

Philosophy of Supervision

Bryan P. Range

Introduction to Supervision

What is supervision? Thomas C. Todd and Cheryl L. Storm (2014) provide a basic definition of supervision by stating supervision is “where one professional, or supervisee, hoping for guidance enters into a learning relationship with another professional, or supervisor, with a mutual goal of advancing the supervisee’s clinical and professional competencies while ensuring quality services to clients” (p. 1). Although this definition provides a basic functional understanding of the dyadic nature of supervision, it does not adequately elucidate the systemic nature of the supervision process. Both supervisor and supervisee are a part of systems that greatly impact the functionality, structure and goal(s) of supervision.

For supervision to be effective, an understanding of how these systems are unfolding and interacting throughout the process is essential. It is through my Supervision Models that I conceptualize this process. In addition, it is through open and honest dialogue between supervisor and supervisee about these processes and their theoretical lens that I feel creates the ideal transformative supervision process for both supervisor and supervisee. In this philosophy of supervision paper, I will (1) discuss my background which will lay the foundation for my most basic beliefs and how they inform my philosophy of supervision, (2) how I contextualize supervision using a systemic lens, (3) how my philosophies of therapy and supervision interact and their practicality, (4) and my general goals for supervision.

Background and Underlining Beliefs

I am a 33-year-old African American male. I am a married father of three; Londyn (3), Jordyn (3) and Bryan Jr. (5). I was born into poverty in Chicago Illinois to Angela Horton (stay-at-home mother) and Johnny Range (a machinist). My parents divorced when I was about four years old. My earliest memories consist of a generational pattern of physical and verbal violence between them that effectively traumatized my family causing extensive emotional, psychological, social and physical damage.

In my youth, I have experienced countless traumatic events due to the generational pattern of violence at home and in my community. As the youngest of seven, I was also loved and protected. Through the pain of extensive trauma, love and protection, I learned to both feed off of negative energy and embrace the sense of hope my family instilled in me. As a disadvantaged Black American navigating a predominately Caucasian society, I came to idealize Caucasian culture. Despite my best efforts to assimilate, I experienced racism and discrimination. These experiences lead me to become keenly aware of social injustices, power and privilege. I learned that I could not disown my disadvantaged background and de-identify as a Black man, nor could I look to idolize White culture. I could not let the trauma of past consume me nor could I let the love and protection I received from my family enable me. I knew I needed balance.

My passion for therapy and supervision originates out of these early experiences which have informed my worldview and my most basic belief about life. I believe strongly that finding balance, such as the space between pain and love is a constant process. I found that structure (e.g., boundaries) and an understanding of communication (e.g., patterns and sequences) were essential functions of balance. I also understood the invaluable role hope and connection to my loved ones had played in my life. Therefore, my models of supervision rely on Structural, Strategic and MRI Brief Supervision Model and informed by Attachment Theory.

Contextualizing Supervision Using the MRI, Structural, Strategic Supervision Models: Intersectionality at Work

Contextualizing supervision is attending to the context(s) in which supervision occurs and the cognitive and emotional flexibility it takes in managing the complexity of intersecting systems (Thomas & Storm, 2014). Contextualizing includes first identifying systems effected by the supervision, identifying stakeholders and the structure of these systems in order to function appropriately within and between them. Supervisors perspective of what constitutes a system or how to define a stakeholder is informed by their intersectionality; “the interaction between gender, race, and other categories of difference in an individual’s life, social practices, institutional arrangements, cultural ideologies and the outcomes of these interactions in terms of power” (p. 15). Therefore, it is essential to discuss

contextualizing in terms of my models of supervision which informs my ability to contextualize supervision.

In supervision, I provide my background to help facilitate an environment of safety and transparency. I also discuss how my intersectionality may frame discussions or interactions in supervision. For example, in one of the initial meeting with my current supervisee, I expressed concern that I may be perceived inaccurately and unfairly given my large frame, height and skin color. My intent was to demonstrate my awareness of my intersectionality in hopes to foster the same practices for my supervisee in supervision and therapy. I also have these conversations to model vulnerability. Throughout the supervision process, I am mindful of the power differential between supervisor and supervisee which can occur in many forms. Gutierrez (2018) discusses multicultural supervision which “involves the process of integrating cultural systems within the supervisory relationship” (p. 16). My current supervisee is a White male psychiatrist and I am a Black therapist. Culturally and professionally, my supervisee has more power which could undermine the basic power structure of the supervisor-supervisee relationship. A way to integrate our cultural into the supervisor process is to discuss the potential power differential open and honestly. Direct statements that elucidates this dynamic creates room for dialogue.

To talk about power differentials in supervision and most other topics, I use the Attachment-Focused Family Therapy (AFFT) PACE approach; playfulness, acceptance, curiosity and empathy (Hughes, 2007). As a supervisor, I understand that I possess the power of a parental-like figure, therefore I use the PACE model in order to develop a secure attachment or intersubjective experience between me and my supervisee. I am also concerned and aware of my supervisee’s sex, ethnicity, culture and how power, privilege or discrimination may operate at their practicum/internship site.

The MRI approach states that problems occur and are maintained through attempted solutions, which is an “overemphasizes or underemphasizes on difficulties of living,” or imbalance, is one of my primary frameworks for contextualizing supervision (Sexton, 2003, p. 103). I am constantly assessing for imbalances; too much or too little of some behavior, mood or feeling. For example, I am assessing my supervisee’s mood, level of stimulation or anxiety when discussing clients. If there is high anxiety, I may inquire further about what’s causing the anxiety. If my supervisee demonstrates low levels of energy, I may make an observation about their mood. MRI intervention include “avoid doing more of the same ineffective behavior” (Thomas & Storm, 2014). Therapy becomes a microcosm which the supervisee began to demonstrate in supervision.

Structural Supervision Model assists me in conceptualize supervision in terms of structure (joining, hierarchy, boundaries, coalitions and alliances) within and across systems. I may assess and ponder “how well has my supervisee joined the system of the client?” “Is the hierarchy functional?” “If not, can my supervisee assess for hierarchical functioning?” “Are boundaries transient, malleable or rigid?” “Is my supervisee aware of alliances and coalitions in their family of origin enough to identify them in their clients?”

The Strategic Model of supervision helps me to contextualize patterns, repetitive sequences and/or vicious cycles within and between systems. Concepts such as symbiosis, complementary and symmetrical relationship, and isomorphism help to contextualize behavioral observations. The Strategic Model of Supervision often calls for the rebalancing of relationships. Isomorphism can be exhibited in the supervisee through anxiety due to the anxiety of their client. Highlighting this isomorphic process can help to bring awareness to the supervisee and rebalancing the therapist-client relationship.

Theoretical Orientation and Philosophy of Supervision Summarized

My theoretical orientation or philosophy of therapy is the same as my models for supervision; MRI, Structural and Strategic that is informed by Attachment Theory. Both my theoretical orientation and philosophy of supervision aim to identify attempted solutions, which are some “overemphasizes or underemphasizes of some difficulties of living” (Sexton, 2003, p. 103). My structural lens allows for further conceptualization of systems organization in terms or hierarchy and boundaries. My strategic lens helps me to conceptualize communication within and between systems in terms of patterns and sequences

(e.g., complementary and symmetrical) Both my theoretical orientation and philosophy of supervision are informed by Attachment Theory. They also assist in identify practical behavioral based interventions which are more commonly delivered in the form of directives (Sexton, 2003; Todd & Storm, 2014).

General Goals for Supervision

Lee & Nelson (2013) state “the chief goal of supervision should be the development of a competent, confident, lawful and ethical therapist” (pg. 31). Competence includes assisting supervisee’s in articulating their theoretical orientation in a coherent and compressible manner. Asking supervisees about their conceptualization process according to their theoretical orientation and techniques utilized. Confidence is supporting supervisees throughout their development and providing a model and secure base that strengthens supervisee’s sense of themselves as capable clinicians. Lawfulness includes adherence to AAMFT code of ethics and therapeutic principles. It also includes being aware of common legalities associated with MFT’s and appropriate resources such as the free AAMFT’s legal consultation service, possessing and utilizing an ethical decision-making model as needed, and understanding legal guidelines such as those offered by AAMFT (2016). Ethical therapist involves not only legal mandated ethics but professional and philosophical ethics.

References

- American Association of Marriage and Family Therapist (AAMFT). (2016). Legal guidelines for family therapist. Alexandria, Virginia; AAMFT
- Gutierrez, D. (2008). The Role of intersectionality in Marriage and Family Therapy: Multicultural Supervision. *The American Journal of Family Therapy*, 46(1), 14 -26.
doi: 10.1080/01926187.2018.1437573
- Hughes, A. D. (2007). Attachment-focused family therapy. W. W. Norton & Company: New York, NY
- Lee, E. R. & Nelson, S. T. (2014). Contemporary relational supervision. New York, NY; Routledge
- Sexton, L. T., Weeks, R. G., & Robbins S. M. (2003). Handbook of family therapy. New York, NY: Routledge
- Stokes, S. B., & Molarte, B. K. (2011). Supervision in Marriage and Family Therapy. Marriage and Family Therapy: A Practice-Oriented Approach.
- Todd C. T. & Storm, L. C. (2014). *The complete systemic supervisor: context, Philosophy, Pragmatics* (2nd ed.). Malden, MA: John Wiley & Sons, Ltd