CHAPTER TWO

The three faces of supervision: Individual learning, group learning, and supervisor accountability

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Introduction: Three faces of supervision

Hecate, the Greek Goddess with three faces, associated with (among other things) keeping travellers safe through crossroads and facilitating rites of passage, seems promising as a metaphor for describing
the work of a family therapy training supervisor. The faces could be seen in the following way. One face points towards relational supporting of the individual student's development, another attends to the group process of the training team, and a third faces the evaluative aspect and professional gatekeeper function of supervision. The thesis of this chapter is that the supervisor must draw upon a variety of perspectives to respond to the diverse points of focus inherent within the training context. It will describe how some of the more prominent therapy models can be adapted for appropriate use in relation to the various foci. The family therapy models that have been adapted from clinical practice to supervision were derived primarily from Narrative (Monk et al. 1997; White, 1988; White and Epston, 1990) and post-Milan (Campbell et al. 1991; Jones, 1993). The chapter will also examine the movement between a more collaborative supervisory position and one where hierarchy and "expertise" are called upon. It will draw on the concept of domains (Maturana and Varela, 1987) and positioning theory (Davies and Harré, 1990) to examine the area of supervision where there are irreconcilable perspectives between the supervisor and the student.

The context of this chapter is primarily that of providing live supervision on a family therapy qualifying course. The professional body requires 300 team hours (Association for Family Therapy Blue Book). This is usually with four students and one supervisor and, in our training programme, the arrangement is for a two-year contract with consistent team members and the same supervisor. The usual practice includes a pre-session discussion about the case to be seen in which the student therapist offers reflections on the previous session, thoughts about the coming session, and may request supervisor support and/or attention to particular learning issues. The session occurs, a few ear bug messages are sent through, and there is usually a reflecting team conversation with the family. The post-session time is spent considering the case, the therapist's and team's relationship to the case, revisiting identified learning points, and possibly considering new ones. In the spaces between live therapy sessions, the team does many other things: mapping the family of origin; student learning narratives interview (Aggett, 2004); skills practice; exploration of group themes or preoccupations; and a group review of taped sessions. In addition,
individual students meet separately with the supervisor to review progress at least twice per year.

**Facing forward together**

The first “face” refers to the times when there is full accord between the aims of the student and those of the supervisor; they have a shared vision and purpose. To a large extent, there is isomorphism between the theoretical approach and the praxis of supervision (White and Russell 1997; Schwartz et al. 1988). That is, the way in which a clinician understands and engages with a family is replicated within the supervisor-supervisee relationship. This pattern includes a sense of shared interest in theory and techniques between the supervisor and supervisee and an awareness of the supervisor’s response and behaviour as offering an element of modelling for the supervisee’s experiential learning. Clarity and coherence of approach is emphasized by many trainers (Boscolo and Bertrand, 1996; Falicov, 1998; Shimabukuro, 2003) and a shared model between supervisor and supervisee is noted as significant (Storm et al. 2001).

As a training supervisor, my own orientation is primarily postmodern, with a particular interest in narrative ideas and practices. I privilege this orientation and encourage students to immerse themselves in it in order to develop a coherent foundation from which to eventually develop other approaches. Having a shared orientation appears to accelerate learning and develop depth. In many ways, this training orientation has proved to be productive and has generally received positive feedback from students. For the most part, the supervisees were either amenable to concentrating on this narrative framework from the start or became so with the agreement to “branch out” later in the supervision. As the supervision progressed, the students often added a more dialogic approach in order to expand their repertoire. Other approaches in the field are outlined and a basic appreciation of these is assumed.

In this “face”, the supervisor works alongside the student; the student sets the learning agenda and the team and supervisor go about trying to support these aims. There is an implied agreement that they are autonomous learners, having the authority and self-knowledge to determine their professional learning priorities within the general systemic and family therapy arena. This notion is
augmented by theories of adult learning (Knowles, 1968). Within this frame of reference, there is appreciation that individual aspirations are products of the concurrent surrounding discourses; this is not deconstructed. Specifically, these discourses, particularly those of the supervisor, team, course, and profession, serve to create a sense of "sanctioned" theories and skills to be learned. Individual learning preferences are taken at face value and the belief in the "agency" of the student enacted. This supervisory stance would be similar to the "decentred" position of narrative therapists in the attention they give to clients' preferred ways of being, rather than therapists' assumptions or notions of what change should be (White, 2007).

The supervisor clarifies the student's learning preferences and these areas are respected and honoured. When the student has expressed his/her particular hopes for learning in conversation with the supervisor, the supervisor is positioned as mentor and the student as "learning from". While the student sets the agenda as an autonomous learner, this is done in the knowledge that learning can be supported. White's adaptation of Vygotsky's thinking on relational learning and the zone of proximal development and Bruner's metaphor of scaffolding (White, 2007) are employed, with attention to the potential of the mentor relationship to take the student's learning further than it would have progressed in isolation. The "scaffolding" supervisor offers a conversation that assists the student in moving from a concrete learning objective to a clearer definition of the issue: constraints on therapeutic activity; occasions where learning may have already been occurring; and how interest in learning this particular skill or concept fits into the student's personal philosophy and ethics. The process is one of small steps leading to increasing independence in the learning process and additional levels of abstraction. The student's experience of being involved in this process connects theory in a much more personal way. The likelihood is that the issue identified is one that the student sees as problematic, but it could also be an exploration of success. Two examples of this kind of supervision are offered below.

**Externalizing interview**

My supervisee had reviewed a tape of his practice and saw an aspect that he felt dissatisfied with in the light of new learning from the course. He agreed to be interviewed as a means of moving his
perspective and practice but also as a way of demonstrating the use of externalizing.

I asked the supervisee how he would define the difficulty. What would he name it? He said that the problem is a sense of “steering the conversation too actively”. I asked him for examples of that occurring in the session. He thought and then answered “when the family seemed to be in a crisis and when I am anxious about the case”. I then explored the effect of “the steering” on his relationship with the client and he responded by saying that it obscured important information and took the conversation in another direction. “How had this affected his sense of himself as a therapist?” I asked and he responded that he felt that he was being insensitive and not really using narrative ideas. I asked more about what he would be doing if he were not “steering” and he thought he would be able to ask questions about the dilemmas which would clarify the polarities or be better able to offer multiple perspectives. I then asked an “exception” question: “Was there a time when he noticed himself moving away from ‘steering’?” He replied that he had noticed it in the middle of the session when questioning about a particular event (mother and daughter had mentioned avoiding a conflict and going to a function together). He experienced himself as genuinely interested and content to let the conversation take itself in its own direction. When asked more about what he noticed in himself, he was able to connect with a sense of patience. He felt interested but open; he was not in a rush to get somewhere and didn’t have the feeling he knew the answers ahead of time. I asked if the moving away from “the steering” was connected to theory and he mentioned taking a stance of curiosity. He then linked therapeutic curiosity with intellectual curiosity related to learning on the course. In the final part of the discussion, the student was asked to think about how this learning might be experienced by his clients and the other members of the team. He hoped it would be seen as risk-taking and a commitment to learning. This interview lasted forty-five minutes. The other team members offered their reflections on the interview itself and also identified aspects of their own practice along the same themes that they hoped to alter.

An interview around the issue of student responsibility

One of the students was involved with a case in a way that stood out from those of the other students. With this case there was a greater
frequency of sessions, numerous contacts between appointments, and the student had a high degree of involvement outside of the training clinic. This became the focus of a group discussion related to clinical responsibility and use of the team. The student agreed to explore the issue and it was decided that another student would interview her in order to map the various influences on her high level of responsiveness: the nature of the family difficulties; the professional and organizational discourses around responsibility; and the influence of her personal experiences (family of origin and contemporary family). This particular family exerted significant pressure in terms of their high status and overlapping professional network links. In our discussion, professional identity did not seem so influential. Although the organizational issues did contribute to more diffuse boundaries, the more powerful connections for the student arose from the conversations about the “self of the therapist”. As a child, this student had suffered the traumatic effects of an unresponsive NHS in relation to the care of a parent’s chronic health problems. This pattern of organizational neglect had become something that this student was determined not to replicate. The strength of this personal value became apparent in the interview. The student was then able to reflect on this, consider how helpful it was to her capacity to engage difficult clients, and also explore the limitations of such a strongly held conviction. She felt that the interview was very useful for a repositioning with clients, as well as being emotionally moving for her and the team. It enabled her to consider how responsibility could be distributed more throughout the team and supervision process and how the in-depth discussion itself epitomized what could be gained from a more integrated connection to the team.

*Facing each other*

*Group process*

The second face of supervision is that of attending to group process. Group supervision has been a cornerstone in the training of family therapists; however there is relatively little written about group process in the systemic supervision literature (Proctor and Inskipp, 2001; Burck, this volume; Granville, this volume). It is generally
agreed that the individual’s ability to learn is affected by context, and that learning within a group constellation contains complexities additional to those where this is not the case. Supervision groups aim to be both safe and supportive while offering challenges and opportunities for substantial growth. Individual needs must be met while, for the sake of teamwork, there is adaptation and sacrifice for the needs of others. Members must grapple with a high level of exposure and scrutiny as well as enjoying having an audience to witness their progress.

A narrative “flavoured” approach would involve conceptualization of the group in relation to the stories constructed and constituting future ways of relating. The focus is to draw out events that have shaped the individual aspects of “selves” that contribute to a shared and richer description of the nature of the group at that point in time. I have written previously about using a narrative style interview of a supervision group in order to facilitate a story of cohesion and responsiveness between members and the supervisor (Boston, 2006).

*Strengthening Identities of competence*

It would be highly unusual for a beginning training group to form without experiencing some anxiety and fear of failure. Narrative therapy suggests that unique outcomes and alternative stories often reside in the past and may need excavating (Monk et al., 1997). Additionally, value is placed on the dual process of speaking and writing to augment the development of alternative identities (Epston, 1994; Penn, 1994).

A useful exercise in the beginning of the life of the supervision group is for the supervisor to ask group members to meet together to create a map of their “pre-knowledges”. That is, to create together a written list of the strengths and resources each brings to the group. They do so by considering a number of categories: their professional and clinical experience, their learning style, their personal attributes, and their ways of working in a group setting. The exercise aims to support the construction of a “rich description” of themselves as contributors to the learning, rather than the “thinly described” version of themselves as anxious and inexperienced new students. The feedback from the students was that this was an extremely
interesting and energizing event. They were delighted with their new appreciation of the group members, as well as having their own abilities noted by others. A sense of openness and shared enthusiasm was generated. They had reconnected to a sense of ability and confidence.

A group stuck around assessment issues and boundaries

Over the course of a two-year training, it is not always the case that the group process is experienced as positive. In more fraught moments, a difficult group issue can also be externalized. The issue can be named, mapped in terms of its influence on individuals, their learning, and their relationships with others. Preferences can be explored and exceptions noted. Problematic meanings can be deconstructed and recontextualized. It may be that this is best done by a "consultant", so that the supervisor can participate fully in the discussion.

Students get individual feedback on a formal basis at least twice per year. In one conversation with a student, one particular aspect of practice was seen as problematic and there was a somewhat unsatisfactory conclusion to the conversation. There were differences in the two perspectives about the seriousness of the issue and the relative weight of contributory factors. The student was upset by this feedback and confided in another team member. (While the supervisor is ethically obliged to uphold the privacy of each student's evaluation conversation, the student is free to share their version of events with other students.)

Each supervision group on the training has a mid-year consultation, facilitated by a senior family therapist from another institution. In the course of this meeting, the student who had been confided in felt that they needed to bring up the issue for discussion, as an advocate for the first student. The "confidant" trainee described feeling "unsafe" after hearing of the nature of her team mate's conversation in individual supervision. The third student was unaware of the issue and had no feelings of dissatisfaction. He had been excluded from some of the discussion between the other two and seemed to prefer it that way. The bind for the supervisor was that, if details of the situation were given, that would have transgressed boundaries, but without knowing the
content of the original discussion, the anxiety of other students had increased.

Numerous themes were explored in the consultation: the impact of varying degrees of awareness and inclusion/exclusion in the issue; loyalties and boundaries; gender and professional loyalties; transparency of the group; and notions regarding responsibility as a supervisor and as a group member. The theme of safety and lack of safety was explored, while respecting the boundaried conversation with the student. The conversation became more creative when there was movement from “feeling unsafe from material which could not be discussed” to more abstract group process phenomena. Different accounts emerged, with the original student finding herself less anxious and a bit confused about the amount of angst expressed by her confidant and advocating colleague. This situation took time and structure to allow the theme to move from the “not discussed sense of lack of safety” to the discussion in which different boundaries were respected and a “safe enough” conversation could take place. The specific content of the individual’s assessment review was never disclosed to the group but there was a sense that the group could recall periods of smoother sailing and could move towards a more open relationship. The tracking of various positions in the group around the issue also illuminated group dynamics in a helpful way. The issue resolved itself over the subsequent months. The examples above are considered from a narrative orientation but could also have been seen through other theoretical lenses.

Narrative therapy calls for a consideration of ideas and practices that become marginalized and, therefore, must examine its own contributions to that process. It also makes a point of distinguishing between the story told and the story lived. There have been times when a narrative framework failed to accurately represent the supervisory activities or concerns. There are times when other explanations have proved preferable; systems and cybernetics often offer us the conceptual tools for attention to context, pattern and feedback, interational sequences, and analogic communication.

*Observed patterns: Toilet breaks and blushes*

Transparency about the position you are taking is a very appealing idea. The concept of therapists’ transparency has been considered
and evaluated from a relational and contextual perspective, rather than as a blunt and rigid ideology (Roberts, 2005). This more subtle reading provides a repertoire of responses in the supervisory domain. There may also be pragmatic reasons: lack of time, competing priorities, and so on, in which one decides to observe the pattern and intervene to alter it. The amount of time for focusing on group process is actually very limited and sometimes one just has to “carry on”. There also may be times when it seems best to act on an observation of process without publicly accounting for it. There may also be times when a supervisor notices a pattern and decides not to make this observation explicit for the sake of the relationship.

In a supervision group, a new student, who is approximately 35 years old, very bright and able to stand up for her training needs, twice asked me if she could go to the toilet. Internal hypotheses were generated: Was she feeling as if she was in primary school again, seeing me as the headmistress of her youth? Was she trying to work out the rules of the group and didn’t want to miss anything? Was she making a statement about the pressure of time? Did she have a different idea about my responsibility as a supervisor, had we not coordinated as a team around individual and group personal requirements? Fascinating as the exploration of such conjectures may have been, I wanted to interrupt this pattern and used humour to do so. I jokingly asked her permission to go to the loo. I felt that the relationship was good enough that this episode would be construed as a joke based on mutual regard. A group norm was thus established—“when needs must” was allowed.

To give another example, a student had just completed a splendid session and, when the post-session discussion commenced, there was a spontaneous outburst of adulation and compliments. The student blushed. The blush is an anatomical response which arrives without sanction and calling attention to it might have induced a secondary and deeper shade of blush. The supervisory response was to ignore it, and to ask a deliberately bland question designed to guide her back towards composure. For example, “How did she want to use the post-session discussion?” To have focused on the embarrassment at that time would have seemed inappropriate: intrusive and the original intention of providing positive feedback would have been negated.
The opportunity to reflect on the experience of being embarrassed by praise would be potentially more relevant and tolerable at some future time. The team members might discuss different responses to praise/compliments from a family of origin and cultural perspective. This was an episode in which the supervisor attended simultaneously to an individual concern and to team members' relational responsibilities.

The reflexive group

There are times when a supervisor wants to invite students to become more observant of the group functioning, meaning-generation, and interaction. The post-Milan model offers a way to conceptualize both beliefs and behaviours as well as offering a range of helpful questions. It provides a theory that helps actively connect people in a group in an equal way and with the emphasis on what occurs between them.

There was a marked difference in abilities in one group; one student excelled in theoretical explanation and delighted in clarifying the understanding of others, while another student drew upon intuition and clinical experience. The difference was heightened in relation to case discussions, with a hint of symmetrical competition in terms of which quality was most useful. The return of a course essay, in which the therapist had done rather well and the intuitively inclined student had done less well, sharpened this conflict and it was suspected that there was some comparing of marks between them. The intuition-orientated student was presenting a case and the student with theoretical leanings offered a theoretical solution. The intuitive student felt frustrated and put down. An interactional reframe with an embedded suggestion was offered by the supervisor: "When a therapist is struggling with a case, it is natural to offer one’s own pathway out of confusion, but if it is not the natural path for the therapist, further confusion usually follows. If the team were to decide to try to offer pathways to each other, based not on their own preferences but on that of the one presenting, what would that be like?" Questions could map interactional patterns around each team member's preferences and the fit of responses of others. Clinical experience and intuition as well as theory could thus both be seen as useful and important.
The following example is drawn from supervision training rather than the qualifying level. The group concerned were agency-based generic mental health professionals with varying amounts of exposure to family therapy ideas. The supervisor-in-training had a particularly challenging group, which she presented as part of her supervisor’s course. Her team was one where the conversational process was quite askew; there were many episodes of people talking over each other, disrespectful certitude, and increasing volume and withdrawal in post-case discussion. The women tended to be increasingly dominant, while the men in the group became silent. There was a lot of distracting physical activity, restlessness, and leaving and returning to the room. Fortunately, agreement had been gained to tape the post-session process and the supervisor suggested that it might be useful to watch. The group was invited to notice who talked, who listened, and what the pattern was, and to consider the possible external influences on this way of relating. The group agreed and became intensely interested in the process. They were able to speculate about how gendered positions were being played out, how family dynamics might have been replicated by the team’s behaviour, and how they might wish to respond to each other in different ways in the future. They agreed to view another tape of themselves in discussion to see if they were moving in the preferred direction. This served as a significant turning point.

**Facing the other and keeping an eye to domains of accountability**

This third face of Hecate has an eye to responsibility and represents a view of student practice with the external criteria as foreground. Hierarchy is unavoidable, as are changes in form, as the relationship and context require. Despite embracing collaborative practices and postmodern sensibilities, supervisors must also participate, literally, in two of Foucault’s practices of power, hierarchical observation, and normalizing gaze (Foucault, 1979). The endemic use of one-way screens in family therapy training concretely epitomizes the process of observation and gaze. This has to do with the supervisor being placed in positions of ultimate authority for both clinical decisions in the training clinic and for evaluation of the individual student by the relevant institutions (the National Health Service, Association for
Family Therapy, the training institution, and so forth). Supervisors are tasked as professional gatekeepers and as purveyors of privilege and, as such, step into positions of accountability and judgement (Bernard and Goodyear, 1992; Brady et al. 1995; Lumadue and Duffey, 1999; Russell et al. 2007).

**Evaluation as enhancement**

One of the less articulated perspectives in current debates about power is the positive aspect of hierarchy. The role of supervisor and professional gatekeeper offers the opportunity to lend support to the development of confidence and credibility. Feedback from sessions, confirmatory comments in the group, and written evaluation reports, are often opportunities for noting strengths in practice, capacity to learn, and contributions to the group. The team, including the supervisor, function as an audience to the enhanced standing and developing professional identity. One highly capable psychologist said that she had always been told that her practice was excellent by previous supervisors, but had always felt a bit of a fraud, as it had been retrospective supervision based on her own accounts. The positive feedback received from live supervision was experienced as much more specific and direct; consequently she regarded it as more valid and influential in her own personal assessment of her capacity. The comments from her fellow students were also highly significant.

If the damaging effects of power on supervision are to be minimized, it is helpful to students (and supervisors) to develop a more transparent and coherent account of its workings. Several central theoretical perspectives can elucidate this seemingly opaque process. The Coordinated Management of Meaning theory with its notion of layered contexts determining meaning, allows for a discussion of an episode of practice as either being in the context of learning or assessment (Cronen, Johnson, and Lannamann, 1982). For example, an episode of “poor practice” can be seen as an opportunity for learning. If the learning does not develop and the “poor” practice is frequently repeated, then an implicative force develops which recontextualizes the episode as poor practice within the assessment context. Another example of attention to context is how a supervisor might consider different experiences of feedback based on the effect
of having an audience. A supervisor may emphasize the appreciative aspect of feedback in group discussion and give fuller formative feedback in a one-to-one communication with the student. This difference would be based on a respect for privacy and an awareness of the potential amplification of discomfort and loss of face when critique is offered publically. Thus, audience is a context marker for the detail and tone of feedback.

Another theoretical tool is the work done by Lang et al. (1990) on the use of Maturana’s notion of domains. The domains of aesthetics, explanation, and production are differentiated in terms of ways of relating and focus. Domains of production refer to a social system reproducing itself according to objective standards, which can usefully be employed in relation to the profession of family therapy. The supervisor may comment on a therapeutic activity in terms of the domain of aesthetics, noting the creativity and reflexivity demonstrated in the therapy, and then shift to the domain of production, inviting the student to evaluate the session from a different theoretical approach. In this domain, the supervisor will have an expectation that this case discussion should be conducted with a certain level of knowledge and competency.

A more contemporary orientation, which, in my view, fits well with a narrative approach, is that of positioning theory. It evolved from role theory and suggests that we are positioned within various social discourses with prescribed story lines and associated rights and responsibilities in relation to others (Davies and Harré, 1990). These positions shape the interaction and meaning-making process between people. People converse from within a discourse which encounters the other who may stand within the same discourse and respond accordingly, or may respond from another discourse which is less congruent. Discourses contain “position calls”. People either acquiesce, contest, or subvert the position calls that are offered (Harré and Gillett, 1994). Discourses and positions shift rapidly; this is not a static phenomena. For example, a student initiates a conversation about personal difficulties which have interfered with a deadline requirement. The supervisor has been invited to offer sympathy, support, and to authorize an extension. The supervisor may chose to step into another discourse related to accountability and course requirements and equity among all students. It may be that the supervisor responds from an initial
position of compassion but then shifts to a conversation about the management of the “mitigating circumstances” procedure; moving from one position to another within a conversational exchange. Examples are provided below.

**Clinical responsibility**

Supervisors are understandably reluctant to directly override the strongly held preferences of a student therapist; most often differences are negotiated with poise and tact. But, according to ethical standards, the needs of clients must take priority over the training needs of students and, occasionally, these are mutually exclusive. A very talented young therapist was seeing a husband and wife. The therapy had included numerous challenging aspects but was generally being well managed. At one point in the session, the husband mentioned having recently put a gun under the marital bed with thoughts of committing murder/suicide. This information was told in the session with a casual tone, while the wife was obviously distressed at hearing, for the first time, that her life had been in danger. The therapist moved the conversation on to how things had been between them in the following days. The husband’s tone (and a subsequently described personal resonance for the therapist) had numbed the therapist into avoiding questions of immediate risk and responding to the wife’s emotional reaction. The conversation in front of the screen and among the team members behind it was divergent in the extreme.

At this point, I sent an ear bug message to the therapist in the room to take a break. During the break the team discussed the situation and it was agreed that I and the team would have a reflecting conversation about our serious concern and ask further questions that would help us to more fully appreciate any risk and discuss potential safety strategies. At the time, the therapist was mildly disconcerted but later, after watching the videotaped session, was alarmed by her original response and relieved that the supervisor had intervened. The relational task for the supervisor then became that of assisting the student therapist in reclaiming her sense of competence and recovering her standing with the team. The way in which the situation evolved proved to be a highly positive and productive episode of learning. From a Coordinated Management
of Meaning (CMM) perspective, the episode of therapy was initially contextualized by “usual practice” and “low risk”; at the relationship level, the therapist was defined as having responsibility for the management of the session and a direct relationship with the family. The event of the therapist failing to identify an episode of high risk placed the supervisor and observing team in a direct relationship with the family. Safety thus became a higher context marker than the therapist’s confidence or relationship with the family. The therapist’s impressive capacity to reflect on the case and the demanding “use of self” issues were part of a process that re-established her work firmly within the context of competence.

Supervisor expectations

One of the expectations of students on the course is to create a pro-forma for each session based on the material from the preceding session, the post-session discussion, and the tape review. The format alters with the various preoccupations that develop within the supervision group over the two years, but there is a clear requirement for students to invest time in preparation. In addition, they are expected to identify learning issues, potential ethical dilemmas, theory and practice links, and so forth. This is reviewed in the thirty-minute pre-session discussion before the family arrives. One particular student failed to provide the pro-forma for the pre-session discussion on two occasions, without explanation. I saw him as ignoring a practice that I thought was significant to individual and team learning. With some attention to timing, I asked him to elaborate on his thinking about this and asked whether he would be agreeable to being interviewed. What transpired was that he was very unhappy about his work base’s antiquated practice of pre-session criticism of family members and of the pathologizing talk. I asked him what was behind this reaction and he described his personal frustration with the nature of the team talk and his ethical concerns. I wondered whether our pre-session talk would have the same feel to him and how we could address the ethical issues. We also spoke of the difference in practices for training and how this might connect the team. This conversation was very helpful and moved us all along. This supervisory event might be
explained as having shifted from a consideration within the domain of production to one of aesthetics.

Discordant discussions

The most difficult exchange is when, in the context of evaluation, the supervisor believes that a student’s practice needs to develop in significant ways and the student does not share this view. One supervisee, when watching a family session from behind the screen, had an intensive emotional reaction. This memory was one of an abusive situation in his childhood and was connected to the activities related to the case. The impact of the episode made it impossible for the student to contribute to the team work for the remainder of the session. The reaction itself was very dramatic for the whole team and the initial response was of surprise and then support for the student. But the impasse arose when the student refused to engage in any further discussion or reflection on the episode. Whilst I could appreciate how this situation was very difficult for the student, and was aware of the potential risks of engaging in further discussion of this episode, I considered that, when a supervisor has an awareness of the problematic connection of the personal to the clinical, this conversation is within the remit of supervision. Personal history and issues that do not show themselves in relation to the therapy or team work are, in my opinion, beyond the boundary. I took a position both as someone who could mentor the progression of this difficult event and as an evaluator of his capacity to do so. As supervisor, I was drawing on discourses of ethical practice (Association for Family Therapy [AFT] guidelines no. 14), themes of the “self” of the therapist, and ideas about the importance of making the “unsaid” available for discussion within the group, as they had experienced the initial shock reaction of their colleague. I aimed to have a conversation, not specifically in relation to the traumatic personal history itself, but to encourage reflection on the reaction. I believed that this understanding might be helpful in clinical practice, especially in facilitating the student’s capacity to regain a sense of equilibrium, should such an event reoccur. I felt I was being positioned by the student as another perpetrator of an abusive episode and, despite proclaiming a respect for individual
privacy in relation to the event itself, I could not engage the student in a reflexive discussion.

While several different supervisory approaches were adopted, the difference of opinion about whether the issue was “on or off limits” for discussion/reflection was never sufficiently resolved. I believe that both the student and I, as supervisor, experienced a sense of disappointment, together with an ironic appreciation of the serendipitous nature of the event (another family/a different day; the episode may never had emerged) and a conviction that our own positions were justified. No doubt, we were both in identifiable discourses: professional accountability, commitment to meaning-making together versus post-structural critique of interiority and oppressive practices in educational institutions. I would describe this event in terms of Harré and Gillett’s (1994) contested position calls. There seemed to be no bridging of the two positions.

*Individual feedback conversations*

The power differential between supervisor and student is most keenly evident in formal feedback situations. The formal assessment document on the qualifying course has two functions: providing a narrative of the progress in designated categories (general practice, theory and technique, and team contributions) and as documented supporting evidence of the assessment procedure. This process is associated with the marking of each student. The students provide their own written perspectives, the supervisor responds to their accounts and offers their own feedback, and then there is a meeting together to seek clarification, amplify themes, and discuss points of agreement and difference.

Conversational tone and agenda is often set by the first speaker, so students are asked to offer the first perspective on their progress in the review meeting. Students are encouraged to specify their aims for the coming months, with the document as a reference point. Supervisory questions are aimed at bringing forth episodes of progress. When the supervisor offers comments that suggest the need for different practice or development, it is important to provide a fuller account of the supervisor’s thinking. For example, in relation to professional standards, I point out to students that it is necessary to comment on their capacity to work cross-culturally.
Questions are asked such as, “What in the student’s past or future practice would provide evidence of these abilities?” It may be that the student contributes to the discussion in a way that leads to a marked change of view. If not, the supervisor invites the student to elaborate on their different point of view. This may provide useful feedback about the way in which the supervisor can better support the student’s development. It is important to try to hold on to the notion of “separating the evaluation from the person”. Difficulties are seen as punctuation in relation to this point in time, based only on what has been observed, and a product of current expectations. Given the appreciation of multiple perspectives and the isolated nature of much of the live supervision, it is helpful to invite additional supervisory views from colleagues. Tapes of practice can be viewed by other supervisors as a form of “double marking” to aid a sense of equity.

Conclusion

The three faces description was an attempt to represent the different supervisory gazes. Management of these different aspects represents the art and craft of live group supervision in a training context. Clearly, the theoretical elements in the mind of the supervisor are only one small aspect of the supervision. Trainees bring to training their own theories, life experiences, and past and concurrent relationships. No doubt, there are many highly significant contributors to the experience that are beyond theory.

Family therapy has a history of offering many different theories of change and, at points, competition between them. Over time, some of these theories drop out of the frame and others become so established that they become tacit and, as such, difficult to notice. Eclecticism was critiqued in favour of theoretical coherence, which in turn led to the increased differentiation and competition between the various approaches (narrative, solution-focused, collaborative, post-Milan, and so on). As a result, present discussions are more concerned with the similarities among approaches and achieving an integrative stance. The field of systemic supervision is less developed but no doubt contains the same tensions.

The intention of this article was never to develop a “meta” theory of supervision which would provide clear indications of what theory
was best employed in the many possible circumstances. Rather it has provided the opportunity to bring forth some of those tacit theories alongside the more current models. Over the course of writing this article, I have moved from someone who would have described my supervision with more of an emphasis on theoretical coherence to someone who has developed a greater appreciation of the active part played by a diversity of models. There is no neat correlation between the different supervisor foci and the most useful approach. Nor could it be said that some of the same encounters could only be described in a singular theoretical frame. Situated somewhere between a purist and eclectic orientation is the pragmatic case that suggests some theories just seem, at the time, better suited for the task. Given the complexity of the supervisory position and the need to attend to multiple and sometimes contradictory domains, it does seem important to keep an eye on the many useful approaches which are contained in the field.

References


MIRRORS AND REFLECTIONS
Processes of Systemic Supervision

Edited by
Charlotte Burck and Gwyn Daniel

2010

KARNAC