AAMFT Approved Supervisor Philosophy of Supervision Paper
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Evidence of systems thinking

Systems thinking is a relational model that emphasizes dynamics within interpersonal relationships, rather than symptoms within an individual (Lee & Nelson, 2014). Trained as a marriage and family therapist, I treat individuals within the context of relationships, addressing all parts of an individual's subsystems and systems.

Supervisors who utilize systems thinking navigate the complex environment of subsystems whom both supervisees and clients are part of. Systems thinking incorporates circular reasoning, with the belief that a change within one subsystem will influence changes – both positive and negative – within other subsystems and the overall system itself. Circular reasoning lends itself to alternative perspectives, giving way for solutions towards change. Systems thinking integrates the impacts of implicit bias, resolved or unresolved issues occurring within our family of origin, and factors of cultural diversity. Additionally isomorphism is ongoing throughout supervision, as supervisor-supervisee interactions undoubtedly impact the work of supervisees and their clients.

Clarity of purpose and goals for supervision

I currently supervise graduate students in their final year of program completion, both at a university and community mental health agency. The primary goal for supervisees is to gain clinical experience through direct client contact, supervision, case consultation, and research, ultimately concluding with the competence and confidence of being an agent of change within a system. In both settings, there is a clear, evaluative, collaborative, and hierarchical relationship that extends over time, in which I serve as "the gatekeeper" (Bernard & Goodyear, 2009, p. 7) for the mental health profession, as beginning therapists move towards becoming full-time providers. I stress accountability, attention to detail, and organization within an administrative and clinical context, through a systems thinking lens, even if supervisees are within non-systems thinking programs.

To increase confidence in competence, my focus is primarily on 1) increasing the quality of therapeutic work by tending to process rather than content, and 2) increasing the awareness of self-of-the-therapist factors, all while maintaining a safe place that supports growth and exploration. Aponte (2017) proposes that personal life experiences can be utilized in appropriate ways for growth as a professional therapist. These life experiences can be from one's family of origin, biases, or emotional vulnerability that may be impacting both supervisor-supervisee and therapist-client relationships.

Clarity of supervisory roles and relationships

Chang (2012) describes nine distinct roles that can vary over time depending on context of supervision and also the developmental level of the supervisee. Per his list of supervisory roles, I initially serve as a clinical educator – focusing on concepts and theories to promote perceptual and conceptual development, move towards a skill development coach – focusing on modeling and teaching specific skills useful for engaging with clients, and finally a mentor – contributing towards a supervisee's professional goals and providing guidance into the helping profession.

Beginning therapists can become hyper-focused on executing an intervention *just right*, or continually use ineffective measures, due to performance anxiety or countertransference. Unless these are addressed and managed, it can negatively impact the relationship of multiple subsystems. I have found success in shifting supervision towards addressing the process occurring within the situation, rather than the content. Time is spent with supervisees on how the process is currently impacting the therapist-client and supervisor-supervisee subsystem, and keeps the focus of supervision as supervision. In the event that the relationship shifts towards that of a therapist-client, it would be crucial to bring this into the room, and make a plan of action to maintain appropriate boundaries, such as encouraging the supervisee to seek personal therapy with an outside professional resource.

Evidence of awareness of personal and professional experiences that impact supervision

I always introduce myself to others as a Chinese-American woman, born and raised in Hawaii, who moved to the Pacific Northwest in 2011. It is important to acknowledge my ethnicity and culture, as it plays a major role in my self-identity. I have been on the receiving end of microaggressions regarding my ethnicity. It is important to me that supervisees understand privileges found within identities of race, ethnicity, sex, national origin, age, ability, sexual orientation, gender identity, and creed. These identities are on a spectrum ranging from those who are privileged with social capital to those who are disparaged with oppression. I am passionate about teaching supervisees how to acknowledge and identify these privileges in themselves and also in others, in hopes of limiting dismissive, pseudo-apathetic, or intrusive responses to cultural colorblindness (Dempsey, Ching, & Page, 2016).

I have learned to navigate changes in hierarchical relationships, when a peer became a supervisee, or conversely when a supervisee became a colleague. In both situations, I found myself shifting my communication style to extreme ends of the spectrum, either using humor and being candid or being stoic and highly guarded. In the midst of these interactions, I became concerned about how this would impact other supervisees and colleagues. During an early supervision of supervision with my mentor, I expressed feeling "too comfortable" with some of the supervisees, and struggling with how to manage the role of "the peer" versus "the supervisor." My mentor encouraged me to bring this awareness to the forefront and use it as a teaching moment for supervisees, modeling how shifts in relationships impact the relationship itself. Disclosing these types of experiences openly with supervisees is an appropriate way to increase awareness of personal experiences and self-of-the-therapist dynamics. Humility and accountability of the supervisor can lend itself in helpful ways to nurture positive relationships with supervisees, which in turn fosters safe environments for clients.

Preferred supervision model and connection between own therapy model and supervision model

Grounded in the developmental, social-role, and goal-oriented supervision models identified by Morgan and Sprenkle (2007), I integrate concepts of structural, solution-focused, and narrative therapy. Beginning therapists benefit from clear structure within the supervision hour, ensuring that there is equal time distributed amongst supervisees, and to teach proper procedures and techniques on documentation in compliance with ethical and

legal standards (Lee & Nelson, 2014). I may work with a supervisee on defining clear boundaries with a client and the client's family and increase awareness of power differentials, with the parallel process of the boundaries I maintain within the supervisor-supervisee relationship. Solution-focused therapy as a supervision model also allows supervisees to promote positive change with clients as well as developing professional identities (Fowler, 2007).

Solution-focused therapy necessitates realistic goals with clear timelines, providing clear road maps for clients and supervisees alike. The scaling technique can be used during self-report check-ins with supervisees and on formal evaluation forms. Additional SFT techniques are incorporated such as exploring exceptions of successful interventions with clients, and bringing more awareness to small, short-term changes, over large, long-term changes with clients, emphasizing solutions and change over problems and pathology. As supervisees progress, I begin to interweave techniques from Bowen and narrative therapy. I address the importance of differentiation, delve deeper into self-of-the-therapist dynamics, and explore appropriate emotional detachment from clients and families of origin. Externalization allows discomforting internalized problems to be managed in ways that do not pathologize or exacerbate an issue (Neuger, C. C., 2010), such as exploring what occurs for a supervisee when anxiety arrives uninvited to the therapy room.

Evidence of sensitivity to contextual factors

Integrating postmodern approaches has naturally prompted conversations regarding diversity or marginalized identities to become more commonplace conversations with clients and supervisees alike. Regardless if it is in individual or group supervision, there is safety and security within supervision to ensure that everyone is acknowledged, respected and heard. As previously indicated, my own personal experience as a marginalized person of color has aided me in my ability to facilitate and participate in productive discussions on the impact of contextual factors.

During the early stages of a supervisee's development, it is appropriate to provide specific examples of interventions to supervisees, such as how to adapt a solution-focused scaling question for youth to assess anxiety, or how to engage a teenager in a narrative exercise and write a letter to the client's future self in hopes of decreasing depression. Supervisees, who are further along in development, can wrestle with self-of-the-therapist dynamics in an open and direct manner. When a supervisee expressed being "stuck" on what intervention to use with a client, I explored why this feeling of "stuck" was so bothersome, when uncertainty can be a common experience for therapists. The supervisee concluded that her frustration stemmed from negative interactions and limited communication with her own family members with this same diagnosis. With this newfound realization, the supervisee was able to keep her emotions in check, and refocused on the therapeutic process with the client.

Working within an agency and a university setting has provided additional oversight that may be atypical for those working within a private practice setting. There may come a time in which I would be considered a contract outside supervisor, as defined by Ungar and Costanzo (2007), when a supervisee is at a separate agency or practice than that of the supervisor. Unique challenges to being a contract supervisor that would be important to be aware of and plan accordingly include shared responsibility of the supervisee amongst multiple supervisors, access to client information and client awareness

of the contract supervisor, and logistics of additional supervision time outside of a typical work day.

Clarity of preferred process of supervision

Screening

Prior to any format of supervision beginning, either as an agency, university, or contract supervisor, it is vital that supervisees be screened. Screening would address factors such as but not limited to: current educational level, goodness of fit, potential dual relationships, desired format of supervision, professional goals of the supervisee, fees (if applicable), expectations and timeline for supervision (graduation versus licensure), cancelation policy and emergency policy, registration process to obtain appropriate credentials with state boards, organizational skills, ability to manage potentially high-risk clients, potential situations in which I may need to consult with other supervisors or regulatory boards, current case conceptualization ability, and self-of-the-therapist dynamics.

Contracting

Once the screening process has been completed, a written contract between the supervisee and supervisor would be formed. Within this contract would be aforementioned screening process factors, however now in a written document. The contract would also include proof of liability and malpractice insurance, proof of appropriate credentials with proper state boards, and circumstances that would warrant a change or termination of the contract.

Format

I provide group supervision for up to 6 supervisees at a time for 1.5 hours, and dyad/individual supervision for 1 hour. Although there are pros and cons for all supervision formats (Zimmerman, 2019, slides 53-62), group, dyad, and individual supervision fit best for my current work settings. In a group, supervisees can gain knowledge and skills from colleagues, while dyad and individual supervision can be a more private setting when addressing specific concerns or clinical situations. Expected materials needed, regardless of format, are: a copy of current client caseload, identification of any high-risk clients or high-risk factors, a progress note to review, and a treatment plan to review. Although case presentations is a common modality, I have found that a video recording of a therapy session (with client consent to record on file within the client's chart), can elicit more in depth feedback based on observations of both the supervisee and the client. HIPAA-compliant technology-assisted supervision may be utilized when and if face-to-face supervision is not possible.

Evaluating

Evaluation of supervisees is formative (ongoing) and summative (at the conclusion of a specific period). I utilize the core competencies set forth by AAMFT, to "promote awareness, acceptance, and respect for differences, enhance services that meet the needs of diverse populations" (AAMFT, 2004, p. 1). Mirroring the necessity of clear documentation with clients, clear documentation with supervisees promotes accountability for both the supervisee and the supervisor. Further, documentation not only provides liability coverage for individuals, but also for the larger system of the university or agency.

I developed a supervision feedback form (attached) to be used as a formative measure, acknowledging what is discussed, reviewed, and agreed upon in supervision.

This form was developed to encompass a supervisee's conceptual, perceptual, executive, evaluative, and professional development in a brief, concise manner. The form provides documentation of a timeline of the situation, what was agreed upon to do in this situation, and if any follow up was needed with other professionals. Should the supervisee fail to follow the plan on multiple occasions, this would provide grounds for termination of the supervisor-supervisee relationship.

Summative evaluation is based upon the 16 condensed AAMFT Core Competencies (2019), and may be used initially, throughout, and at the conclusion of the supervisor-supervisee relationship. Competencies would be assessed using a five point Likert scale, ranging from 1 – harmful, 2 – below expectations, 3 – near expectations, 4 – meets expectations, and 5 – exceeds expectations. Likewise, supervisees would be given opportunities to provide informal or formal evaluations regarding the experience of me as their supervisor to promote transparency and collaboration.

Evidence of sensitivity to ethics and legal factors

Abiding by the major tenant of the AAMFT Code of Ethics of doing no harm, it is critical as a supervisor to safeguard the profession by alerting supervisees of the current laws, rules, and regulations that guide best practice (AAMFT, 2015). Naturally, there is no guaranteed way of avoiding ethical violations. It is important to normalize this for supervisees, and proceed with an appropriate repair plan or plan of corrective action. A supervisee may express that they would prefer not to work with a client due to differences in lifestyle or identity. This presents an ethical dilemma of potentially violating 1.11 Non-abandonment (AAMFT, 2015). Oftentimes a supervisee's performance anxiety, or unresolved family of origin issue is the underlying cause. By exploring this further, more often than not supervisees can shift their perspective in a positive manner. An exception would be if the differences in lifestyle or identity are directly linked to the client's presenting problem, such as an anxious client in the midst of transitioning gender might benefit more from a therapist who has expertise regarding the transitioning process.

To foster accountability in a non-punitive environment, assigning the supervisee to review applicable ethic standards, will uphold the integrity of the profession. As competencies, ethics, and other legal regulations evolve and mature over time, this would not be a one-time assignment, but a fluid and ongoing process. Other recommendations for this supervisee would be to read current and relevant peer-reviewed literature or community based resources that also increase knowledge and awareness. Of note, Standard IV Responsibility to Students and Supervisees should be reviewed with the supervisee present, to protect and honor the supervisor-supervisee relationship.

Awareness of requirements for AAMFT membership, regulatory requirements, and standards for the Approved Supervisor designation

Per the March 2019 update of the AAMFT Approved Supervision Designation: Standards Handbook, as well as The Contemporary Relational Supervisor (2014, Lee & Nelson), I am aware of all requirements necessary to become an AAMFT Approved Supervisor. I am aware that to gain this designation, I need to complete a 30-hour course approved by AAMFT, complete 180 hours of supervising at least two supervisees, accumulate 36 hours of mentoring by an active AAMFT Clinical Fellow and Approved Supervisor, possess active Clinical Fellow membership with AAMFT upon time of

application, have at least 18 months in training, submit this philosophy of supervision paper, and obtain final written evaluations from my AAMFT mentor. In the event of differences between state and AAMFT requirements and standards of supervision, I agree to abide by whichever entity possesses more stringent language.

References

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Supervision Feedback Form

Developed by Jerrica KF Ching, MA, LMHC (Washington) on 7/15/2019

Supervisee Name: _____ *Date:* _____

Program: MCFC CMHC

School: _____

Supervision Format: Individual Group *Duration:* _____ Minutes

Check-In Scale: **1 - - - - - - 2 - - - - - - 3 - - - - - - 4 - - - - - - 5** Reason: _____

Supervision Topic(s) Covered (X all that apply):

- ❒ Suicidal/Homicidal Client
- ❒ CPS/APS/Reporting
- ❒ Theoretical Orientation/Intervention
- ❒ Self-of-the-TherapistDynamics/Training/Concern
- ❒ Client Diversity Considerations (Marginalized Identities)
- ❒ Administrative/Documentation Feedback
- ❒ Ethics (HIPAA, Campus-specific, Site-specific, etc.)
- ❒ Sexual Offenders
- ❒ Professional Development

Specific Feedback:

_____
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Follow Up:

- ❒ Yes, with _____
- ❒ No