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Core Premises and a Framework for Systemic/Relational Supervision

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Some people collect memorabilia highlighting particular moments in their life, while others collect something for its particular beauty; still others collect things they are passionately interested in; this book is the culmination of our collection of supervision ideas and practices. Our collection began when we noticed that our experiences and those of many of our supervisory colleagues and supervisees were inconsistent with what we read about supervision in the literature (Storm, Todd, Sprenkle, & Morgan, 2001). It includes experiences from those supervisors we trained and supervisees we worked with and our own experiences as supervisors and trainers of supervisors. We invited supervisors who were passionate and highly knowledgeable about various aspects of systemic supervision to contribute to our collection and incorporated results from the limited research on supervision. Our collection brought together ideas and methods reflecting the day-to-day practice of systemic supervision. From this current collection and ideas that have served us well over the years, we culled a set of guiding premises that we offer readers. The hope is that these premises assist readers in transitioning from a therapist to a supervisor who practices *systemic supervision*.

Core Premises of Systemic Supervision

How is systemic supervision distinct from supervision in the broader therapeutic community? Most agree that supervision is where one professional (who we call “supervisee”) hoping for guidance enters into a learning relationship with another

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professional (who we call “supervisor”) with a mutual goal of advancing the supervisee’s clinical and professional competencies while ensuring quality services to clients. Although systemic supervisors perform the same normative (i.e., gate-keeping), restorative (i.e., mentor and evaluator), and formative (i.e., developing supervisees’ competence and capabilities) functions as other supervisors (Milne, Aylott, Fitzpatrick, & Ellis, 2008), they are always mindful of their systemic/relational paradigm and the following key premises that we believe underlay systemic supervision. None are more important than the others since they intersect with one another in complex ways.

Contextualization of supervision invites multiple views and acknowledges complexity

Our first core premise is that contextualization of supervision invites multiple views and acknowledges the complexity of the supervision process. *Contextualizing supervision* is paying ongoing attention to the unique, specific context in which supervision occurs, including considering the many diverse perspectives of stakeholders and participants. As supervisors juggle the multiple demands and obligations of stakeholders and participants, they develop supervisory cognitive complexity. “Cognitive complexity, broadly defined, is the ability to ask questions, admit uncertainty, examine beliefs, tolerate ambiguity, listen carefully, suspend judgments, and adjust opinions” (Granello, Kindsvatter, Granello, Underfer-Babalís, & Hartwig Moorhead, 2008, p. 35). Contextualization contributes to a rich in-depth understanding of the context of supervision and of therapy. Supervision becomes more meaningful and effective when supervisors ask, “Have I invited and considered the relevant perspectives?” Overall, supervision is more nuanced, tailored to the specific context with supervisors having an understanding of the complexity involved.

The perspectives are considered of a broad spectrum of stakeholders and participants including but not limited to supervisors, supervisees, other professionals, clients, institutional personnel, the systemic practice community, educators, and regulators. (See *The Systemic Supervisor Electronic Resources* for guidelines in locating relevant contexts for consideration.) Perspectives are highly related to personal aspects of their lives including families of origin, conjugal families, and other meaningful relational dynamics; emotional reactions; motives, values, attitudes, and philosophies; biographies or stories; and socially situated identities and influences. Viewpoints vary by professional settings—those in private practices are different than those in organizations, such as community agencies, healthcare settings, churches, and so on. The perspectives of stakeholders and participants are influenced by the sociohistorical place and time of supervision, since supervision has a particular meaning and certain ideas and values are predominant. For example, where collectivist ideas are central, supervisee confidentiality will have a different meaning and value than in individualistic societies.

Contextualization of supervision can be a simultaneously challenging and fascinating process due to the sheer number, multiplicity, and differences in the

perspectives. The perspectives are always in flux—with new perspectives continually emerging, variations evolving, and initial viewpoints frequently being discarded. Contextualization requires systemic supervisors to be open to and curious about many differing viewpoints and to thoughtfully reflect on them, including their own and their supervisees' understanding of them and their implications. This is particularly important because:

...the very nature of being a supervisor lends itself to being surrounded by others (primarily trainees) who typically accept what we have to say without direct challenge. Over time, we may begin to develop a (false) sense of security, believing that our perspectives are “right”—or at least forgetting to stop and consider alternative perspectives. (Granello et al., 2008, p. 42)

Consider how contextualizing in this situation leads to a nuanced, complex understanding of the specific context for supervision. A supervisor was working with three supervisees in group supervision during their practicum at an addiction agency serving substance abusing teens and their families.¹ These supervisees have very different personal and academic backgrounds: One, a male, doctoral psychology student in his mid-thirties from a conservative Irish family, is in long-term recovery from drugs and alcohol and has worked in an adult drug rehabilitation program. He has a certificate as an addictions counselor but very little coursework or experience in systemic therapy or with teens. The other two, both female, are masters students pursuing degrees in couple, marriage, and family therapy. One is from a mixed Northern European background, married with a previous teaching career and no individual or family history of addiction. The other is much younger and comes from a close-knit Latino family in which a cousin who was a heroin addict died from an overdose despite repeated intervention from the extended family. Note the different perspectives on addiction of these three supervisees, as well as the variety of academic and life experience they bring to supervision, all of which should be considered by the supervisor.

To add further complexity, what if you were the practicum supervisor at the academic program in systemic therapy where the young Latina student is the only student in your supervision group that is placed in an addiction agency? The other members are placed in a youth services program, in a public school program, and a program for homeless families. How will the contexts of the two supervision groups be different for the supervisors and for the supervisee? What if the agency supervisor and the university supervisor have very different views on treating addiction? Different emphasis on self-of-the-therapist work? Different knowledge, beliefs, and experience about Latino families? Not only do both supervisors need to be prepared to juggle and attend to the complexity of the supervisees in their respective contexts, they also need to help each supervisee manage the same juggling process, within and across multiple contexts, including personal and professional.

Responsiveness to the web of relationships improves process and outcome

Our second core premise is that supervision is embedded in and continually affected by a complex web of intersecting therapeutic, professional, and personal relationships. Supervisors who proactively respond to the effects and reverberations of these many relationships positively impact the process and outcome of supervision, including the supervision relationship and supervisee learning. Managing this complexity is a challenge, and supervisors soon discover that a lot more is going on behind the scene beyond simple case management and therapy. Client relationships continue to be in the foreground; however, systemic supervisors continually consider the client–therapist and supervisee–supervisor relationships in addition to a myriad of others that may be relevant. As they do so, systemic supervisors reflect on the web of relationships and ask: “What are the effects of my actions on the various relationships?”

A strong supervision relationship in which the supervisor keeps an eye on power and diversity is especially important in recognizing and understanding the effects and their reverberations within the web of relationships. When supervision relationships are strong, it is easier to work through the effects and ramifications on the supervision and therapy process, including relational and ethical dilemmas that can occur. New supervisors are often reluctant to admit that they have significant power and that the perception of this power by supervisees and others complicates supervision. Unfortunately, denial and minimization of this power typically make the supervisory process very confusing. While we support a collaborative relationship in supervision, it is important to acknowledge the power inherent in the supervisory role, including the effects of power on supervisors and supervisees’ relationships and how their responses may reflect privilege, marginalization, or oppression. Fortunately, for many new supervisors, the memory of being a supervisee and being conscious of power dynamics is still relatively fresh. Systemic supervisors ask, “Regardless of my self-perception, how might I be seen by my supervisee? What can I do to acknowledge the sources of my power and to have a transparent discussion about these issues with the supervisee?”

Supervisors need to be self-reflective about the effects of their interactions on the intersecting web of therapeutic, professional, and personal relationships; “all therapy (and supervision) is the marriage of the technical with the personal” (Aponte & Carlsen, 2009, p. 395, parentheses added). To do so, systemic supervisors draw on the self-of-the-supervisor and their experiences and knowledge about therapy, supervision, adult learning, and life in general as they move fluidly among multiple roles that meet supervisees’ needs and facilitate their learning. Self-reflexivity involves “pausing to take stock of one’s personal experience as a member of a wider interacting system” (Campbell & Mason, 2002, p. xxi). (In this regard, we recommend reflecting upon the myriad challenges of the self-of-the-supervisor, as outlined in *The Systemic Supervisor*

Electronic Resources. We agree with Mason (2010) that too often supervisory discussions are restricted to the clients per se resulting in a disregard for a second-order systemic view, where supervisors (and supervisees) recognize the very act of doing supervision influences the therapy or supervision that is possible. Systemic supervisors actively consider themselves in the process and what they bring to the relationship. They recognize it is as much of a reflection of their work as of their supervisees' abilities and actions. Being self-reflexive enables supervisors to have a systemic/relational and synergistic perspective, responding flexibly and responsively to issues and problems in any of the affected relationships and considering all views without privileging a particular one. In concert, supervisors are uniquely responsive to the particular supervision context in which they play a significant role.

In our supervision example, consider the complex effects of the following supervision relationship between the male supervisee and the supervisor on other relationships. The male supervisee felt considerable shame and guilt about his period of addiction, despite having a strong recovery and being very helpful to adults in early recovery. This dynamic led him to downplay his therapeutic effectiveness and his contributions to the supervision group, even though he was held in high regard by the other two supervisees, who supported him and confronted him about his self-deprecation during group supervision, with the encouragement of the supervisor. The supervisor was mindful of his own self-of-the-supervisor work, drawing upon his own experiences as a child of an alcoholic parent. They discussed the differential attitude of academic supervisors and instructors, who could be dismissive of the value of his addiction experience and 12-step work. A goal for all the supervisors and supervisees involved was keeping addiction dynamics in perspective. The supervisory challenge then was to stay mindful of all the relationships affecting the supervisee and to anticipate the effects of his own and the supervisee's actions. Overall, the supervisor was aware of how his close, positive relationship with the supervisee could have strong effects on his self-image and professional work while also affecting the supervisee's relationship with his academic supervisor, the other supervisees in both supervision groups, and the supervisee's personal relationships.

This also underscores how the supervisory interaction will change when characteristics of any participants are different anywhere within the web of interacting relationships. This could include different personal and professional experiences with addiction, as in our example, or having different members in the agency supervision group, or in the academic supervision group, or due to supervisees practicing in different clinical sites, etc. A host of other variables can set off reverberations at any point in time that need to be considered, including family structure, personal experiences with divorce or trauma, and so on.

A systemic foundation promotes a relational change process in supervision

Our third key premise is that basing supervision on a solid systemic conceptual foundation distinguishes the process from other forms of supervision. Incorporating systemic concepts such as context, isomorphism, relationship/interaction, multiple views, coconstruction, complexity, self-reflexivity, and interconnection promotes a systemic/relational change process (Campbell & Mason, 2002; Durck & Daniel, 2010; Lee & Nelson, 2013). Because supervisors are always experienced therapists who usually have a strong commitment to certain specific systemic/relational ideas and practices, we contend these preferences will usually be influential in supervisors' philosophy of supervision, especially for beginning supervisors. It seems difficult even for more advanced supervisors to ignore their preferences regarding change (i.e., growth, development). For example, if a supervisor adopts a strength-based view, or places high value on family-of-origin work, or sees the world in behavioral sequences, or is committed to collaboration, it is highly likely the supervisor will do so in supervision.

During the development of systemic supervision, supervisors were encouraged to base aspects of their supervision approach upon their systemic therapy model (White & Russell, 1995), an idea which still has utility. However, too much emphasis on isomorphism can eclipse important differences between therapy and supervision. For example, it is not always necessary for clients to understand fully what led to the resolution of their problems, while it is important for supervisees to understand what they have learned so they can replicate it with other clients. We encourage new supervisors to turn to their therapy models for guidance in supervision, examining the similarities between therapy and supervision while also being mindful of the limitations of using their models as a guide (Storm & Heath, 1991; Storm, McDowell, & Long, 2003; Storm et al., 2001).

We also do not believe that supervisors should necessarily limit themselves to supervising only those who have a similar model of therapy. A supervisory change process will naturally reflect supervisors' preferences, but it can also be expanded to specifically address supervising therapists with other theoretical preferences by adding other aspects to it. In addition, most supervisors become more integrative as a result of their increased supervisory competency and by incorporating additional ideas, as the practice of supervision evolves and changes occur in the wider context. Over time, more complexity is typically added to most supervisors' approaches.

In the group supervision case example, all three supervisees understood in advance that the practicum site endorsed the structural-strategic family systemic therapy model and that this model would be the cornerstone of supervision. Despite this clear agreement, each of the three supervisees

had different aptitudes and challenges in learning and implementing the model, as well as different learning styles, so the supervisor needed to respond flexibly and to customize supervision for each of the three. The supervisor knew that each supervisee needed to learn the basic model of the site, a model the supervisor had developed and one that formed the core of his supervision approach. However, it was just as important for the supervisor to help them to integrate other models they had been exposed to in their programs such as cognitive behavioral therapy for the doctoral supervisee and emotionally focused therapy for the two masters degree supervisees. It was critical for his more evolved supervisory approach for him to reach this goal since he did not believe his job was done until supervisees were able to individualize the treatment model in ways that fit each of them and their overall learning.

Accountability requires balancing supervisee development, the relationship, and safeguarding of clients

Our final core premise is supervisor accountability requires supervisors to willingly hold themselves responsible for balancing attention to supervisees' development as therapists, the supervision relationship, and the safeguarding of clients. Supervisors at every turn make pragmatic choices in supervision that affect all of these areas—what to focus on; what methods to use; which relationships to highlight; how to respond to supervisee and clients' requests, needs, and desires; and whether to highlight professional competence or clinical issues. New supervisors typically find it hard to balance an emphasis on supervisee learning of systemic skills and professional functioning and an authentic supervision relationship including validation and challenge, with protection of clients through ensuring adequate therapy. It is usually easier to focus supervision on the supervisee's cases and make recommendations for them than it is to keep all of these multiple accountabilities in mind simultaneously.

The supervisor's ability to make informed pragmatic choices that effectively balance the accountabilities depends on having an internal checklist for themselves of the areas, observing supervisees work with clients, and getting direct feedback from supervisees. Supervisors go beyond simply validating supervisees' work and periodically ask themselves, "How do my actions as a supervisor contribute to the development of the supervisee, including their learning and overall professional functioning?" "How supportive am I as a supervisor?" "Are clients receiving adequate and appropriate care?" In each area, it is reasonable to ask what your evidence is for these conclusions, whether you have shared your thoughts with the supervisee, and if they agree with your observations and conclusions. (See *The Systemic Supervisor Electronic Resources* for ways to incorporate client and supervisee feedback in supervision.)

Supervisees in the substance abuse program were working in a virtual fishbowl, where much of treatment was in peer groups or multifamily groups, always with one or more cotherapists. They were informed in advance that they would initially be silent participants in therapy groups until they were considered ready to contribute in ways that were consistent with the treatment model. The supervisor recognized tension between treatment staff and supervisors—the supervisors felt responsibility for the learning of the supervisees and knew their academic programs expected them to have appropriate levels of case responsibility. In contrast, treatment staff felt primary responsibility for the treatment of the substance-abusing teens who were the primary clients, so they postponed giving supervisees clinical responsibility. A process of supervisor self-reflection and observation of student work, coupled with inviting feedback from the supervisees, confirmed the tension between these two components of supervisor accountability. It also revealed that the supervisory relationship was validating and challenging, in a demanding site, and that the supervisees were learning a lot by observing the skills and professional functioning of staff from a variety of disciplines. The supervisor was also accountable for reducing polarization between staff and supervisees. The supervisor reassured the agency supervisors that he would be supervising each case closely. He helped the supervisees to show staff their learning, which in turn led staff to begin to turn over case responsibility to the supervisees as their confidence in the supervisees increased.

A Framework for Systemic/Relational Supervision

We believe that supervisors require a supervision framework that goes beyond a personal preference for how they supervise, which typically begins to coalesce during supervisory training. If it is based solely on personal preference linked to experiences as a therapist and supervisee, it can overvalue an individual's experience within a particular context. Instead, we advocate for the systematic building of an approach that combines key aspects of supervision including experience and a personal philosophy of supervision into an overall framework. Any initial declaration of a supervisory philosophy is always premature; it evolves into a supervisory framework with depth and breadth through the process of multiple supervisory experiences and exposure to a variety of contexts, supervisees, and settings.

Although there are a number of existing frameworks for psychotherapy supervision (cf. Bernard & Goodyear, 2009; Falender & Shafranske, 2004; Munson, 2002), the majority of those for systemic supervision are heavily weighted toward supervision models that are isomorphic to therapy models reflecting personal therapy preferences of supervisors (cf. the systems/dialectical supervision model of Roberts, Winek, and Mulgrew [1999] which is heavily influenced by developmental ideas; the task-oriented model of Mead [1990] emphasizing a behavioral perspective; and the various approaches in the second section of this book). Most of the models assume the supervisor and supervisees share an interest in the supervisor's model or at the very least that the supervisees defer to the supervisor's orientation. In addition, it is assumed that the supervisors' orientation is an appropriate fit for the context in which the

supervisee practices. Notable exceptions in the systemic supervision realm include the work of those of the Tavistock Clinic in the United Kingdom (Burck & Daniel, 2010; Campbell & Mason, 2002) and the systemic/relational ideas of Lee and colleagues (Lee & Everett, 2004; Lee & Nelson, 2013). Finally, common factors of supervision, based on a review of the literature and research, are offered as a guide for supervisors; the dimensions—focus, specificity, and supervision relationship—are each significant to contemporary supervision practice (Morgan & Sprenkle, 2007). Each dimension is described as a continuum that reflects a range of supervisory behavior; its usefulness is in supervisor reflection on where they fall on the continuum and ability to see ways of expanding or altering their supervision within them.

What does our framework contribute to the advancing of a general conceptualization for supervision practice that could provide some overall direction for supervisors? The framework we propose is a more encompassing approach that provides space for the ideas summarized earlier while embracing other important aspects of supervision. It supports the systemic concept of feedback as a building block of systemic supervision (Lee & Everett, 2004), the relational emphasis of Lee and Nelson (2013), and is congruent with the underlying assumptions of the distinctive systemic supervision approach (Burck & Daniel, 2010; Campbell & Mason, 2002). It incorporates personal preference, thus continuing the tradition of valuing and promoting the development of supervisors' personal philosophies, which have been historically part of the fabric of systemic supervision. It incorporates the elements defined as important common factors in supervision and encourages supervisors to use them as a guide in their practice. It allows for the current therapy-related models of supervision to be incorporated within this framework for those supervisors passionate about a specific set of ideas and practices. We attempted to satisfy some of the suggestions made regarding past frameworks including considering the average practicing supervisor; clearly defining the value, role, and limitations of ideas regarding isomorphism in supervision; and including recursive, complex, and rich processes in it (cf. Sprenkle, 1999).

Our framework for supervision, based on the premises outlined in this chapter, includes four recursive processes: *contextualization* of supervision, a *systemic foundation* supporting a relational *change process*, a balancing of *supervisory accountability*, and responsiveness to the web of *interrelated relationship*, as the diagram indicates. Each of these is significant in its own right but must be considered holistically since each affects the others and is affected by the other processes (Figure 1.1).

We propose our framework as a way for supervisors to check (and even test) their supervision for its congruence with assumptions, beliefs, ideas, and common practices that reflect systemic supervision: Do you account for the context within your approach? Does your supervisory change process have a consistently systemic foundation? Do you embrace supervisor accountability for making pragmatic, everyday choices that contribute directly to supervisee development, the supervision relationship, and safeguarding clients? Do you continuously monitor the complex web of intersecting therapeutic, professional, and personal relationships and respond to them? (See *The Systemic Supervisor Electronic Resources* for a comprehensive checklist of questions for testing your systemic/relational foundation.)

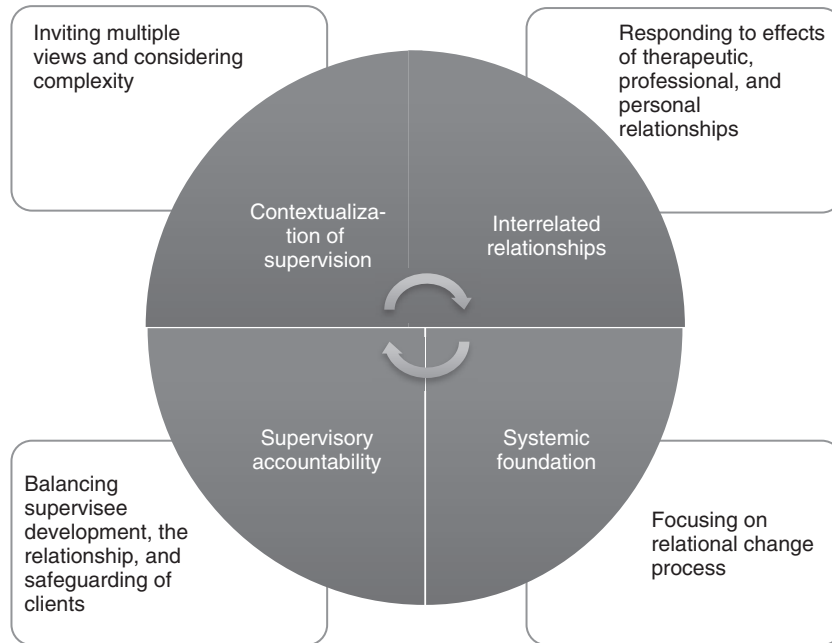


Figure 1.1 A framework for systemic/relational supervision.

Table 1.1 Process components of the systemic/relational supervision framework

<i>Supervision contextualization</i>	<i>Systemic foundation</i>
Perspectives of participants and stakeholders	Incorporation of systemic/relational concepts
Supervision and therapy context tempered by personal aspects, professional setting, and sociohistorical place and time	Preferred elements of philosophy of supervision
Societal, regulatory, accreditation, educational, training, and institutional obligations	Congruence and limitations of therapy ideas for supervision
	Expanding the breadth of supervision
<i>Supervisory accountability</i>	<i>Interrelated relationships</i>
Holding self responsible	Effects on intersecting therapeutic, professional, and personal relationships
Making pragmatic choices to balance:	Supervision relationship acknowledging power and diversity
Supervisee learning of skills and professional functioning	Self-reflection of the supervisor
An authentic supervision relationship	
Ensure adequate therapy	
Evidence of accountability	

Table 1.1 shows the range of typical topics within each process of our framework that supervisors can address in their approaches. We suggest a supervisor review each topic, identify where they stand on it, note any preferences, and sort out what they know about the area and what they need to find out to fill in their supervision framework.

Transitioning from Therapist to Systemic Supervisor

Experienced therapists learn to make the shifts described in the succeeding text; essentially, they transition from being solely therapists to becoming supervisors. Our intent is to give a “heads up” to those becoming supervisors so they will know what is in store for them and hopefully experience a less turbulent and more exciting transition. We encourage more experienced supervisors to reflect on whether the described shifts match their personal journey. For mentors of supervisors, our aim is to help them know what to emphasize and normalize in order to make the transition smoother for those in their supervisory trainings.

Adding the new role of educator

Supervision is a unique endeavor that involves a transition to a new role, one with a broader mission that centers on the education of the next generation of therapists. In making the shift to this expanded role, new psychotherapy supervisors typically experience confusion, anxiety, or ambiguity about their role and subsequently how they should respond in supervision (Majeher & Danuuk, 2009; Nelson, Oliver, & Capps, 2006; Rapisarda, Desmond, & Nelson, 2011).

As systemic supervisors, a primary role is assisting supervisees to be systemic practitioners who practice from a paradigm different from the wider therapeutic community. Reflecting on their experience of educating new therapists to be systemic practitioners congruent with a systemic perspective, Graff, Lund-Jacobsen, and Pearce (2010) state:

We find ourselves, on one hand, instructing trainees (and supervisees) about the concepts of systemic practice and evaluating them On the other hand, the content of what we are teaching denies the possibility of orthodoxy, stakes out a strong claim for the context-dependence of any action. (p. 27, parenthesis added)

Supervisors additionally assist supervisees and themselves in recognizing that systemic therapy and supervision practice “differs in every context and that every context is different” (p. 44). Systemic supervisors can at any moment relate to supervisees as a supporter, case consultant, colleague, advocate for client and/or supervisee, teacher/trainer, as well as supervisor, all of which are contextually and temporally relevant and dependent on what the supervisee wants or needs

for their learning process (Ungar, 2006). To check if they are fulfilling their role of assisting supervisees to be systemic practitioners, systemic supervisors ask themselves: “Am I providing enough support and challenge to supervisees so they apply systemic ideas within their practice contexts?” And, “Do my responses cocreate new experiences with supervisees so they develop their own style, ideas, and preferences within a systemic/relational approach?” They cross-validate their impressions by using formal instruments such as the *Supervisor Feedback Form* (Williams, 1994), reproduced in *The Systemic Supervisor Electronic Resources*.

Revisiting and conceptualizing supervision

New supervisors reconsider supervision, viewing it (usually for the first time) from the supervisor rather than the supervisee perspective, stimulating a conceptual shift to the supervision process from the therapy process. This revisiting of supervision includes a new perspective on the therapeutic relationship—not just client relationships plus the client–therapist relationship but including the impact of the supervisor on them—and prioritizing supervisee learning/development alongside client care.

New supervisors learn to fight the ever-present temptation of doing therapy *through* supervisees with supervisees utilizing supervisors’ preferred therapy approaches; instead, they focus on supervisees’ preferences and unique abilities and on maximizing supervisees’ effectiveness. As Breunlin, Liddle, and Schwartz (1988) reminded us over two decades ago, “supervisors supervise—they do not conduct indirect therapy” (p. 212). This temptation to do therapy is understandable, since new supervisors are typically excited to pass their clinical expertise and wisdom on to the next generation. However, by squarely focusing on supervisees’ learning, supervisees can become the best possible systemic therapists they can be rather than clones of their supervisors. Supervisors can resist this temptation by persistently and consistently asking themselves: “As a therapist, you would do X, but how can you help your supervisees develop their ability to decide what course of action they should take?” In interviews of new supervisors, they cited this shift as “one of the most important lessons learned,” but it “did not always occur without frustration” since many of them expected supervisory training to advance their therapy knowledge (Sundin, Ogren, & Boethius, 2008, p. 20).

Adding the new professional identity of supervisor

Over time, these two shifts synergistically contribute to the formation of a new professional identity of a systemic supervisor. (See *The Systemic Supervisor Electronic Resources* for the challenges of transitioning to the new professional endeavor of supervision.) Psychotherapy supervisors move from clarifying their role and increasingly becoming comfortable in it through phases of exploration, experimentation, reconceptualization, and integration and finally to having the identity of a supervisor (Watkins, 2012). This transition requires specific training as a supervisor, experience alone being insufficient (cf. Vicceli, 2006; Vidlak, 2002).

Research consistently shows that supervisory training across the therapeutic community contributes greatly to the ultimate development of a supervisor (cf. Bencivenne [1999] regarding specific training of systemic supervisors and Watkins' [2012] review of psychotherapy supervision training).

Probably the ideal supervisory training experience is one like that described in the succeeding text where new supervisors participate in learning about the supervision process while they practice supervision with diverse supervisees at differing professional stages in a variety of settings under the mentorship of an experienced supervisor. The most comprehensive training includes opportunities to use various methods in a variety of supervision arrangements with supervisees who have various goals, such as credentialing or solely professional growth. (See *The Systemic Supervisor Electronic Resources* for a discussion of how supervision agreements can be adapted to a range of settings.)

A seasoned systemic therapist wanted to share her professional experience with new therapists by becoming a supervisor. She had practiced in agencies and in a private practice, often providing informal supervision, before considering supervisory training. She took an active role in securing her supervision training by finding a supervision course, supervisees, and a senior supervisor to mentor her practice of supervision. Her supervisees included therapists at a mental health clinic, a private practitioner, and university interns. During her training, she supervised individually and in groups, and used tapes, live supervision, and case presentations. During the mentoring phase of her training, her mentor used a variety of similar methods while keeping the focus on the development of her new identity as a supervisor.

If a supervisor-in-training is seeking a supervisory credential of some sort, such as the AAMFT Approved Supervisor designation (AAMFT, 2014) or becoming a qualified supervisor according to local regulation, they typically will need to supervise therapists over a set period of time, for a specified number of hours with a certain number of supervisees. As psychotherapy supervisors move through supervisory training, research indicates they experience significant growth, including becoming more self-reliant and autonomous, integrated in approach, and confident in their ability to perform as a supervisor, all of which are important in the consolidation of an identity as a supervisor (cf. Watkins' [2012] review of supervisor development).

Conclusion: An Invitation to Be a Collector

We should warn the reader that the shifts that we have described thus far are only the beginning of the task of becoming a supervisor. We do intend this book to be filled with comprehensive pragmatic guidelines for systemic supervision, similar

to the emphasis of the first edition of this book. We hope that each chapter has fresh new challenges, particularly the new chapters on cultural equity, supervising global professionals, and use of evidence in supervision. *The Systemic Supervisor Electronic Resources* which accompanies the book, offers resources for major challenges of supervision. The material in this volume and *The Systemic Supervisor Electronic Resources* are intended to help new supervisors make the shifts we have outlined and help experienced supervisors update and rejuvenate their supervision practice.

Throughout the book, the reader will be reminded of the importance of *context* and *relationship*. We hope that the context in which you are learning and practicing supervision has a stimulating variety of supervisory experiences and rich resources. Even more important is learning supervision within a strong mentorship relationship. Beginning and experienced supervisors benefit when they have the encouragement of enthusiastic and encouraging peers. In such a context, we welcome those of you who are just joining the community of systemic supervisors. We thank experienced supervisors for keeping supervision vibrant and effective and spreading the joy of mentoring new supervisors.

Like most proud collectors, we are convinced that each of the pieces we include in this book makes an important contribution to the unique endeavor of supervision and will contribute to readers developing or reaffirming the professional identity of a supervisor. As in any collection, readers may discard some of what we believe is important, pass on some of our collection to others, and add innovations from their local communities to our collection. We hope we have some kindred spirits among readers, other collectors who will want to add some of the ideas and practices presented here to their personal supervision collection. We also hope this book will not only expand each reader's collection but also the collective collection of supervision ideas and practices for supervisors who practice systemic supervision.

Note

- 1 The three supervisees in this example are composites of students supervised over the years by Tom in an Intensive Outpatient Program for teens and their families.

References

- AAMFT. (2014). *AAMFT Approved Supervisor designation: Standards handbook*. Washington, DC: Author.
- Aponte, H., & Carlsen, C. (2009). An instrument for person-of-the-therapist supervision. *Journal of Marital and Family Therapy*, 35, 395–405.
- Bencivenne, J. C. (1999). *An investigation of professional supervisor and supervisee development*. Unpublished doctoral dissertation, Seton Hall University, South Orange, NJ.
- Bernard, J. M., & Goodyear, R. (2009). *Fundamentals of clinical supervision* (4th ed.). Boston: Allyn & Bacon.
- Breunlin, D., Liddle, H., & Schwartz, D. (1988). Concurrent training of supervisors and therapists. In H. Liddle, D. Breunlin, & D. Schwartz (Eds.),

- Handbook of family therapy training and supervision* (pp. 207–224). New York: Guilford Press.
- Burck, C., & Daniel, G. (Eds.). (2010). *Mirrors and reflections: Processes in systemic therapy*. Karnac: London.
- Campbell, D., & Mason, B. (2002). *Perspectives on supervision*. New York: Karnac Books.
- Durck, C., & Daniel, G. (Eds.). (2010). *Mirrors and reflections: Processes of systemic supervision*. London: Karnac Books.
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.
- Graff, J., Lund-Jacobsen, D., & Pearce, W. B. (2010). Doing systemic training systemically: Evaluating, responding, and expanding. *Journal of Systemic Therapies*, 29(2), 26–45.
- Granello, D. H., Kindsvatter, A., Granello, P. F., Underfer-Babalis, J., & Hartwig Moorhead, H. J. (2008). Multiple perspectives in supervision: Using a peer consultation model to enhance supervisor development. *Counselor Education & Supervision*, 48, 32–47.
- Lee, R. E., & Everett, C. (2004). *The integrative family therapy supervisor: A primer*. New York: Brunner-Routledge.
- Lee, R. E., & Nelson, T. S. (2013). *The contemporary relational supervisor*. New York: Routledge.
- Majeher, J., & Danuuk, J. C. (2009). The process of becoming a supervisor for students in a doctoral supervision training course. *Training and Education in Professional Psychology*, 3, 63–71.
- Mason, B. (2010). Six aspects of supervision and the training of supervisors. *Journal of Family Therapy*, 32, 436–439.
- Mead, G. (1990). *Effective supervision: A task-oriented model for the mental health professions*. New York: Brunner/Mazel.
- Milne, D., Aylott, H., Fitzpatrick, H., & Ellis, M. V. (2008). How does clinical supervision work? Using a “best evidence synthesis” approach to construct a basic model of supervision. *Clinical Supervision*, 27(2), 170–190.
- Morgan, M. M., & Sprenkle, D. H. (2007). Toward a common factors approach to supervision. *Journal of Marital and Family Therapy*, 33, 1–17.
- Munson, C. (2002). *Clinical social work supervision* (3rd ed.). New York: Haworth Press.
- Nelson, K. W., Oliver, M., & Capps, F. (2006). Becoming a supervisor: Doctoral student perceptions of the training experience. *Counselor Education and Supervision*, 46, 17–31.
- Rapisarda, C. A., Desmond, K. J., & Nelson, J. R. (2011). Student reflections on the journey to being a supervisor. *The Clinical Supervisor*, 30, 109–123.
- Roberts, T., Winek, J., & Mulgrew, J. (1999). A systems/dialectical model of supervision: A symbolic process. *Contemporary Family Therapy*, 21(3), 291–302.
- Sprenkle, D. H. (1999). Toward a general model of family therapy supervision: Comment on Roberts, Winek, and Mulgrew. *Contemporary Family Therapy*, 21(3), 309–315.
- Storm, C., & Heath, A. (1991). Problem-focused supervision: Using therapy theories as a guide. *The Clinical Supervisor*, 3(1), 87–96.
- Storm, C., McDowell, T., & Long, J. (2003). The metamorphosis of training and supervision. In T. L. Sexton, G. Weeks, & M. Robbins (Eds.), *The handbook of family therapy* (pp. 431–446). New York: Brunner Routledge.
- Storm, C., Todd, T., Sprenkle, D. H., & Morgan, M. M. (2001). Gaps between MFT supervision assumptions and common practice: Suggested best practices. *Journal of Marital and Family Therapy*, 27, 227–239.
- Sundin, E. C., Ogren, M., & Boethius, S. B. (2008). Supervisor trainees’ and their supervisors’ perceptions of attainment of knowledge and skills: An empirical evaluation of a psychotherapy supervisor training program. *British Journal of Clinical Psychology*, 47, 381–396.
- Ungar, M. (2006). Practicing as a postmodern supervisor. *Journal of Marital and Family Therapy*, 32, 59–72.
- Vidlak, N. W. (2002). *Identifying important factors in supervisor development: An examination of supervisor experience, training, and attributes*. Unpublished doctoral dissertation. University of Nebraska, Lincoln.
- Vieceli, V. E. (2006). *A comparison of supervisor development and supervision emphasis of academic*

- and on-site supervisors*. Unpublished doctoral dissertation. Southern Illinois University, Carbondale.
- Watkins, C. E. (2012). Development of the psychotherapy supervisor: Review of and reflections on 30 years of theory and research. *American Journal of Psychotherapy*, 66(1), 45–83.
- White, M. B., & Russell, C. S. (1995). The essential elements of supervisory systems: A modified Delphi study. *Journal of Marital and Family Therapy*, 21, 33–53.
- Williams, L. (1994). A tool for training supervisors: Using the supervision feedback form (SFF). *Journal of Marital and Family Therapy*, 20, 311–315.