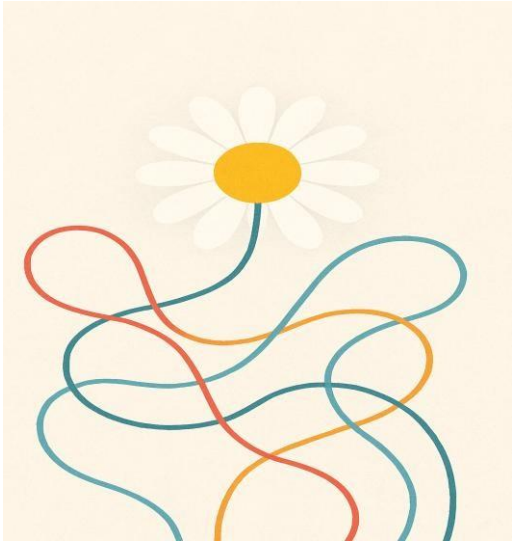
Systemic Supervision



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Improved Futures

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Systemic Supervision in Palliative Care.

Background:

Palliative care teams face considerable and increasing challenges within their roles due to the soaring demands, financial constraints and managing the consequences of serious illness that not only affect the patient/family but also the professional providing care.

Alongside medical practices and procedures, clinicians face daily psychological challenges that affect their mental well-being. The role requires clinicians to handle the distress of traumatized patients and their families, deliver bad news, witness suffering, and cope with grief, loss, and death. They often also have to navigate their own ethical dilemmas and moral distress. Frequently, clinicians go beyond their usual responsibilities out of compassion for patients' distressing situations. These experiences can lead to moral injury and burnout.

Moral injury:

'a psychological, biological, spiritual, behavioral, and social impact caused by an event that is performed or observed and cannot be prevented. It is deeply ingrained and violates deeply held moral beliefs and expectations.' Geuenich, P. et al[1]

Due to the psychological burden of the palliative care role, individual and team supervision/reflective practice is recognized as standard practice in this field. Supervision aims to provide an antidote to burnout, moral injury and career abandonment. Clinical supervision offers a space to explore, normalize and witness the day-to-day challenges within the roles. Clinical supervision/reflective practice increases awareness around the emotional impact of the role and brings into focus psychological well-being.

The focus of this booklet will look at the Systemic approach to supervision.

Systemic supervision as curation:

Introduction to Systemic Supervision in Groups: A Curation Perspective

Systemic supervision in group settings is a dynamic and relational process that emphasizes the interconnectedness of individuals within a system. Ana Draper, in her collaborative work with Elisa Marcellino, delves into this concept through the lens of "curating therapeutic practice".

What Is Systemic Supervision?

Systemic supervision involves guiding practitioners to reflect on their work within the context of the systems they operate. It moves beyond individual-focused approaches, considering the broader relational dynamics and patterns that influence practice. This perspective encourages supervisors and supervisees to explore how their interactions, language, and roles shape the therapeutic process.

The Role of Curation in Supervision

Draper and Marcellino introduce the idea of "curating" in supervision, likening the supervisor to an artist who thoughtfully selects and arranges elements to facilitate meaning-making. In this context, curation involves:

- **Selecting and highlighting** significant moments or patterns in practice.
- **Facilitating reflection** on these moments to uncover underlying dynamics.

- **Encouraging creativity** in approaching challenges and dilemmas.

This curatorial approach fosters a reflective space where group members can collectively make sense of their experiences and develop a deeper understanding of their practice.

Key Characteristics of Systemic Supervision in Groups

Based on Draper's insights, systemic supervision in groups is characterized by:

- **Relational focus**: Emphasizing the connections and interactions between group members.
- **Contextual awareness**: Understanding how external systems and environments influence practice.
- **Reflective dialogue**: Engaging in conversations that promote critical thinking and selfawareness.
- **Collaborative learning**: Encouraging shared learning experiences among group members.

Systemic supervision, viewed through the curatorial lens, transforms the supervisory process into an artful practice of reflection and meaning-making. By considering the relational and contextual factors at play, supervisors can guide groups toward a more profound understanding of their work and its impact.

Systemic Supervision in Palliative Care Group

Palliative care involves working with patients and families facing life-limiting illness. The emotional and

relational intensity of this work makes supervision essential for supporting staff, maintaining well-being, and enhancing the quality of care.

1. Group Composition

A supervision group in palliative care might include:

- Nurses, doctors, social workers, and therapists.
- Chaplains or spiritual care providers.
- Occasionally volunteers or administrative staff involved in patient care.

2. Focus Areas

Using a systemic approach, the group explores not only individual experiences but also **relational and organizational dynamics**, such as:

- Team communication and collaboration.
- Emotional responses to patient suffering or death.
- Ethical dilemmas and decision-making processes.
- Interactions with families and external care systems.

3. Curatorial Role of the Supervisor

Applying Draper's **curation metaphor**, the supervisor:

- **Selects** key themes or cases raised by participants for reflection.
- **Arranges** discussions to illuminate patterns in team dynamics or emotional responses.
- **Highlights** systemic influences, such as institutional policies, cultural attitudes toward death, or inter-professional tensions.

- **Facilitates meaning-making**, helping the team understand recurring challenges and learn from them.

For example, if multiple team members report feeling helpless with a patient's family, the supervisor might curate a discussion that uncovers systemic patterns: communication barriers, role ambiguities, or differing cultural expectations.

4. Process and Methods

- **Opening reflections**: Participants share recent experiences or feelings.
- **Case curation**: The supervisor identifies cases or themes that reflect systemic issues.
- **Group dialogue**: Members explore interactions, emotions, and systemic patterns, guided by the facilitator.
- **Closing integration**: Insights are linked to practice improvements or personal coping strategies.

5. Benefits in Palliative Care

- **Emotional support**: Staff can process grief, stress, and moral distress.
- **Improved team functioning**: Understanding relational patterns fosters collaboration.
- **Enhanced patient care**: Reflective learning improves communication and decision-making.
- **Professional development**: Staff develop skills in systemic thinking and reflective practice.

Hope as a central theme.

The Multiple Faces of Hope in Palliative Care

Hope is a vital, though complex, companion in palliative care. It does not disappear when cure is no longer possible; instead, it shifts form, adapting to the realities of life-limiting illness. In practice, hope can take multiple shapes, each carrying its own meaning for patients, families, and professionals.

1. **Hope for Cure or Recovery**
    - Even in the face of poor prognosis, patients and families may hold onto medical hope.
    - This form of hope can provide energy and purpose but may also create tension with clinical realities.
2. **Hope for More Time**
    - A desire to extend life long enough for a milestone: a wedding, a birthday, a visit from family.
    - This hope is often specific and time-bound, giving structure to the present.

3. **Hope for Comfort and Dignity**

- Relief from pain and suffering, and the assurance of being cared for respectfully.
- Often becomes central as illness progresses.

4. Hope for Connection and Relationship

- The wish to strengthen or repair bonds with loved ones.
- This face of hope emphasises belonging, love, and shared meaning.

5. Hope for Meaning and Legacy

- A desire to leave something behind — a story, a memory, a sense that life mattered.
- It can be expressed through letters, rituals, or conversations.

6. Hope for Acceptance and Peace

- The possibility of reaching a place of emotional or spiritual resolution.
- Hope shifts from outcomes to states of being calm, forgiveness, transcendence.

Implications for Practice

- Professionals must be sensitive to which "face of hope" is present for everyone.

- Hopes can co-exist and change over time, sometimes even within a single conversation.
- Tensions often emerge when the professional's sense of what is "realistic" collides with the patient's or family's hope.
- Holding space for multiple forms of hope is part of the relational and systemic task of palliative care.

Continuing Bonds Enquiry

Key Insights

This inquiry, developed by Ana Draper and Elisa Marcellino, emerged from their work with unaccompanied minors and refugees, and has been described as a narrative therapy–style framework that "bridges the past and the future" by honoring ongoing connections to what (or who) has been lost or died, especially in the context of migration and relational rupture.

Core Purpose

- To **acknowledge and explore enduring emotional connections** to people, places, or parts of identity that have been disrupted through death, loss, displacement, or separation.
- To support individuals in weaving these continuing bonds into current as well as future life and identity, rather than seeing the relationship as no longer present.

Conceptual Foundations

- Draws from **Continuing Bonds Theory** (the idea that maintaining relationships with the deceased or lost parts of self is natural and healing).
- Rooted in **narrative therapy** and **social constructionism**, inviting exploration of how individuals **construct and sustain meaning** through stories.

Key Components of the Enquiry

1. **Mapping Continuing Connections**
    - Helps individuals articulate who or what they've lost (e.g., cultural identity, family, homeland) and how these relationships continue to influence them—emotionally, symbolically, or behaviorally.
2. **Narrative Reconstruction**
    - Encourages individuals to narrate these connections in a way that **bridges past and present**, locating them as part of an evolving identity rather than relics of trauma.

3. **Symbolic & Therapeutic Integration**

    - Involves weaving memories, rituals, symbols, or metaphors into inner and outer narratives—creating continuity and coherence across time, identity, and environment.

4. **Agency & Future Orientation**

    - The enquiry invites reflection on how continuing bonds might inform current values or hopes, and how they can contribute positively to future direction—not as chains, but as resources.

Why It Matters in Palliative Care & Supervision

- In palliative settings, participants may face **anticipatory loss or partial losses** (e.g., loss of roles, identity, autonomy).
- This enquiry offers a method to explore **how individuals are already connected to what is dying or changing**—their relationships to past roles, identities, or loved ones.
- It enriches supervision by:
    - Providing a framework for exploring **identity continuity** and meaning-making amid loss.

- Supporting **relational sustaining**—rather than letting go, finding ways to transform and integrate bonds.
- Positioning loss as relationally embedded, narrative-rich, and potentially generative, even in grief.

Example Application in Supervision

- A practitioner might map their continuing bond with a **protective caregiver identity from childhood** as a source of hope and strength—and grief, as that identity becomes challenged in caregiving roles.
- Through narrative sharing and supervision curation, they can explore how this bond supports empathy or creates over-responsibility, and re-author it to support balanced care in the present.

Curation

Steps Towards Meaning-Making in Palliative Care

1. Gathering the "Collection"

The group brings a range of experiences, cases, and emotional responses — much like an artist's studio full of different works in progress.

- These may be **patient stories**, moments of emotional impact, team tensions, or even ethical dilemmas.
- Nothing is dismissed at this stage; the aim is to gather the raw "material" from the lived practice.

2. Selecting What to Curate

The facilitator acts like a curator choosing which aspects to display.

- Selection isn't about picking the "most dramatic" case — it's about identifying what offers the richest opportunity for **learning** and **systemic insight**.
- Often, the choice is guided by noticing patterns: e.g., several people bringing up families who resist end-of-life discussions.

3. Framing the Theme

Once a case or theme is selected, the supervisor helps **frame** it in a way that draws out multiple perspectives:

- **Contextual framing**: What systems are at play? Family, hospital, cultural, spiritual?
- **Relational framing**: How do interactions within the care team shape the situation?
- **Personal framing**: How are each of us emotionally responding, and why?

This framing makes certain aspects more visible while encouraging participants to see beyond their initial viewpoint.

4. Creating the Reflective Space

Here the group becomes the "visitors" to the curated exhibit:

- The supervisor facilitates **dialogue** rather than just discussion — allowing different interpretations and meanings to emerge.
- The conversation is paced to let people reflect deeply rather than rush to solutions.
- Emotional safety is essential so that difficult truths can be voiced.

5. Drawing Out the Themes

From the reflective dialogue, the supervisor "labels the exhibits" — summarizing or synthesizing:

- Recurring relational patterns.
- Key systemic influences.
- Emotional undercurrents that shape practice.

This "labelling" gives participants language and concepts they can carry into future work.

6. Reintegrating into Practice

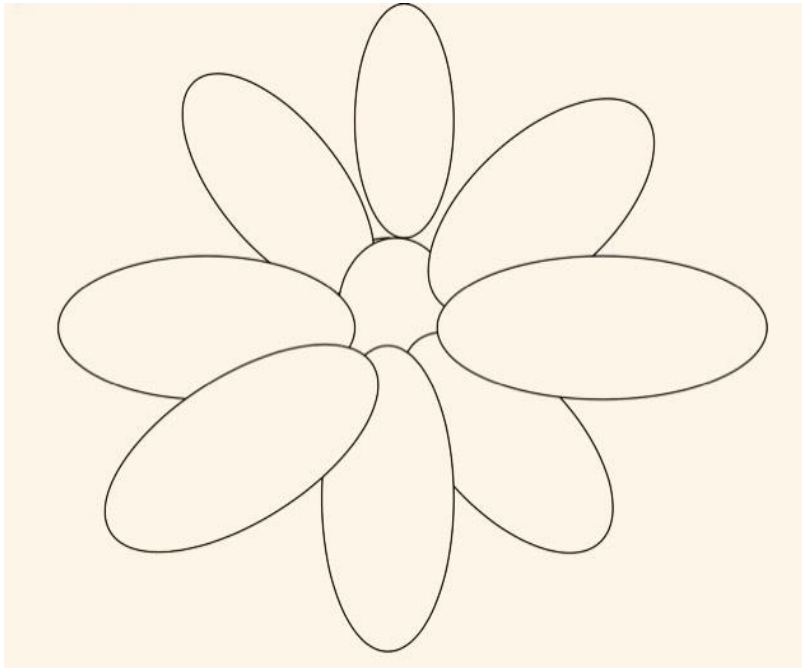
Finally, the group considers how to reintroduce the insights into their day-to-day work:

- Adjusting communication approaches.
- Shifting team behaviours.
- Creating new rituals for coping with grief or moral distress.

In this way, the curated process doesn't just make meaning — it changes practice.

Systemic supervision Techniques:

Daisy model for Supervision in Palliative Care:



Key to Systemic terminology:

Stories: These are people's beliefs that influence who we are, what we tell ourselves about who we are and how we make sense out of our world.

Speech act: what we say

Social worlds: Our personal and professional worlds.

Mystery: The recognition that we can't know all that has influenced our lives. Our worlds will have unexplained, unknown and untold elements that make up our experiences and shape our identities.

The Daisy Model is a technique developed by W. Barnett Pearce and his colleagues as a part of the Coordinated Management of Meaning (CMM) approach to understanding the complexity of identity and communication.

The Daisy model visualizes interpersonal relationships and the narratives that shape our understanding of ourselves. It allows us to explore and understand the richness of communication, the intricate layers of identity, and the contexts that shape us.

The model can highlight multiple conversations that happen at various times throughout our lifespan that influence and shape who we are, what we believe and how we act. These experiences develop into core beliefs about ourselves and our identity. These multiple

conversations can be on a conscious level; these are the stories that are in the open and told to us and by us. Yet stories can also be unconscious, not spoken, not known, untellable and a mystery. Yet all these stories will influence us, who we are and what we do.

Kim Pearce in her book '*Compassionate Communicating'* described the goal of the Daisy model:

'..*to better understand the larger system of which the event and participants are a part and to experience mystery, compassion and humility about the complexity of our social worlds*.' *Compassionate communication: Because moments matter. 2012 p.49*

The Daisy model can be used with groups or with individuals, being mindful about what feels safe to share, depending on the context, such as deeply personal information within a group setting.

The centre of the Daisy represents an individual, identity or a speech act, embodying the essence of the conversation or experience. The petals represent the multiple influences: individuals, organization, conversation and stories that have impacted the centre of the Daisy. What do you tell yourself about who you are?

The exercise identifies the complex and textured elements of our social world, enabling you to explore the interconnected stories between the petals, identify conflicting beliefs, and highlight the mysteries.

For supervision within a Palliative care service, the Daisy model can be used to explore the identity of palliative care professionals. The centre of the Daisy could be 'Identity of our team' for group work, or 'Myself as a palliative care clinician' when working with individuals.

We have offered some possible questions for when using this model. These questions help to uncover and tease out our different beliefs, values, and experiences that have influenced professional identities, which can then be placed in individual petals.

These are only suggestions, and you may want to adapt them depending on the focus of the exercise.

Personal Stories:

1. What do you tell yourself about who you are? (Thinking about self-perception/identity)
2. What stories have you been told about yourself by others? (How others' perceptions have shaped our identity)
3. What are your strengths and talents?
4. How have different aspects of your identity (such as race, gender, class, age, ability, religion, spirituality, sexuality, culture, and education to name a few) shaped who you are?

Professional stories:

1. What are your core beliefs and values that influenced your career choice?
2. What were your hopes and dreams when you first trained as a Doctor/Nurse/Social worker?
3. What challenges or difficulties have you faced that have influenced your identity as a Palliative care professional?
4. When thinking about your role, are there any professional beliefs that conflict with your personal beliefs?
5. What beliefs around death and dying have guided your career?
6. Have you experienced any influential experiences of death and dying that have impacted your identity as a Palliative care professional?

Relationships:

1. Are there any relationships that influence your choice of career? Family/friends/teachers?
2. What family beliefs and values have influenced your career path?
3. What expectations from others influenced my career path?
4. What are the beliefs and values in your family about death and dying?
5. What does it mean to people close to you that you work as a Palliative care clinician?

Society:

1. How does society shape who you are in your role?
2. What are the stories in your community around working in Palliative care?
3. What are the stories in the wider community about death and dying that have influenced you?

Collective Cut-Outs Exercise

This exercise needs to be read in conjunction with the article in the appendix:

A Systemic supervisory methodology and approach used during COVID times: Collective cut-outs –a gift from the left hand.
Joanne Adams and Melissa Baxter

This exercise can be undertaken online or in person.

If meeting online, the group are asked to bring with them some coloured paper and scissors. If the meeting is in person, the group can be provided with these items.

The facilitator introduces the exercise by proposing that they (the supervisor) are going to tell the group about an artist called Matisse. The group are then invited to listen to the story and make their own connections with the meanings that the story holds. While telling the story, the facilitator shows images of Matisse's work. It is a good idea to share Matisse-inspired images from other groups (with permission) or ones you have created yourself. Storytelling can emulate a relational hearth; it can draw people close and can metaphorically warm the heart. A story can dispel or attract its audience. The telling of a story is an important part of the performance of a supervisor and can be offered in the spirit of inviting others to join in, tell stories and listen to the stories of others, while doing this together, creatively and with passion.

The Story of Matisse (adapted from Klein, 2014)

Henri Matisse was a French artist who lived and died between 1869 and 1954. Between the ages of 60 and 85, Matisse developed a technique that he called "painting with scissors". His work began as maps or templates for larger paintings. He would start with individual cut-out shapes and arrange them onto much

larger boards, spending weeks reflecting on the right composition, their pattern and position.

Matisse was taking art back to basics in many ways and using an approach that would have been more familiar to young children when creating art for the first-time. Matisse came from a family of tailors and would use family cutting shears when making his pieces.

As his health deteriorated and Matisse became more unwell, he continued to produce work from his bed. He called this period his "second life". Matisse spoke of his wish to represent the colour and vibrancy of life. Even in his difficult days he saw the beauty in life and the need to share this interpretation with others.

Notes for the supervisor:

After reading the story, the facilitator can reflect on parts of the story that may lend themselves to a systemic approach and the idea of individual pieces being part of a "systemic whole". The facilitator can refer to Bateson's (1972) theory of mind as a collection of relational interactions and lived experiential patterns rather than just the physical organ of the brain. It can be helpful to speak of the act of positioning (Harre□ & Van Langenhove, 1990) and repositioning of shapes as being like the ongoing process of reflexivity (Burnham, 2010). The facilitator can wonder if the stories of illness and death raise questions for participants about things we do not know, the more spiritual aspects of life. They could also explore if the beauty and vibrancy of life that Matisse sought to share could be part of the wonder and awe

we experience with each other when adversity is overcome, and the simplicity of life is valued. The facilitator can ask the group what their own resonances are.

Next the facilitator asks the group to:

‘Cut out three shapes that respond to the following prompts:’

1. How are you?

2. Think of an experience that you managed this week in your organization that was challenging?

3. Think of one experience that happened this week in your organization that you appreciated.

Group instruction:

The group are asked to ‘do the exercise on your own’, while also being asked to pay attention to their thinking and their embodied response as they cut out the shapes. The facilitator can let them know that “they will not be asked to share the content of their thoughts and the experience in mind, just to think and talk about the process of the doing of the exercise, the patterns produced and what future implications may have been evoked”.
The group is given 5–10 minutes on their own to create the shapes, preferably with cameras on.

Notes for the facilitator

Here are some of the theoretical and reflexive considerations underpinning the instructions that are used:
"How are you?" The first prompt was inspired by Vetere (2017), who wrote about how useful it is to recognize a move from the context of the personal to the professional. This construct prompts the facilitator to adopt this "simple" gesture as an "invitational act" that greets others at the door of transition, marking the move between the outside and in. Moving from personal contexts to professional ones. It feels important to mark the "move into" what hopes to be a safe and supportive space.

The second instruction is linked to Minuchin's (2014) ideas about the helpfulness of the construct of "challenge" when co-creating therapeutic shifts. Minuchin found the construct of challenge as being a conversational marker for the point of change. Pearce (2012) would call this a bifurcation in the dialogue: a place in the relational interaction where there is an opportunity to move things in different future directions.

The third prompt comes from an appreciative stance: "think of an experience at work that you appreciated this week?" This question invites the participants to move from challenged narratives to appreciative ones. By using an appreciative stance, the acts of "an-other" would come to mind, and relational recognition and

understanding would come forth. When thinking of an appreciative approach, the spirit and teachings of Lang and McAdam (1997) can be called forth. Lang would inquire in ways that brought forth positively purposeful in the most traumatic of situations. He did this by always seeing beyond the “systemic stuck-ness”, by finding courageous alternative views of problems and doing this all from a stance of compassion.

The three “simple” instructions may evoke complex feelings and embodied responses. The invitation to be mindful and not concerned about sharing the content of the inner narratives can make it safer to think about some of the more challenging aspects of experience, experiences the participants may feel unable to or unsure about sharing. Importantly, some of the embodied experiences are not necessarily noticed by us, and the group may not have yet acknowledged a connection between body, thought and emotions.

Facilitating group reflections

Following some time in silence for the group to create their shapes the facilitator asks the group to come back together and share their images. They ask the group, whether meeting online or face to face, to share the image that was created in response to the first prompt: How are you? (Time to reflect on the other two prompts will follow).

Space and silence are allowed so that the group can observe each other's shapes. Online, it is encouraged that people show their images to the screen so that everyone can see the shapes of others. The facilitator then invites the group to reflect on any patterns. The question "Can anyone see any 'patterns that connect' with them or between others?" (Bateson 1972, 2016) is asked. The facilitator prompts the group to start making connections between images, encouraging a reflexive dialogue between the supervisees. They can encourage the group to stand back, either metaphorically or in person, and comment on any patterns and resonance. There is also time given to everyone to speak to their shape and the making of it. The images can be "screen-shot" when meeting online or placed on a wall like a large piece of art and viewed collectively. We like the images to be collated in line with the questions asked, so that we have a triptych of collective art to view and consider.

Additional questions for group reflection:
Is your shape like anyone else's?
What surprises you when you look at everyone else's images?

What themes come to mind?
What do the collection of shapes tell you about you as a group?

The group share their first shape collectively, and then the second shape and then the third. It feels important to spend time on each of the three themes of "how are you", "what have been the challenges" and then "the appreciations."

When each prompt has been considered by the group, it can be helpful to think more generally about the process, group reflections and learning.

Group process questions:

What have you noticed while doing this exercise?
What surprised you?
What have you learnt about yourself?
What have you learnt about others, the group?
How would you like to take what you have learnt forward into future practice and your professional relationships?

Other ways to use the exercise

The exercise can be used in group supervision as an introductory approach, asking a newly forming group to cut out shapes that symbolise how they feel about first meetings, what challenges they see are to come and what future possibilities. The same exercise can be used again in the middle and end of group formation.

The shapes over time can be compared as part of the reflexive process.

Papers and process sheets to support systemic supervision.

Curation as systemic supervision:

Curating therapeutic practice. Draper Marc

Hope in Palliative Care:

Draper, Ana. Multiple faces of hope.pdf

Continuing Bonds Enquiry

CBE.pdf

Session sheets:

DWH in curation_handout_pac

The use of Continuing bonds as a

Additional resources.

Research on parental death and the future:

Childhood Bereavement - Mortal

Enabling new understandings in Palliative Care:

Enabling New Understandings - Drap

Adult information pre and post bereavement:

GoodGrief.pdf

Externalizing story book – Jack the brave fear buster.

Jack2Bstory.pdf

Papers connected to Systemic Supervision Techniques

adams baxter.pdf

moral injury Journal 2025.pdf

ijerph-22-01156.pdf

adams baxter.pdf