Models and Modalities

March 9, 2013

Supervisory Modalities

• Retrospective approaches: most commonly used at this time
  o Audio recording
  o Audiovisual recording
  o Case presentations

• Live approaches: while valuable, practiced less and less

Formats

• One on one, “dyadic” supervision

• Group supervision

• Combination

Take Away for Paper


For your personal philosophy of supervision, what are your preferred ... modalities and formats... for supervision and why? Given your context, what ... modalities and formats ... are possible? And how will you use those ... modalities and formats...?
Exercise

(Adapted from Lee and Everett (2004). The integrative family therapy supervisor, p.52)

Picture yourself as the therapist in several recent therapy sessions:
• What theoretical model or approach or approaches were you using?
• Can you rank these approaches in terms of their importance to your clinical work?
• Are there certain approaches with which you tend to begin most cases?
• If you are not making progress, what backup approaches do you tend to use?

Share the answer to the following question with your neighbor:

What kind of family therapy do you do?

Rationale

Clinicians use models to make informed decisions about matching interventions to the needs of the client system.

Rationale

“...models are necessary as they are the vehicle, or framework, through which common factors operate. ...it may not matter which model is used, as long as they all reached similar ends.”

Model Dependent Common Factors

- “...client’s chaos ... replaced with therapist’s order (i.e., their model.”
- **Orients therapist** to credible aspects of dysfunction
- **Provides a clear definition of a healthy relationship**
- **Provides operational map** for helping clients move from dysfunction to health

Before you begin this supervision exercise, ask yourself and reflect on the following questions:
- As a supervisor who uses a _________ model, what modalities will you be using?
- What kinds of general assumptions would you make: about the therapist’s relation to the case? About your role and relationship as a supervisor?
- What would be the focus of your supervision? What kinds of supervisory interventions would you be making?
- How would you judge your effectiveness as a supervisor? What kinds of feedback would you be looking for?
- What would you do that a supervisor with a different theoretical orientation might not do?

[Adapted from Todd, “Testing your ideas against the masters,” in Storm and Todd (1997). The reasonably complete systemic supervisor resource guide, p. 215]

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**Supervisory Model Grid**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Model</th>
<th>Goal</th>
<th>Relationship</th>
<th>Methods</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| Bowenian Family Therapy | Differentiation of therapist | Coach | Therapist works on own family-of-origin issues Presentation of own & clients genograms | Modeling of differentiation & agreed on activities to increase therapist’s differentiation in his/her family | Solution-focused Supervision

[From Lee and Everett (2005). The integrative family therapy supervisor, pp. 51-55.]

- Can stand alone or be used with other forms of supervision.
- Is based on therapist’s strengths.
- **Enhances therapist’s confidence** and provides a boost for discouraged clinicians.
Solution-focused Supervision, cont’d

• Can be scripted:
  – “Think of a time recently with this or any client when things were going well. You were feeling good about the session. What was the client doing? What were you doing?”
  – “So the next time you get together with the client and you are probably on the right track, what is likely you will be doing?”
  *Supervisors keep “change talk” going.*

Principles for Solution-focused Supervisors


• Stay with **positive actions in the here-and-now that are under the therapist’s control:** “What would you like to be doing?” and “What does it look like when you are doing it?”
• **If the therapist is negative, ask:** “What would you like to be doing instead?”
• If the therapist continues to be negative, ask him to **envision a future when the problem is solved.** In that future scenario, **what will s/he be doing?**

Postmodern Supervision

According to Lee and Everett (p.63), postmodern supervision offers **two basic resources:**

1. **That language** shapes our personal and professional experiences.
2. **That there is the potential for multiple realities** in our clinical work.

Exercise

• First write down in one or more sentences what you think “supervision is.”
• Then, write down in one or more sentences what a “supervisor” is.

[Lee & Everett, The integrative family therapy supervisor, p. 63]
Postmodern Supervision, cont’d.

- Supervisors value and actively learn about all “voices” and *multiple perspectives*.
- Supervisors maintain a posture of *curiosity and “not knowing”* while retaining their experience and expertise.
- Supervisors *help supervisees develop narratives about their own competence* and growth based on the idea the meanings are always evolving and shifting as a result of social interaction.

Postmodern Supervision, cont’d.

- Preference for *live supervision and reflecting teams* to potentiate multiple points of view.
- Explicit *focus on contextual factors* relevant to the supervisory and training systems.
- Privilege given to *client’s “voice,”* based on the idea that clients are experts on their own lives.

Structural Supervision

*[From Lee & Everett, The integrative family therapy supervisor, pp.55-57.]*

- Facilitates assessment of family dynamics for *beginning therapists* because it presents a clear, visual picture of the family.
- Focuses on the *structural flaw(s)* in the system.
- Helps the therapist *correct the hierarchy,* including a therapist who may align with one family member over another.
- Change precedes understanding; *insight is not important.*

Structural Supervision, cont’d.

- Supervisor is *active and directive* within a *hierarchical* supervisory relationship.
- Supervisor favors *live and recorded modalities.*
- Supervisor *deliberately intensifies* the supervisory situation when *trainees seem blasé.*
Strategic Supervision

The supervisor functions in an active, hierarchical, interventionistic, opportunistic and pragmatic manner.

Strategic supervision is characterized by:
• Focusing on the dynamics of the present interaction.
• Staying goal-directed in the here and now.
• Emphasizing positive reframing.

Strategic Supervision, cont’d.

• Formulating unique strategies for each case.
• Identifying, using and building on existing strengths.
• Regarding “stuckness” as well-intentioned problem solving.
• Favoring live team supervision.
• Formulating a team directive without therapist participation.

Intergenerational (Bowenian) Supervision

• The supervisor acts as a “coach” or teacher who remains both connected to and differentiated from the supervisee.
• As a coach, the supervisor helps the supervisee:
  o Define an “I” position with clients.
  o Remain contactful with each family member.
  o Stay de-triangled within the family’s emotional system.

Bowenian Supervision, cont’d.

The goal is to promote differentiation of both supervisor and supervisee as opposed to teaching specific techniques. The issue is not whether – but how much – personal information will be used in supervision.

[Based on Todd (2002). Purposive systemic supervision models. In Todd & Storm (Eds.), The complete systemic supervisor, 173-194.]
Psychodynamic Supervision

When using an **object-relations** orientation the supervisor can help supervisees look at underlying issues of **attachment and bonding** in relationships. This can be particularly helpful for dealing with relationship distortions that occur in the training system, such as idealizing or attacking the supervisor.

[Lee & Everett, The integrative family therapy supervisor, p.61]

Psychodynamic Supervision, cont’d.

According to Lee & Everett (p. 60), the goal of psychodynamic, object-relations informed supervision is two-fold:

1. **Teach the basic principles** of this model to trainees as they work with families.
2. **Monitor the basic clinical patterns** of projective identification, splitting, idealization and collusion as they may occur in the supervisory and therapeutic systems.

Psychodynamic Supervision, cont’d.

- The supervisor helps the trainee develop **insight** into his/her internal and interpersonal processes.
- The supervisor maintains a **safe holding environment** which allows the trainee to recognize and take back their reactive projections toward their supervisor or their client family.

Philosophy Paper Exercise


What is your preferred approach to **therapy**? How does your preferred approach to therapy impact your approach to **supervision**? In what ways may they be similar and how may they differ?
Supervision “Maps”

Early days, supervision reflected the therapy models used in clinical work. According to Morgan and Sprengle, (2007), clinical models of supervision are limited; the skills, relationship and emphasis required in supervision differ from those in clinical work. p. 3

Now, given increasing diversity in the entire training system, may be more beneficial to think in terms of using a “map” to get from Point A (supervisory relationship) to Point B (evidence of a competent therapist). [Lee, R.E. & Nelson, R.S. (2013 in press). The contemporary relational supervisor. New York, NY: Routledge, pp. 80-81]

“Maps” cont’d.

“Maps” can give supervisors a way to “think about the routes they want to take, the factors that influence those routes, the best kinds of vehicles for these routes, other aspects of the terrain that are not well represented on maps, and so forth.”

Common Factors in Supervision

Authors identified four different approaches to supervision:
• Developmental models – as supervisees develop, they go through predictable stages.
• Social-role models: describe supervisors’ tasks within different roles.

Common Factors, cont’d

• Objectives-based approach: sets criteria to measure trainees’ competencies.
• Feminist approach: integrates attention to a more egalitarian, collaborative supervisory relationship and incorporates feminist ideas about gender issues, power, and diversity issues into the supervisory dialogue.
COMMON FACTORS IN SUPERVISION

Conceptual tool which describes the content of what supervisors do using two continua:

- Emphasis continuum
- Specificity continuum

Overlapping supervisory roles are defined by the content dimensions of supervision:
- Coach
- Teacher
- Mentor
- Administrator

Common Factors Approach to Supervision

The integrative supervisor teaches supervisees that they have **many reference points and options for working with clients within an organized framework**. p. 198

The integrative supervisor uses a **coherent metatheory** to organize the various skills and strategies used in therapy and supervision. p. 210

Example of Integrative Supervision

**Metaframeworks Perspective** (Breunlin):

- Supervisor focuses on the biopsychosocial continuum to understand development and functioning.
- Supervision is framed by five variables: the management of complexity, the family system, the individual in the system, cultural fit, and gender-sensitivity.

[Intaglio-Digilio, "Integrative Supervision: Approaches to Tailoring the Supervisory Process." In Todd and Storm (2002), The complete systemic supervisor, pp. 195-216.

Example of an Integrative Approach


Metaframeworks Perspective – the therapist/supervisor looks at 6 different levels of the biopsychosocial continuum to understand development and functioning:

- Biology
- Person
- Relationship
- Family
- Community
- Society

Breunlin’s Metaframeworks, cont’d

Each level is a whole unto itself & is also part of the next level in which it is embedded. The parts and wholes recursively affect each other.

Metaframeworks, cont’d

There are 6 “metaframeworks” or “conceptual umbrellas” that identify the constraints at any of the biopsychosocial levels.

- Sequences
- Organization
- Development
- Gender
- Culture
- Mind
Metaframeworks, cont’d

Clients/trainees can be caught in a “web of constraints” that keeps them from solving their problems.

Trainees learn how to identify and lift constraints in different levels of the biopsychosocial system using a 4-step process:

- Discuss attempts to deal with the problem.
- Ask “constraint question” such as “What keeps you from...?”
- Identify the constraint that emerges.
- Discuss how to lift that constraint.

Contextual-Functional Meta-framework Approach to Supervision


- Developed by Jeff Chang, Ph.D., Athabasca University in Athabasca, Alberta, Canada


- Has six orienting questions.
  o Clarifying each results in a personal “map” or approach for supervision

Contextual-Functional Meta-framework Orienting Questions

1. Administrative Context: “To whom do I owe my allegiance?”
2. Culture Infused Supervisory Working Alliance: “Can the supervisory relationship support the intervention?”
3. Supervisory roles: “When should I do what?”
   - Clinical Educator
   - Ethics/risk management consultant

Contextual-Functional Meta-framework

3. Roles, cont’d:
   - Skill development coach
   - Catalyst
   - Professional gate-keeper
   - Administrative supervisor
   - Professional mentor
   - Advocate/system change agent
   - Personal supporter
Contextual-Functional Meta-framework

4. Theory of change: “Is there a clash of ideas or an ecology of ideas?”
5. The Counselor-Client-Supervisor System: “What are the relational patterns affecting the supervision process?”
6. Phase of counselor development: “Where is the supervisee in the journey?”

Both Maps and Models

If no superior model of therapy or supervision, why study different models?
• Morgan and Sprenkle (2007) recommend a “both/and” attitude toward models and common factors. P. 7
  — Certain specific models “fit” for some supervisors which may positively impact the effectiveness of their supervision.

Take Away for Paper

In what ways is your model of therapy similar to your model of supervision? In what ways is it different?

How do you integrate the concept of isomorphism into your personal philosophy of supervision?