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Abstract

This article emphasizes the important contributions of systems theory in the supervision process. A case study is used to illustrate how attention to the systemic contexts of the client, the supervisee, and the supervision process itself enlarges the possibilities for helpful change. The unifying themes of many systems theories are identified (diagnosing the system, viewing problems in context, and focusing on systemic change), and techniques for keeping supervision systemically focused are suggested. The usefulness of systems perspectives for conceptualizing diverse cultural influences and for framing advocacy efforts is explored. In addition, the supervision goals of three common systems-based approaches (structural, multigenerational, and linguistic/narrative) are presented. Specific guidance for supervisors is drawn from each approach and applied to the case study.

CARLOS AND RAQUEL: A SAMPLE CASE

Carlos, a counseling supervisor, has a new supervisee, Raquel. Carlos, like many seasoned counselors, has been seeking to use more systems perspectives in his integrative approach to counseling and supervision. Raquel has asked for his help with her most challenging case. She has been counseling a 14-year-old male, Jason, who is making little progress in therapy. Jason was court referred because he has had several encounters with the law. He has also been getting into fights in his neighborhood and at school.

Raquel has been working with Jason for many weeks. She has decided that he has oppositional defiant disorder, and she has tried several interventions focused on anger management and extinguishing his problem behaviors. Although Jason initially cooperated with some of these interventions, he has now become discouraged and has returned to the same problem behaviors that prompted his referral to counseling. Raquel is frustrated with Jason and with counseling in general. She says she hates to give up on Jason or admit that she is unable to help him, but she wonders if she should refer Jason

to another therapist. She has asked Carlos, her new supervisor, for advice.

Carlos encourages Raquel to see Jason for at least four more sessions and to use the intervening weeks to make contact with his parents and his school counselor to learn what she can about his home and family situation so that the most appropriate referral can be made.

When Raquel confers with Jason's parents, she discovers that the family recently moved because Jason's father, who lost his previous job in a widescale layoff, has been unable to find work due to his deteriorating health. They were forced into public housing because of financial problems, and the mother, who never worked before, has recently taken a job to help with household expenses. The parents are concerned because Jason is isolating himself more and more within the family and seems angry all the time. When Raquel contacts the school counselor, she learns that Jason has few friends at his new school and is very isolated and moody. Jason's younger brother attends the same school but has quickly adapted and is now a popular student. Teachers have commented that he seems to be the opposite of Jason, who is teased at school because of his poor academic performance, lack of social skills, and general unkempt appearance.

This new information leads Raquel to the conclusion that her initial assessment of Jason omitted some very important information. She realizes that by obtaining information only from him, she failed to uncover many other issues that the family faces. As she discloses her new understanding of the situation in her next supervision session with Carlos, they discuss how the father's illness has had a profound effect on the family's circumstances and quite probably its communication, relationships, structure, and functioning. Raquel now sees Jason in a different light; she becomes motivated to help him avoid yet one more failure by "flunking" therapy with her. By integrating systems notions into supervision, Carlos has helped Raquel expand the focus of therapy from Jason to the larger context in which Jason must function as a member. Raquel feels empowered by seeing multiple possibilities for intervening on behalf of Jason and his family.

Carlos has some additional points to consider, however. In addition to giving Raquel some new systemic tools to use with her clients, Carlos needs to address the professional issues that Raquel brings into the supervisory context. Here, he can also draw on systems perspectives to understand Raquel's way of providing therapy and of seeking supervision. He realizes that Raquel's initial discouragement and hopelessness about the case and herself as an effective therapist echo Jason's discouragement and hopelessness about life and about himself as a client. He wonders about the ambiguity that might exist in the organizational structures that support Raquel's work with Jason. He speculates about the family-of-origin issues that might affect Raquel's level of comfort and effectiveness with troubled people. He wonders how she thinks and talks about her challenges and growth as a new therapist. Ultimately, he begins thinking of ways to precipitate positive change throughout the therapeutic system—for Raquel and for Jason and his family.

The case of Carlos and Raquel illustrates the potential value of systems perspectives in supervision in two ways. First, the case illustrates how a supervisor might engage trainees in shifting focus from an exclusively individual framework to a broader systemic understanding of clients' diverse problems and strengths. Influences on individuals and their families are both internal and external and include health concerns, economic factors, social environment, and the histories of the individuals and the family; all must be taken into account if counseling interventions are going to produce enduring change. Second, this case suggests how the roles and interactions of all involved in the supervisory relationship are related. As a supervisor, one cannot ignore the influences that the trainee brings into supervision. Trainees, similar to families, are influenced by features of their internal and external context—their own histories and goals, work and family environment, legal or instructional requirements for supervision hours, and the structure of the supervision relationship itself. Systems theory provides a theoretical framework for conceptualizing these multiple influences on both counseling and supervision.

SYSTEMS PERSPECTIVES AND SUPERVISION

A systems perspective of counselor supervision is characterized by attention to the key concepts of systems theory. During the process of counselor supervision, the supervisor trains the supervisee to skillfully apply systems concepts to particular cases. In addition, the supervisor and the supervisee engage in a relationship with its own inherent systems and systemic processes. As the relationship develops, the system that comprises supervision becomes more and more complex. The supervisor who uses systems perspectives in supervision is cognizant of these changing features of the relationship.

In this article, we offer guidance for those seeking to expand their use of systems perspectives in supervision. First,

we offer a brief overview of the use of systems perspectives in counseling and counseling supervision. Second, we offer our view of the unifying themes of systems perspectives. Third, we present some specific techniques designed to keep therapy and supervision focused on systemic change. Finally, we illustrate how three specialized family systems approaches add to the richness of theory and practice in marriage and family counseling by contributing unique techniques for developing supervisees' counseling expertise.

The Growth of Systems Perspectives in Marriage and Family Counseling Supervision

A *systems perspective* is one of the key intellectual contributions of the 20th century, and *systems* will no doubt continue to be a catalytic word in the new millennium. Originally developed in the area of physical science, systems analyses have proven to be useful ways of understanding change in complex natural phenomena such as weather patterns and natural ecologies (e.g., von Bertalanffy, 1968). Systems concepts have also been borrowed and applied to the social sciences, where they have proven helpful for understanding complex social phenomena such as the interaction of societies, families, and individuals (e.g., Bronfenbrenner, 1979; Sameroff, 1982).

Although the theory and practice of counseling originated from the psychoanalytic, behavioral, and humanistic traditions, a growing percentage of counselors indicate a family systems orientation as their preferred theoretical guide for practice (Young, 1992). Specifically, individuals with a marriage and family counseling orientation perceive family systems theory as providing a practical way of understanding and working with the contextual factors involved in the clients' symptoms or problems. In addition, many counselors find systems perspectives useful for conceptualizing the cultural features of clients' lives, their own lives, and the treatment process itself. Thus, systems thinking is a paradigm that counselors find useful for shifting focus from an exclusively individual framework to a broader understanding of clients' (and helpers') diverse problems and strengths and for understanding the complexity of change processes (Bittner & Corey, 2001; Gladding, Burggraf, & Fenell, 1987).

Marriage and family counseling supervision with counselor trainees may be conducted from one of the many specialized systems orientations or from a general, eclectic systems orientation (Rambo & Shilts, 1997). The menu of specialized orientations offers a vast array of options, including multigenerational family theory (e.g., Roberto, 1997), structural/strategic family therapies (e.g., Todd, 1997), and narrative therapies (e.g., White & Epston, 1990). Alternatively, systems perspectives may simply be a part of an integrative counseling approach used primarily to enrich the perspectives offered by other individual theoretical orientations. For example, Adlerian theory, with its emphasis on the original family context, is quite compatible with family systems

perspectives. In addition, multicultural and feminist supervision often depend on systems perspectives to offer insight into the ways in which the status quo of families or societal structures are oppressively maintained; systems techniques are then used to effect higher order change (Leupnitz, 1988; McGoldrick, Pearce, & Giordano, 1982).

Deciding to be more systemic in their work, some counselors and supervisors have sought information or training only to find that family systems theory is really not one approach but is instead a large and sometimes contradicting family of theories. Bittner and Corey (2001), for example, discussed four traditional family systems theories (including structural, strategic, multigenerational, experiential, and human validation process models) in addition to five social constructionist approaches to family therapy; each has its own key concepts, therapeutic goals, roles and functions of the therapist, and techniques. Because each approach offers a distinct model for effecting change, the wide array can be bewildering. For example, when Carlos and Raquel are faced with a difficult client such as the one presented in the sample case, pertinent questions arise: Should Raquel and her supervisor focus on restructuring the here-and-now family (e.g., Minuchin & Fishman, 1981)? Should they focus on Jason's past successes as holding keys to success with the current problems (e.g., De Shazer, 1985)? Should they focus on helping the family build insight into their crossgenerational patterns of coping with anxiety-provoking events, such as the father's serious illness (e.g., Kerr & Bowen, 1988)? Each of these orientations offers a different answer in terms of where the helpers' attention should be directed.

Despite these different foci, systems approaches do share some common assumptions about people, change, and therapeutic practice (White & Russell, 1995). These common systemic notions can be useful for enlarging and enriching supervision even when supervision is conducted primarily from within a specific theoretical orientation.

Unifying Themes of Systemic Supervision

In therapy supervision, the supervisor and the supervisee mutually conceptualize the problem that the supervisee has presented (Bradley & Ladany, 2000; Mead, 1990). In a systems approach to supervision, conceptualizing the case and creating ideas for effecting therapeutic change will involve systems thinking on the part of the supervisor and the supervisee. Thus, the dialogue in a systems-oriented supervision session will likely include one or more of several key themes. In general, these themes portray a heightened atten-

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tion to context. Specifically, the themes include the following concepts: (a) diagnosing the system, not symptoms; (b) viewing problems in context; and (c) focusing on systemic change.

Diagnose the system, not symptoms. Traditionally, clients are considered for individual diagnoses based on the number, severity, and frequency of particular symptoms (American Psychiatric Association, 2000). From a systems perspective, however, it is not useful to conceive of a problem as belonging to one individual (Boszormenyi-Nagy & Krasner, 1986). Attributing dysfunction to only one area of the system, and thus treating only one area of the system, creates a situation in which change is difficult to insti-

tute and sustain. An individual diagnosis is seen as having limited usefulness because a diagnosis implies an individually oriented rather than an interpersonal or contextual conceptualization of problems (Ivey & Ivey, 1999). An individual diagnosis of psychological pathology does not reflect the systemic and interpersonal nature of problems. Within an interpersonal conceptualization, the context (e.g., the family history or dynamics and culturally related experiences or beliefs) is understood as a background against which a particular problem might represent a way to maintain family homeostasis or stability. For example, if a parent brings a child to therapy because of the child's school phobia, the counselor would inquire into all areas that might contribute to this problem (Silverman & Kurtines, 1996). Rather than attributing the problem solely to a personality tendency gone awry, a biochemical cause, or a poor learning history, a systems-oriented supervisor would ask the supervisee questions about other potential contributing factors (e.g., "Given the context, in what ways do this child's anxious symptoms serve the goals of the family system?") (Montgomery, DeBell, & Wilkins, 1998). In an immigrant family, for example, a child's fear and avoidance of school could be created and maintained by a parent's anxiety about separation from the child in a new and unknown culture.

When the problem is conceptualized systemically and the diagnosis is of the family (and its contexts) rather than the individual, the intervention will similarly target a reorganization of the system. Symptoms might be temporarily relieved through individually oriented approaches; however, a reorganized context (or system) is necessary to support enduring change (Szapocznik & Kurtines, 1993; Watzlawick, Weakland, & Fisch, 1974). In the example of school phobia, for example, interventions might target the parents' behavior and the school's responses in addition to the child's fearful symptoms. In the case of Carlos, the client presented in the

case study, interventions might target both his parents and his younger brother as well as Carlos's own angry acting-out behavior.

View problems in their contexts. Within a systems approach, symptoms are not viewed in isolation and diagnosis is always made in (and of the) context. Systems-oriented supervisors and counselors avoid labeling individuals (or families) as *pathological* (or *problematic*). Labeling or blaming a problem on only one part of the system is seen as potentially countertherapeutic and likely to lead to entrenchment of the problem rather than its cure. For instance, focusing on only one person or aspect of a system can keep the supervisee (and client) from directing attention and action to larger systems. Sometimes, advocacy might be needed to help change the context instead of assistance that helps an individual or family adapt to the unjust or unhealthy context. In the case illustration given earlier, rather than keeping the therapeutic focus exclusively on Jason's problems, a systems therapist might help everyone in the family name and describe the injustice they feel following the father's layoff. Subsequently, the therapist could support the family as they integrate feelings and insights into a constructive, transformative response (Ivey, 1995) such as community activism.

Symptoms might also be reframed (a common technique in systems therapy) as problem-solving attempts that make sense given the context. In the case study presented earlier, Jason's acting out might be seen as a red flag that will attract the attention—and possible support—of helpers who will see that his family is stressed beyond its capacity to cope. Troubled individuals and families are not blamed but are seen as stuck or out of ideas for solving their problems. The supervisor's role is to support the trainee in helping those involved to discover which factors might be maintaining the current situation and to build on existing strengths to change those factors.

Focus on systemic change. The goal of therapy—including systems therapy—is to help individuals and families change in ways that will help alleviate stress (Vondracek & Corneal, 1995). Some systems therapies, such as the Bowenian approach, emphasize that changing individuals' perceptions, feelings, and cognitions is the way to accomplish overall change within the system (Papero, 2000). Other systems therapies, such as Minuchin's (1974) structural approach, focus on systemic structural change (e.g., clarifying roles and responsibilities among family members). All of the models of systemic change emphasize that change is an interpersonal or relational event and not an intrapsychic event. Even comparatively small changes are seen as having the potential to have a major effect on the system (Todd, 1997).

Systemic change is viewed as necessary for symptom relief to endure. Although symptoms might be relieved temporarily through other approaches, a changed context (higher

order change) is seen as necessary for symptom relief that endures (Watzlawick et al., 1974). Thus, the clinical goal is to change the system so that the symptom is no longer necessary (as a form of communication or a way of maintaining homeostasis) and healthier ways of interacting can take place (Satir & Bittner, 1991). In the case example presented earlier, a systems therapist would expect Jason's acting out behavior to diminish as his school and family context become more functional and healthy.

Techniques for Keeping Therapy and Supervision Systemically Focused

In adopting a systems perspective for supervision, what would a supervisor do differently from an individually oriented supervisor? How would the overarching themes of systems theory be used in the supervision process? There are two primary ways to use systemic principles to enhance supervision.

First, the supervisor provides basic instruction in systemic concepts and their application to individuals and families. In the counseling profession, supervisees vary widely in their exposure to and training in systems perspectives. Thus, supervision may provide the supervisee's first practical exposure to systems concepts and their application. The supervisor can challenge a supervisee's understanding of particular cases to include the contextual focus of systems approaches to counseling. These are evident in the three unifying themes outlined previously—diagnosing the system, not symptoms; viewing problems in context; and focusing on systemic change. In shaping supervision to include notions of the individual's or family's context, a supervisor might ask the following questions:

- In what ways might this problem or symptom represent a creative problem-solving effort or a way for the individual or family to hold on to a sense of stability? What strengths does it reveal?
- What meaning does the problem (or diagnosis) have in the larger contexts of the extended family, neighborhood, racial or ethnic group, and community?
- What meaning does the problem or symptom have in the social contexts of work, school, or social services?
- If the symptom were to disappear, what else would have to change?
- What does "going to counseling" mean for the client(s) or others in the clients' social system?

Second, the systemically oriented supervisor will use contextual themes to promote an additional layer of understanding—the application of systemic notions to the therapy and supervision processes themselves. Although it is easier to begin applying basic systems concepts by focusing on clients' systems, the supervisee can be challenged to see himself or herself as having joined temporarily—thus changing and

being changed by—the family system. Furthermore, the supervisor-supervisee dyad can also be understood as a system with its own dynamics, characteristics, context, and so on. Presumably, all of these systems (the family system, the family-in-therapy system, and the supervision system) interact and influence one another (White & Russell, 1995). The following questions are ones a supervisor might use to promote this additional level of understanding:

- What does it mean to the therapist to “be supervised”? What does it mean to the clients that their counselor is supervised?
- What does it mean in the trainee’s social contexts to be a therapist (healer, teacher, etc.)? What other systems for giving and receiving help exist in the context? What other systems exist for being mentored or “supervised” as a helper? How do “helping” and “being helped” coexist within other systems relevant to the trainee (and his or her clients)?
- Are there features of counseling and/or supervision (or health care systems or licensing agencies) that encourage clients to keep rather than solve their problems?
- What happens in these larger systems when clients get better—or worse? What does it mean to the counselor and the supervisor when clients get better (or worse)?

Clearly, as these questions indicate, systems-oriented supervision is focused on the meaning events in context (Duhl, 1983). Supervisors might also profitably modify these questions to enlarge and enrich their own contextual perspectives in “supervision of supervision.” Supervisors, similar to families and trainees, are influenced by their own histories and goals, work and family environment, legal entities requiring the supervision hours, and the structure of the supervision relationship itself. Systems theory can be used to draw attention to these multiple influences on both counseling and supervision.

SUPERVISION GOALS FROM THREE SYSTEMS PERSPECTIVES

Although systems approaches share a common emphasis on communication and contextual change, specific approaches differ substantially in how they interpret communication and support change. Some approaches focus on changes in meaning and perceptions (e.g., narrative therapy), some on changes in behavior (e.g., strategic family therapy), and still others on changes in the amount or kind of affect shared by those in a system (e.g., multigenerational therapy). Specific approaches to systems therapy contribute special foci for supervision in addition to the general contextual focus discussed earlier. Often, they are especially useful for providing guidance when therapy or supervision becomes stuck.

Some supervisors use a variety of systems concepts and techniques as a part of an eclectic orientation to therapy and supervision. Others, however, find more satisfaction and feel more effective when they commit to a specialized systems approach, seeking out their own training and ongoing super-

vision from within that model of family therapy. A comprehensive catalog of systems-based therapeutic approaches is not possible here. Instead, we offer an overview of the supervisory goals in the following three diverse models whose concepts are widely used by marriage and family counselors: structural/strategic approaches (e.g., Madanes, 1981; Minuchin & Fishman, 1981), multigenerational approaches (Bowen, 1978; Framo, 1992), and linguistic/narrative approaches (Monk, Winslade, Crocket, & Epston, 1997; White & Epston, 1990). For each specialized approach, we describe how several of its core concepts might be applied in supervision.

Structural/Strategic Approaches to Therapy and Supervision

When training supervisees to use a structural/strategic approach, a supervisor would assert that when clients complain of problems, some aspect of a system in which they are embedded is stuck (i.e., some pattern of behavior or belief is maintaining the current problem situation) (Minuchin & Fishman, 1981). The counselor, supported by the supervisor, must determine what is maintaining the behavior of the system. Their conceptualization will be problem focused and present oriented. Then, “without concern for history, the supervisor’s task is to devise, together with the supervisee, some form of intervention that will resolve this situation or at least unblock it” (Todd, 1997, p. 173).

When structural/strategic approaches guide supervision, the supervisor takes a clear and active role in training supervisees. Supervisees and supervisors cooperate to pre-plan deliberate interventions that they think might be helpful for the clients. Often, these are high-profile interventions, such as phone-ins during the session and live supervision visits. Supervisors see themselves as mentoring their supervisees in becoming skillful at assessing the fulcrum of change for the structure of the system. They devote considerable energy to devising, selecting, and delivering their supervisory interventions in an optimal manner (Todd, 1997).

Structural/strategic supervisors strongly object to resistance as a useful concept, whether attributed to clients or to supervisees. The responsibility always lies with the supervisor, and difficulties that arise are recast as challenges for the supervisor. Rather than focusing on what is stuck or what is not changing, structural/strategic supervisors engage in *change talk*, believing that helping supervisees focus on changes in the counseling process will in turn help troubled individuals and families change more effectively. Sometimes, however, when supervision becomes stuck, a supervisor might strategically take a one-down role with supervisees, pretending to need their help (Madanes, 1984). In any case, the supervisor is an active participant in the system with both supervisee and clients and is responsible for astute and effective interventions.

Multigenerational Approaches to Therapy and Supervision

When training supervisees in multigenerational (also called intergenerational and transgenerational) family therapy approaches, supervisors focus on the current patterns of interaction, relational dynamics over long spans of time, and organizational structures of families (Bowen, 1978; Framo, 1992; Roberto, 1992). A key theme is how the individuals in the family manage the inevitable anxiety that arises from life changes. A common training activity involves supervisees in developing clients' autobiographies and genograms; this process assists supervisees in learning family systems concepts such as triangles, roles, rules, and patterns of closeness or distance. Many supervisors agree that autobiographies or genograms are very valuable tools in helping trainees conceptualize and examine clients' family-of-origin issues (Framo, 1992; McGoldrick, Gerson, & Shellenberger, 1999).

Multigenerational supervisors also extend these concepts from understanding client issues to understanding supervisees' issues, advocating that supervisees' family-of-origin material can help guide and enrich supervision (Roberto, 1997; Thomas & Striegel, 1994). They assume that the intensity of counseling and supervision will reawaken supervisees' old interpersonal struggles and that family exploration can assist counselors in training in managing these dynamics (Emerson, 1995). The activation of family-of-origin dynamics is a supervision issue because they affect the degree of objectivity and emotional reactivity that counselors have with their clients and hence their therapeutic capabilities (Caust, Libow, & Raskin, 1981; Kramer, 1985). Therefore, supervision should provide trainees with opportunities to attain higher levels of differentiation and emotional maturity. Supervisees will reap personal benefits such as increased mental health and improved effectiveness in their own relationships, which will in turn enhance their professional effectiveness. At the same time, the experience of exploring family-of-origin issues promotes supervisees' empathy and respect for the challenges that clients face in their own family systems. Thus, supportive insight-producing supervision provides supervisees with an opportunity for both professional and personal development.

However, particular care must be taken when using autobiographical material in supervision. The potential for a dual relationship to arise is increased if the supervisor drifts from maintaining a primary focus on the supervisee's work with clients toward providing therapy for the trainee. To sidestep the dangers while capturing the benefits of using family-of-origin assignments for supervisees, Goodman and Carpenter-White (1996) suggested the following: (a) Make clear that all self-disclosure is voluntary and unrelated to evaluation, (b) state that any identifying family information may be disguised or omitted, and (c) make contact with one's family of origin optional for this assignment. When stuck, supervi-

sors can also suggest that supervisees work with a community-based multigenerational family counselor to understand family-of-origin issues that hinder their professional work.

Linguistic and narrative approaches to therapy and supervision. Supervisors using a linguistic or narrative orientation train supervisees to detect the storied nature of the problems clients bring to therapy. These social constructionist approaches are in harmony with postmodern notions of reality as a point of view bound by history and context (Bittner & Corey, 2001). As such, they contrast with other systems theories, which are based on essentially modernist assumptions that an objective reality—such as a family's "structure," "rules," or "differentiation"—can be systematically discovered. However, they are similar to traditional systemic approaches in that they emphasize the importance of the embeddedness of individuals within the contexts of their families, communities, and cultures (Monk et al., 1997). Narrative and language processes are the focal point for both understanding a family and helping to effect change.

In general, linguistic and narrative approaches view clients as participants in (and creators of) an ongoing story or drama (Rambo, 1993). Clients are introduced to the idea that they have authored many aspects of their story but that they have also been constrained by internalized family narratives and dominant culture narratives that are difficult to notice and to question (White & Epston, 1990). Dominant narratives give meaning and structure to many aspects of life, but when they do not meet the needs of individuals and families, problems arise. In narrative therapy, clients are offered the view that their problems and their desire for change result from the fact that they feel constrained by an outgrown story. The story may serve a system within which they are embedded (e.g., a story about race in a segregated neighborhood), but it may not authentically reflect what they want. Therapists adopt a wondering stance, or the general attitude of respectful curiosity, as a way of creating an open space where clients can consider new perspectives on their lives and subsequently revise their stories (Parry & Doan, 1994). The reader's (counselor's) caring questioning and the attention to small differences and distinctions help authors (clients) to become clearer and more intentional about the story they are creating. The intent of the therapeutic conversation is not to impose a new narrative (the therapist's) on clients but to facilitate the telling and retelling of the story until opportunities for new meaning and new stories develop (Anderson & Goolishian, 1992; Goolishian & Anderson, 1988).

What is the supervisor's role in facilitating the growth and development of linguistically oriented or narrative therapists? Parry and Doan (1994), in their chapter, "The Re-Vision of Therapists' Stories in Training and Supervision," suggested that supervision commonly involves the revision of therapists' stories about their clients and the revision of therapists' stories about themselves as therapists. Given the common

narrative in which the supervisor is the expert and the trainee is deficient, the supervisor must take special care to assume the role of editor or catalyst—“as one who helps ‘call forth’ the type of therapist the trainee wishes to be, rather than as one who defines the type of therapist she/he should be” (Parry & Doan, 1994, p. 195).

Difficult cases create a strong tendency for supervisees to blame clients, conclude that they have tried everything, or doubt their own effectiveness. At these times, the supervisor can ask questions that invite a *re-vision* of the supervisee’s story about a client. Parry and Doan (1994) suggested questions similar to the following:

- If instead of seeing this client as uncooperative I saw him or her as trying to tell me something important, what might that something be?
- If instead of seeing this client as stubborn I saw him or her as being stuck in a childhood story in which he or she is afraid, how would my story about the client change?
- Is the race of my client or my race influencing my story about him or her in a significant way? Is gender? Are issues of ability or social class or religion?
- What sort of story does the diagnosis that has been given to this client evoke from the client and from me? What evidence do I have that supports an alternative explanation?

When supervisees reach points at which they feel overwhelmed, incompetent, or self-doubting (as is often the case with beginning supervisees), supervisors point out that they are becoming involved in a story about their own incompetence. Often, self-doubting supervisees are reacting to exposure to dominating styles of teaching or supervision that cast professionals as “masters.” This undermines trust in the supervisee’s perceptions and experiences. In these cases, Parry and Doan (1994) suggested that supervisors create an opportunity for students to re-vision their own competence by asking themselves the following questions:

- What was my sense of the session?
- If I were looking at myself through the eyes of my clients, what would I appreciate?
- Have I been trained to be allergic to my own success? If so, how could I become untrained?
- Can I think of times that I have escaped the influences of incompetence and insecurity and opted instead to side with my strengths?

PUTTING IT ALL TOGETHER: THE CASE OF CARLOS AND RAQUEL

In conclusion, we advocate that systems theory can be an important and useful theory base in which the supervisor can ground supervision. Unlike many theories, it offers the supervisor and supervisee a framework for understanding and conceptualizing their multiple roles in the therapeutic process. Developing a broad, systemic perspective on context and

change offers many opportunities for the supervisor and supervisee to build and maintain a positive working alliance. As systems concepts are used to conceptualize clients’ problems and systems techniques are used to effect change, the self-doubt often experienced by inexperienced supervisees can be refocused and reshaped into a sense of competence.

Carlos, the supervisor introduced at the beginning of this article, can use systems theory for ample guidance in helping Raquel, the supervisee, with a complex and challenging case. Carlos might begin by introducing the main themes of systems supervision: the consideration of Jason’s family, school, and neighborhood context; the avoidance of labeling or diagnosing Jason or other individuals in the system; and the intervention focus on systemic as well as individual change. In addition, he might invite Raquel to observe how her own contact with Jason’s family and school precipitates change in these contexts—and in herself as well. Borrowing structural systems notions, the counselor supervisor could help Raquel bolster the family’s parental and sibling subsystems, thereby reducing Jason’s isolation and anxiety, and engage the family in hope-generating change talk. Borrowing from multigenerational theory, he could encourage Raquel to examine her own family history for assumptions and biases she might have concerning poverty, illness, and “problem teenagers” and help her notice how her own family patterns influence her actions as a counselor. Using narrative methods, Carlos could draw attention to Raquel’s part in the family’s construction of a story about how they deal with acute adversity. He and Raquel might also discuss how the systems of “supervision,” “health care,” “mental health care,” “education,” and “government” affect each other and everyone involved in the case.

Will Jason, the difficult teenager in the case, be cured? According to systems theory, Raquel’s contextual interventions will have a better chance for helping Jason and his family get better than would individually oriented interventions. Ultimately, however, success with clients is never assured no matter how compelling the theory or skillful the approach. Nevertheless, by using a systems approach in supervision, Carlos will have offered Raquel some experience with tools that an increasing number of counselors and therapists find useful for intervening at multiple levels on a client’s behalf. Furthermore, Raquel’s story of her own professional development will have likely moved from themes of disappointment and inadequacy to themes of confidence and hope.

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MISTER BOFFO

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