

SUPERVISION OF SUPERVISION: HOW TO BE "META" TO A METAPOSITION¹

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Introduction

The discipline of family therapy has been emerging over the last three decades. During that time the practice of family therapy has developed from serendipitous treatment discoveries to teachable models. For the past several years attention has turned to delineating curricula and training designs for family therapists. Older, more experienced therapists became teachers and supervisors to those new to the field. Very recently, attention has turned to examining those elements necessary to train and supervise new supervisors.

A search of the literature indicates that this is a new, unexplored area. Specifically, it is our experience that only a single article presently exists on the training of family therapy supervisors (Liddle, et al., 1983). The creation of the "Approved Supervisor" category in the American Association for Marriage and Family Therapy (AAMFT) has raised questions regarding the appropriate ingredients of this endeavour. Interest in the area can be seen in the several presentations on various aspects of this topic made at the 1981 and 1982 annual meeting of AAMFT. Issues raised include:

- 1) What skills does a supervisor of supervision need?
- 2) How does one train supervisors?
- 3) For what is the supervisor of supervision **responsible--the supervision-in-training's development?, the family therapy trainee's actions?, the family's well-being?, treatment outcome?**
- 4) How does one facilitate this complex learning endeavour?

The following is a preliminary effort to address these questions.

Defining the System Levels

'Supervision of supervision' in this paper is interpreted to mean live supervision of a beginning family therapy supervisor by an experienced family therapy supervisor for the purpose of assisting the beginner to develop competent

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supervisory skills. "Supervision of supervision (like therapy) requires the ability to evaluate relationship systems at multiple levels **simultaneously**" (Tomm & Wright, 1982, 218.) This is often the most challenging aspect for a **supervisor providing** this level of supervision. One way to assist with this challenge is to carefully **differentiate** problems at the level of the family system; therapist-family system; supervisor-therapist-family system. Supervision of supervision occurs within the **supervisor-supervisor-in-training-therapist-family** system whereas supervision of therapy occurs within the **supervisor-therapist-family** system. Therapy, of course, occurs within the therapist-family system.

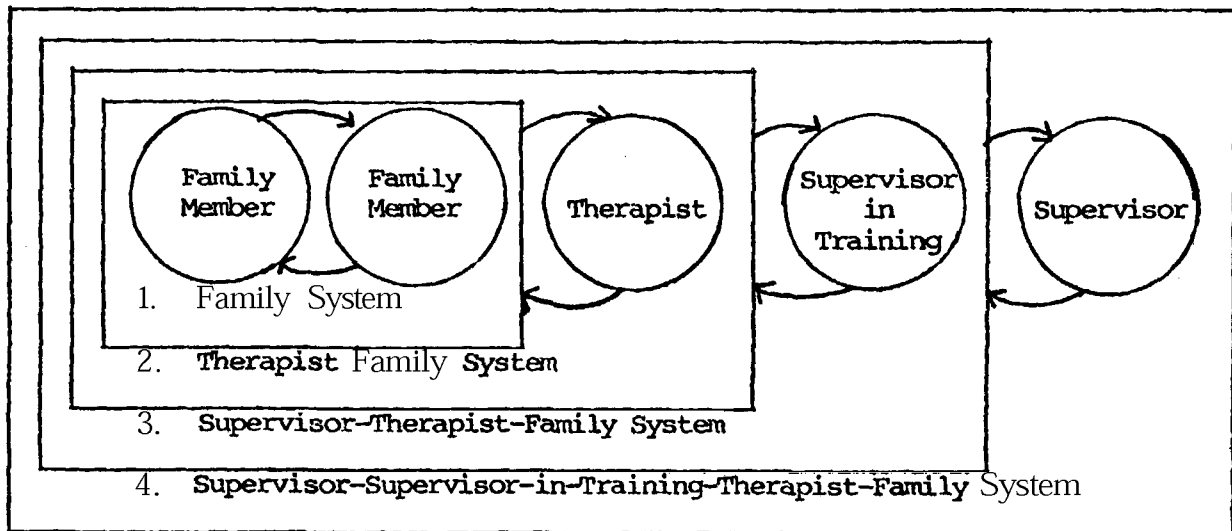


Fig. 1 Differentiation of Problems at Multiple System Levels*

Common Problems

The importance of the foregoing discussion regarding levels of systems becomes readily apparent when one examines the frequently encountered difficulties in providing supervision of supervision.

1. Confusion of Levels

When the various levels of supervisor of supervision (SOS)**, supervisor-in-training (SIT)***, family therapist trainee (FTT)**** and/or family are not kept

* This figure has been adapted from Tomm & Wright's article entitled "Multiple Training & Supervision in an Outpatient Service Programme" in the book Family Therapy Supervisor: Recent Developments in Practice. For complete reference, refer to reference list.

** Supervisor of supervision (SOS): Experienced family therapy supervisor who provides supervision to beginning supervisor-in-training.

*** Supervisor-in-training (SIT): Beginning supervisor (or an experienced family therapist) who provides supervision to family therapy trainees.

**** Family therapist trainee (FTT): Beginning or intermediate level trainee who provides therapy to families.

clear, a variety of problems may ensue. The SOS may find herself paying more attention to content than to **process**. In so doing, the primary goal of supervision of supervision, which is to train a supervisor, **may** be easily lost. For example, the SOS may behave increasingly as the SIT or as the therapist (giving hypotheses, setting direction for the case, developing **interventions**, etc.) rather than facilitating the process between the SIT and the **FTT**.

2. Problematic Triads

Dysfunctional triads can easily develop in this complex training situation. For example, an SOS may unwittingly side with the FTT and against the SIT. If this occurs repeatedly, an alliance pattern would result and a skewed hierarchy will emerge. Conflict **between SIT AND FTT** may go unresolved or escalate to an unworkable situation. **In** a similar vein, the SOS **may** consistently side with the SIT against the family therapy trainee. Such a situation leads to a rigid hierarchy in which the family therapy trainee is **"always wrong"**.

3. The Mirror Effect

A phenomenon seen in the '**supervision of supervision**' is the repetition or mirroring of relationship processes from one level of the system to the next. For **instance**, it is not unusual for a family therapist trainee to get into struggles with a family regarding the direction of therapy. The family may request help, the therapist offer it, and the family then ignores the **therapist's** ideas. As the therapist becomes frustrated, she may seek supervision, asking the SIT for help with the case. When direction is suggested by the SIT, the family therapist may ignore the input. Very soon the SIT is asking the SOS for guidance, and when such plans are offered, they are not followed. Only when one views the entire picture does one begin to see a pattern of escalating symmetry permeating the entire network of **relationships**.

Conversely, one may see a pattern of escalating **complementarity**. In one recent case, the SOS adopted a critical stance towards the SIT, pointing out errors and making corrections. The relationship became marked by a criticizer - criticized **complementarily**. Very soon the SIT began to concentrate on criticizing the therapist, attending to faults and mistakes. Finally the therapist became involved in attempting to correct the family. The entire training-therapy network became permeated by cascading blame.

Other complementary behaviors may similarly spread from one level to the next, including care-taker, care-receiver, advice-giver, advice receiver, etc.

The SOS is in a position to discern such patterns, and to utilize her role to intervene effectively in a complex network of **relationships**.

4. Lack of Clear Goals

The training of supervisors, just as the training of **therapists**, can bog down when goals are not clearly delineated. Such goals should be defined both for long term outcome and for every **session**. When such goals are **lacking**, the SOS may not focus on the **SIT's** actual needs. Without a starting point and an ending **point**,

based on each **particular SIT's** background, prior experiences and present level of expertise, one may fall into the trap of either treating the SIT totally as an equal colleague to whom one has little to offer, or as a rank beginner, thereby disconfirming existing skills and talents.

Case Study

This case example is a '**supervision of supervision**' experience where the senior author functioned as the SOS for a beginning SIT. The context for this '**supervision of supervision**' was within a residential treatment program for children. Two **SIT's** had first received bimonthly supervision seminars where theoretical issues of supervision and supervision skills were presented and discussed. Following this four month experience, the **SIT's** began providing live supervision to the family therapists within the agency on a weekly basis. Each SIT received bimonthly '**supervision of supervision**' for a period of six months.

Prior to each '**supervision of supervision**' session, the SOS and SIT would meet to discuss issues, problems and goals of the upcoming supervision.

The following dialogue is part of the **discussion** between the SOS and SIT prior to the SIT's first experience at having her supervision observed. In addition to the SIT providing supervision for one family therapist, 4-6 other family **therapists** in the agency would also observe the session.

Presession Discussion with SOS and SIT

<u>Dialogue</u>	<u>Comments</u>
SIT: I watched the videotape of the last group I did (supervised and what I notice is when I get anxious I'm more soft-spoken, partly what I'm doing now, and it was also my intent to be non-directive to see what the group would do. However after watching the tape, I need to be <u>more</u> directive and that's my goal today. To give the group more of a sense of format - the group became too tangential.	SIT begins to state her goals for supervisor.
SOS: So when you say directive, you mean to be more in charge of the group?	
SIT: Yes.	
SOS: And to keep it more focused, it sounds like.	
SIT: Yes.	
SOS: I'll observe for that...what are	SOS asks questions to clarify how

you going to have the rest of the group do this morning--are you going to give them assignments while they're observing.

the SIT will involve the other family therapists in the observation of the session.

SIT: Yes. I'll have one observe the marital subsystem, parent-child subsystem, sibling subsystem, whole family system.

SOS: Do they know what they're observing for?

SIT: Yes, I've asked them to observe the analogic and compare it to the content (digital communication).

SOS: Well, tell me about your last supervision time with the group, how do you think it went? You said you reviewed the videotape and one thing is that you want to be more directive.

SOS refocuses the discussion back onto the SIT's experience of a previous supervision.

SIT: Yes.

SOS: Now, tell me some good things. What did you like that you did?

SOS encourages SIT to reflect on positive aspects of supervision provided.

SIT: I felt really good about the phone-ins because the task that I set for myself that time was to be very succinct and to limit the instructions to two and to limit the phone-ins to three.

SOS: Good. Did you get any feedback from the therapist about your phone-ins.

SIT: Well, he was so preoccupied with the family. Although he did comment on the first phone-in and that it was very helpful. He said that he understood it.

SOS: Terrific. Well, how can I be helpful to you this morning?

SOS now shifts focus to the present goals of the session.

SIT: Well, I think what I'll tend to do is wait for your phone-ins ... ?

SOS: Are you concerned that you're going to be more passive with me here?

SIT: Mmm, yes. I need to know some structure. Are you going to make phone-ins during the pre-session (presentation of family by therapist to SIT)?

SOS: Yes, during that time I may choose to phone-in but while the session is going on (therapist and family) the phone-calls are your responsibility.

SIT: Where I think I'll need the most help, is to deal with the family system.

SOS: I want you to know tht it is a challenge to deal with multiple systems level simultaneously - but it will come.

SOS: Which system do you want to focus on most this morning?

SIT: I can deal with the **SIT-therapist** system and the therapist-family system but it seems that I'm two levels removed from the family system.

SOS: So is that what you want me to focus on?

SIT: Yes, to conceptualize the family system while keeping track of the therapist-family system and SIT-therapist system.

SOS: Well **let's** review the format so we don't start off by confusing the system levels. By structuring today's session and dealing with the various system levels in sequence, I find it a useful way to conceptualize each system while still appreciating the interface between the systems.

SIT: O.K.

SOS then reviewed the format for the morning which consisted of:

1. Verbal presentation of family by therapist to the SIT with the other

therapists forming the remainder of group and SOS observing from behind a one-way mirror.

2. SOS **supervises** SIT supervising therapist interviewing family. The remainder of group also observe therapy session from behind one-way mirror. This includes intrasession phone-ins and **intersession** discussion.
3. Debriefing of therapy session by therapist, SIT, and group.
4. Postsession discussion with SOS and SIT.

The following dialogue highlights the **postsession** discussion between the SOS and SIT. The SOS structured the postsession discussion to focus on the various system levels in a logical **sequential** order.

Postsession Discussion with SOS and SIT

<u>Dialogue</u>	<u>Comments</u>
SOS: I thought it was an excellent morning. Let's discuss the specifics. Why don't we start with the family system and then move up through the various system levels. What would you like to debrief about the family system...?	SOS begins discussion by giving a positive statement and then focusing on the family system.
SIT: I felt (pause) when I was listening to the presentation of the family (by the therapist) that my questions were relevant in trying to make connections for the team members about the family, but also trying to introduce for B (therapist) at the therapist-family system that he had closed the door on some options (for the I.P.) before the family had. I was struggling with how to introduce that idea without making him resistant. So I felt good about introducing the question.	
SOS: Yes, that was an important point and you introduced it very nicely. (More discussion about the family dynamics.)	
SOS: There's a lot to consider and I think that you were still able to shift the view of the relationships within the family.	

SIT: At times during the intersession discussion, I felt like the therapist - I was waiting for your phone calls and I was thinking what would I have done if you **weren't there**. What would we have come up with as an intervention - like **that's** what I'm wondering, how can I use the team members and then combine their ideas for an intervention?

SOS: we'll talk about that more when we come to your role and performance and **I'll** give you some specific feedback. (SIT nods in agreement.) Anything else about the family you would like to discuss?

SIT: **No.**

SOS: Okay, **let's** talk about the therapist-family system.

SIT: Other than **reemphasizing**, I was struck by the amount of therapy with the family that needed to be done but **wasn't**, but I wanted to deal with the therapist and the **family...**

SOS: Yes, there were some omissions and things that would have been beneficial to the family (**cites** examples) but the two positive things is that here was a young girl with very serious problems who has really benefited from being here at Hull Home. And **that's** a credit to B (**therapist**). And **I** think the other very significant thing that he's done is engage this Father. He has helped this Father feel that he has not been an outsider to therapy even though he often feels an outsider to the family. His positive complimentary statement to B indicated he hasn't felt like an outsider in therapy and I think **that's** very good.

SIT: Well, that's useful to **me--so** I need to think not only how can therapy be a positive experience for the family but also for the **therapist**. Perhaps, I could have supported B more.

SOS refocuses back on the family system.

SOS now shifts discussion to therapist-family **system**.

Here is an example of a mirror effect in a positive direction.

Note openness and receptiveness of SIT without the SOS **suggesting** that she could have been more supportive to **therapist**.

SOS: Well, you can still have an opportunity to do that in your write-up of supervision today.

SIT: So you're saying perhaps I could've supported a bit more.

SOS: Yes, in terms of the long, hard work and effort he has put into this family.

SOS: Okay, what about your relationship with B. What did you like that you did?

SOS now shifts discussion to the SIT-therapist system.

SIT: well, I agreed with his positive statements about the phone-ins. I told myself before each phone call - 'be positive, be clear and succinct'.

SOS: That was nice, spontaneous feedback that (he) offered you.

SIT: Yes.

SOS: So you were pleased with your phone-ins to B. Anything else about your performance? Anything you didn't like, or that you would like to do differently?

SIT: I think a more general thing--when I'm with the team, I need to feel less rushed and slow down.

SOS: It didn't come across that way to me but...

SIT: Good...maybe I should look at the tape.

SOS: Yes.

SOS: Well, I'd like to discuss our system now and give you some more specific feedback. I'm impressed with how you don't act like a beginning supervisor.

SOS now shifts discussion to SOS-SIT system.

SIT: (Laughs) What does a beginning supervisor act like?

SOS: Well, you show confidence and you have presence with the group. You're very clear and I certainly feel that you

Evaluation of SIT at present.

accomplished the task you set for **yourself--that** of being directive. You kept the family presentation very **focused**.

SOS: In terms of you and I, when we were observing the family session with B **interviewing**, I think I talked to the group too much. **I'm** used to being behind the mirror and teaching the group and it took me awhile to **shut** up and be quieter. **That's** when I began to only relate to you and if anything was to be said to the group, then you would say it. I found it easy in terms of the phone-ins to discuss with you. However, in terms of comments to the group while they're observing, I think we need to keep the hierarchy clearer.

SIT: Yes, because I find I become more passive then.

SOS: Yes, I will try and watch that next time. In terms of your phone-ins, I **agree** with B, your phone-ins were **excellent--clear**, direct, specific **suggestions**.

The part that I felt you could improve in your work with the team **is** with the **hypothesizing--you** did it all instead of involving the team more. It was a reflection of what the therapist did with the family. He took all the responsibility. With the team you took all the responsibility and then asked for their comments.

SIT: Yes, yes.

SOS: (**Further** discussion of how to involved team members more during the hypothesizing and SIT **process**.)

SOS: What about the **differentiation** of system **levels--was** your other goal met?

SOS comments on her own behavior and area in need of improvement. Indirectly, this provides positive modeling to the SIT to be able to comment on **mistakes**.

An example of the mirror effect.

SIT: Yes, very much. It's been very useful for me.

SOS: Well, in our debriefing right now, one thing you've obviously noticed is that I've been very structured and have reviewed each system level in order to assist you in the conceptualization of the different systems. In so doing, I'm hoping that by drawing that kind of boundary around each system gives you permission to focus on one system at a time.

Evaluation or goals set by SIT for herself.

SIT: Yes, that's been very helpful.

SOS: Well, I think you're off to a terrific start as a supervisor.

Conclusion

'Supervision of supervision' is a complex and challenging training process. It involves looking at various levels of systems simultaneously and the interface between the systems. One implication of this complex process is that being a therapist does not automatically mean that one possesses the skills to be a supervisor. Therefore, much more discussion, training and evaluation of supervisors needs to be done. This will assist to more clearly define and articulate the necessary skills of the supervisor of supervision who functions in a meta-metaposition.

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