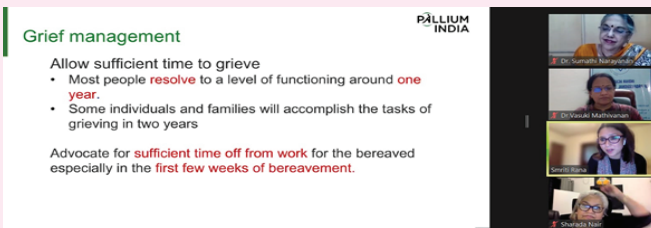
IAPS EVENTS



IAPS conducted an eight-hour module on supervisor training for Counsellors for an EAP company in Bengaluru in the month of September. It was facilitated by Dr Vasuki and Dr Aparna Joshi. The training received a lot of positive feedback and appreciation for RISEUP Model.



IAPS RISEUP Training was successfully completed during the month of September in Bengaluru for mental health partitioners by Dr Vasuki. Ms Rajani and Ms Kushi supported the training execution.



IAPS facilitated a workshop on “Grief and Trauma-Informed Response” in the month of October, covering a wide range of topics such as understanding trauma in the context of the pandemic, the difference between grief, trauma, depression, and providing insights on trauma-informed responses. The workshop was facilitated by Ms Smriti Rana and well received by participants



IAPS conducted a two-day workshop for students of second-year counselling psychology from Martin Luther Christian University. This workshop focussed primarily on creating awareness on supervision and its relevance to practice. The workshop was facilitated by Dr Aparna Joshi and Dr Mamatha Shetty.



IAPS facilitated RISEUP training for the faculty of the Psychology Dept from Montfort College, Bengaluru. The training was much appreciated by the management and faculty.

Mind Bender

[illegible]

Across

- 1) learning disorder impairments in arithmetic facts (11)
- 2) rule of thumb (9)
- 3) short lived emotional state (4)
- 4) customary rules of behaviour (4)
- 5) disorder of neural development before a child turns 3 (6)

Down

- 6) Alfred_____ - theory of personality (5)
- 7) abnormal condition of the mind (9)
- 8) desire to steal things (11)
- 9) a healthy stress (8)
- 10) extreme shifts in mood, depression and mania (7)

September edition's answers

						M		C					
P	S	Y	C	H	O	A	N	A	L	Y	S	I	S
				Y		N		T				N	
				P		I		H	A	B	I	T	
	G			O		A		A				R	
	E			T				R				O	
	S			H				S				V	
	T			E	M	O	T	I	O	N		E	
	A			S				S				R	
	L			I					N	E	S	T	
S	T	R	E	S	S								

The VAMHS Trust Presents:

2022 VIRTUAL ASIANS MENTAL HEALTH SYMPOSIUM

ONLINE EVENT: WWW.VAMHS.COM.AU

9th - 10th APRIL 2022:

OVERVIEW

The Asia Pacific Rim is a dynamic and developing region that encompasses some of the most diverse cultures in the world. The history of this region is rich in innovation and encompasses some of the most exciting economies in the world.

Much of the region has experienced major economic change and growth to become components of an economically integrated trade region. Although the countries within this region are extremely diverse in terms of linguistic, cultural, and ethnic backgrounds, they share rapidly developing economic power and common economic interests.

All share in an interest in improving the welfare of their communities and how best to develop and increase access to mental health services, research, and education.

SYMPOSIUM HOSTS AND ADMINISTRATORS:

The symposium has been developed and will be administered by the **Virtual Asian Mental Health Symposium Trust**. The VAMHS trust is an organisation developed solely to enable the symposium to Segway a platform to deliver this unique opportunity to profile mental health in the Asia Pacific Region.

The symposium is being hosted by the **Indian Academy of Professional Supervisors (IAPS)**: a not-for-profit peak body founded in Chennai India. Several other peak professional bodies from around the region will also be partnering with IAPS such as the **Australian Counselling Association** and the **Asia Pacific Rim Confederation of Counsellors**.

OUR PARTNERS:

THIS YEAR'S THEME

"Mental Health: Multicultural Dimensions in Asia and Beyond".

This symposium has been developed to attract the best the region has to offer to share their thoughts, experience, research, and learnings with the rest of the world.

Although the focus of VAMHS is on the Asia Pacific Rim region we will also be reaching out to others interested in sharing with us from other continents such as Africa and Europe.

The purpose of the symposium is to give mental and allied health professionals, researchers, and educators in the Asia Pacific Rim a platform to share and discuss innovations, delivery, research, and technology in mental health.

This will be done using the latest in web technology enabling anyone in the world to take part as an observer or to contribute.

Conference speakers and subject areas will reflect the diversity and richness of the profession in the Asian continent.

Abstracts will be considered for 30-minute research papers or 60, 90 or 120-minute presentations or webinars.

Thematic areas for abstract submission:

- Psychology
- Counselling
- Social Work
- Private Practice and Business Challenges
- Research
- Education
- Addictions
- Mental Health and wellbeing

Submit papers/abstracts to: admin@vamhs.com.au

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