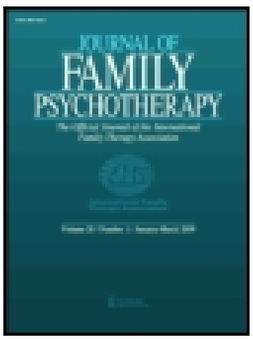

Routledge
Taylor & Francis Group

Journal of Family Psychotherapy

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/wjfp20

Removing the Mystery in Supervision: Engaging in Transparent Supervision

Paul Springer , Brie Turns , D. Scott Sibley & Brandon Eddy

To cite this article: Paul Springer , Brie Turns , D. Scott Sibley & Brandon Eddy (2020): Removing the Mystery in Supervision: Engaging in Transparent Supervision, Journal of Family Psychotherapy

To link to this article: https://doi.org/10.1080/08975353.2020.1804798

Published online: 18 Aug 2020.

JOURNAL OF FAMILY PSYCHOTHERAPY
https://doi.org/10.1080/08975353.2020.1804798

Routledge
Taylor & Francis Group

Removing the Mystery in Supervision: Engaging in Transparent Supervision

Paul Springer[a], Brie Turns[b], D. Scott Sibley[c], and Brandon Eddy[d]

[a]Child, Youth and Family Studies, University of Nebraska-Lincoln, Lincoln, Nebraska, USA; [b]Marriage and Family Therapy Program, Fuller Theological Seminary, USA; [c]Human Sciences, Nothern Illinois University, USA; [d]Couple and Family Therapy Program, University of Nevada Las Vegas, USA

ABSTRACT

The supervisory relationship is one of the most important relationships in academic programs (Haug & Storm, 2014). Supervisors help provide direction, ethical guidance, and model adherence during supervision. Unfortunately, there are numerous challenges and issues that occur within supervision that cause tension and problems within the supervisory relationship (Todd & Storm, 2014). Not discussing diversity, models of therapy, or expectations in supervision can lead supervisees to enter a customer, complainer, or visitor relationship. This article introduces a new process for conducting supervision and enhancing the supervisory relationship. Transparent supervision aims to alleviate various challenges that arise in supervision by providing supervisors a framework for openly and transparently discussing topics in supervision.

KEYWORDS

Supervision; training programs; transparent supervision

Clinical supervision is a vital component in the education and training of new clinicians (Haug & Storm, 2014). Supervision is a means of transmitting clinical knowledge, skills, values, and professional identity to supervisees with the goal of assisting them in developing therapeutic competence (AAMFT, 2014). Supervision also comes with the task of ensuring therapists have the required tools and skills necessary to engage in clinical work (Storm et al., 2014). Effectively supervising the next generation of therapists is essential to the flourishing development of the mental health profession.

Within academic training programs, providing effective supervision comes with unique challenges for both supervisor and supervisee. Some of the most prominent challenges are differing values and beliefs (Haug & Storm, 2014), power differentials within the relationship (Fine & Turner, 2014), and navigating the dual relationships that often occur in supervisory relationships (Storm et al., 2002). How a supervisor navigates these obstacles can have a substantial impact in determining the quality of the supervisor-supervisee relationship and the effectiveness of supervision.

CONTACT Paul Springer pspringer3@unl.edu Child, Youth and Family Studies, University of Nebraska-Lincoln, , Lincoln, NE 68588

This article introduces transparent supervision, an intervention for enhancing the supervisory relationship by openly discussing each person's viewpoints and perspectives. By integrating facets from the Brief Family Therapy Center (BFTC), transparent supervision allows supervisors to engage in a collaborative supervisory relationship. Transparent supervision may not only strengthen the supervisory relationship, but will also assist in reducing power differentials and modeling healthy ways of interacting.

MFT supervision

The American Association for Marriage and Family Therapy (AAMFT) defines supervision as the "process of evaluating, training, and providing oversight to trainees using relational or systemic approaches …" (AAMFT, 2014, p. 8). The purpose of supervision includes, but is not limited to: helping clinicians acquire systemic clinical skills, enhancing their ability to conceptualize cases, and ensure the proper use of interventions and theories. Supervision also allows supervisors to oversee crisis or emergency situations, review ethical considerations, monitor transference and countertransference within the therapy room, and assist therapists in their professional development.

Marriage and family therapy (MFT) programs vary in the number of required supervision hours students must earn. However, programs accredited through the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) currently require 100 hours of supervision for master's students and 200 hours of supervision for doctoral students (AAMFT, 2014). Upon graduation, earning a full-license in MFT may require more supervision hours and is dependent upon the state the supervisee intends to practice in.

Supervision received in a clinical training program can be vastly different than supervision attained post-graduation. As such, there are fundamental benefits and challenges for how students will approach and engage the supervision process. Transparent supervision lays the foundation for a more effective supervisory experience. Although this article discusses the use of transparent supervision within clinical training programs, it can also be applied in post-graduation supervision.

Benefits of supervision

There are numerous benefits and positive outcomes clinical supervision can provide to training therapists. For example, individual supervision allows therapists to reflect more on self-of-the- therapist issues impacting their growth as a therapist. While group supervision often provides supervisees with different perspectives, education, and experiences from watching other beginning clinicians conceptualize cases. However, both forms of supervision

allow supervisees to strengthen their professional identity, their clinical competence and confidence, and their ability to regulate their own emotions inside and outside of the therapy room. Supervisors are often seen by supervisees as mentors, confidants, teachers, coaches, administrators, and support systems (Morgan & Sprenkle, 2007). Each of these roles can drastically benefit the growth of beginning therapists.

Supervisors, specifically in master's training programs, often help supervisees develop their first professional identity (Storm et al., 2014). Supervision is the place where a beginning therapists "find their voice" as mental health clinicians. If supervisees feel accepted, valued, and safe in the supervisory relationship, it is likely they will be more open regarding self-of-the therapist issues and accepting feedback from supervisors. Receiving productive and constructive feedback, guidance, and encouragement from a supervisor can also influence a supervisee's continued desire to become a therapist and see value in the supervision process.

Similar to developing their professional identity, supervisees learn how to regulate their emotions in and outside of the therapy room. Clients' presenting problems and self-of-the- therapist concerns are two major factors that can dysregulate a therapist during and after the session. Supervision can provide therapists guidance on how to receive, interpret, and process challenging situations that can increase a therapist's anxiety, sadness, and anger.

One common area that often dysregulates a developing clinician is ethical situations (Storm et al., 2014). Beginning clinicians may need additional emotional support because they realize their professional accountability and most ethical situations are in gray areas (Storm et al., 2014). Another benefit of supervision is it allows supervisees to gain competence and confidence regarding ethical concerns and professional accountability. When a supervisee uses supervision around these issues, they develop confidence in learning how to address ethical topics on their own, and when they must seek supervision.

Finally, one of the most important benefits of supervision is monitoring the mental health of clients and the overall progress of therapy. Without supervision, even seasoned professionals are unable to determine if clients are receiving ethical and effective services. The MFT field will only grow if clients are receiving useful services. Supervision is the beginning stage of ensuring this is occurring.

Challenges in supervision

Although supervision can be a productive and useful requirement for MFT students, not all experiences of supervision are fulfilling. Previous authors have discussed several challenges experienced by supervisees such as diversity issues (e.g., Sangganjanavanich & Black, 2009; Todd & Rastogi, 2014), navigating differences in theoretical models in case conceptualization, poor professional

modeling, and dual relationships that impact the students' ability to be vulnerable. Many of these challenges are created and amplified due to the power differential that exists in the supervisory relationship, especially in clinical training programs (Nelson & Feidlander, 2001).

First, a lack of acceptance toward diverse viewpoints and values can be a source of contention (Todd & Rastogi, 2014). Political, religious, and cultural differences within the United States, and the world, can be topics of division. It has been our experience that it is common for supervisors to overtly express their political views without thinking how these views may impact their students, who may hold varying beliefs. Due to their position of power, when a supervisor discloses their opinions, it can cause supervisees to feel judged if they hold a different opinion. For example, faculty and supervisors may discuss elected officials and their opinions related to social justice, which can leave students who voted for a different candidate feeling targeted, offended, and angry.

Another aspect of diversity is related to whether a supervisor will invite open conversations about how supervisees' culture, ethnicity, gender, and sexual orientation influences their worldview, and subsequently how they conduct therapy. It is the responsibility of supervisors to model how one should have these conversations. When supervisors ignore these conversations, it can create misunderstandings within relationships that impact safety and hinder supervisors from encouraging supervisees to use their strengths in session (Sangganjanavanich & Black, 2009).

Another challenge in supervision is how supervisors negotiate differences in theoretical orientation with student therapists. In clinical training settings, supervisees are often instructed to identify and implement a model in their treatment plan and case conceptualization. However, problems can occur if supervisors openly dislike the model or only provides feedback from their clinical lens. This style of supervision robs supervisees from critically thinking about their models and sends the message that their chosen model or case conceptualization is incorrect. It is therefore supervisors' responsibility to learn about supervisees' models and ask theoretical questions that help supervisees conceptualize cases within their models' framework.

The next challenge in supervision is when a supervisor allows their academic responsibilities to result in neglecting the needs of their supervisee. Unfortunately, supervision is often misunderstood or considered non-academic in the university context and many research-oriented universities de-value it (Sprenkle, 2010). As a result, many supervisors do not receive credit for the supervision they provide. Faculty members have a demanding workload and hold many responsibilities including, but not limited to, serving on committees, researching, publishing, teaching multiple courses, and engaging in additional outreach or service work. Unfortunately, these responsibilities can be seen by supervisees as "more

important" and discourages supervisees from reaching out to supervisors. This perception is heavily influenced by how supervisors manage their other responsibilities. For example, other responsibilities can result in the supervisor rescheduling meetings, not being present during supervision, or cutting supervision time short; thus, impacting the quality of supervision (Todd & Rastogi, 2014).

Another challenge commonly experienced is the dual relationships within an academic, clinical training program. In almost every program, faculty members play multiple roles in students' academic experiences. These roles may make it difficult for student therapists to feel safe in supervision. For example, the supervisor may also be the program director, the director of clinical training, or a member or chair of the supervisee's thesis/dissertation committee. Each of these roles provide power over the supervisee, which can feel threatening. This can result in a supervisee being less willing to share vulnerable self-of-the-therapist issues and discouraged from challenging the supervisor's perspective. A power differential in the supervisory relationship can also leave supervisees feeling that if they discuss their dissatisfaction or concerns, they may experience negative consequences that expand beyond the supervisory relationship (Todd & Rastogi, 2014). Consequences could include, supervisors viewing them differently, grading supervisees more harshly than students who align with the supervisor's values and beliefs, impacting graduation, and potentially harming or damaging their chances of future employment.

The final challenge often experienced in supervision is the potential for supervisees to feel unsafe with other supervisees during group supervision. In academic training programs, students are enrolled in supervision courses with other students. Cohort dynamics or personality conflicts among students can cause a supervisee to be guarded or feel unsafe during supervision. This is typically not caused by the supervisor, but if it is ignored or unrecognized can cause a supervisee to not ask questions or disclose their opinions on cases. Unfortunately, if these challenges are not openly discussed it can lead to a damaging supervisory relationship, which may create ill-equipped therapists.

Depending on how each of these challenges are managed by supervisors, the supervisory relationship may be negatively affected. As explained by Lee and Nelson (2014):

> In supervision as in therapy, whenever supervisors sense an inchoate problem in working relationships with their trainees, they should focus immediately on that, otherwise the therapist-client relationship will suffer also. Without working relationships between trainees and supervisors, trainees are less likely to be responsive and trustworthy, which hampers their clinical growth and may be harmful to clients. The working relationship always comes first in supervision as in therapy. (p. 28)

If supervisors do not immediately focus on challenges within the relationship, supervisees may enter into a customer, complainer, or visitor relationship (De Shazer, 1985, 1988).

Customers, complainers, and visitors

Steve de Shazer and Insoo Kim Berg, the primary creators of solution-focused brief therapy (SFBT) and solution-focused supervision, created the Brief Family Therapy Center (BFTC) in Milwaukee (De Jong & Berg, 2013). There are several aspects of transparent supervision that are similar to solution-focused supervision. First, the BFTC team believed cooperation is the primary goal, aimed for a flattened hierarchy when possible, and assumed mutual influence (Thomas, 2013). Transparent supervision overtly discusses each person's goals and expectations for the other. This dialogue aims to create a collaborative supervisory relationship. Next, the BFTC also considered isomorphism while conducting supervision and therapy. Transparent supervision is built on the premise that overt conversations regarding change, goals, roles, and expectations in the supervisory relationship will likely lead therapists to engage in similar conversations with clients. Finally, a key tenet of the BFTC team is living in the present while focusing on the future. Solution-focused therapists focus on future activities based on recent successes in order to achieve their goals. Transparent supervision focuses on goals that address the desired results of supervision (Thomas, 2013). For example, by asking "What are your best hopes for supervision with me?" supervisees are able to focus on their preferred outcomes and desired results.

In 1985, the BFTC categorized clients into three different therapist-client relationships (Lipchik, 2014; De Shazer, 1985, 1988). The purpose of these relationship types was to determine the motivation of each client and whether or not to give homework assignments at the end of session. While de Shazer eventually dropped the use of these labels in his training and in SFBT literature (De Jong & Berg, 2013), these relationship types are prevalent in the supervisory relationship. Understanding and making these relationship types overt while doing supervision can be key to increasing engagement, unearthing self-of-the-therapist issues, and receiving feedback from supervisees in how supervisors present themselves in supervision. This section will describe each of the supervision relationship types, adapting them for the supervision context.

Customers, the most preferred relationship type, are characterized as supervisees who are motivated to understand how change is facilitated in therapy, and comes personally prepared to discuss supervision topics. They are also aware of their role in facilitating change, are open to feedback regarding self-of-the therapist issues, and seek supervision as a tool to enhance and better their craft.

Complainers are characterized as supervisees who often struggle to see the value of supervision, primarily because of insecurities or self-of-the-therapist issues they may have, or the perceived power imbalances that exist between the supervisor and supervisee. As a result, complainers often have little motivation to come prepared to supervision, because they may feel their opinions are not valued, and are afraid of being perceived as incompetent. They may also be afraid to be vulnerable with their supervisee as well as another cohort member. Consequently, complainers find ways to deflect their insecurities through blaming others for their lack of success, and will likely not see how they are contributing to the challenges in supervision. They often blame clients, life circumstances (e.g., school load, lack of self-care, no show clients), or their supervisors for the lack of progress they are experiencing. While complainers embrace and come to supervision willingly, they often see their ability to reach their preferred future as resting in someone else's control.

Finally, *visitors* often attend supervision because it is a requirement of their training program. Although they are coming to supervision, they do not acknowledge having challenges in therapy and only come prepared to show cases that are going well, as opposed to the cases they are struggling with. Visitors are usually not invested in supervision for a variety of reasons, and seem to only do the bare minimum that is required. When challenged, they may often accept responsibility for their lack of progress, and are rarely resistant to feedback, but seldom apply the suggestions with their clients.

Over the course of a semester, a supervisee may engage in several of these relationship types. The likelihood of a relationship type developing varies on the occurrence of the previously mentioned challenges, the therapist-client relationship, the quality of the supervisory relationship, and self-of-the-therapist issues. In an effort to engage in the most effective relationship type with supervisees (e.g., customers), transparent supervision is an intervention for supervision that promotes open dialogue and possibility for more growth.

Transparent supervision intervention

Transparent supervision is an overt way of conducting collaborative conversations with supervisees, which allows both parties to engage in openness and transparent communication regarding the therapeutic process. Supervisors have a crucial responsibility of evaluating the psychological, interpersonal, and spiritual issues of clients, while gauging the accuracy in which supervisee's evaluate the same issues. Transparent supervision is a 6-step intervention that begins at the start of supervision with discussing various components of supervision, including but not limited to: the supervisor's expectations of supervision, their model of supervision, the student's understanding of their role and the supervisor's role in supervision, and how change and growth occurs in supervision.

Transparent supervision requires a supervisor to explain the types of supervisory relationships, openly discuss their perceptions of the current relationship they are involved in, and then collaborate with supervisees to achieve a customer relationship. Supervisees who are either complainers or visitors may not be effectively learning or engaging in supervision. The main goal of transparent supervision is to move supervisees from the complainer-visitor to the customer relationship.

Transparent supervision is not merely self-disclosure; which focuses on disclosing aspects of the supervisor's personal life to create connections. Rather, it is an intentional process that models how one should discuss the process of supervision and overtly discuss each person's roles and expectations. It is also not merely telling a supervisee what challenges you are seeing, or telling them what they should do to fix a problem. Rather, it requires a collaborative dialogue in which the supervisee is given an opportunity to demonstrate self-reflection and take ownership of what they are seeing and feeling in session and in supervision.

Differences in transparent supervision

Although it is out of the scope of this paper to review how transparent supervision is different and unique than all traditional models of supervision, there are key aspects of transparent supervision that uniquely set it apart. First, the two most common forms of supervision are transgenerational and postmodern models (e.g., Bobele et al., 2014; Brooks & Roberto-Forman, 2014). Transparent supervision is defined and used as an intervention, which can be used in combination to any model of supervision. Transparent supervision is an overt discussion between the supervisee and supervisor regarding the supervisory relationship. Postmodern and transgenerational approaches do not openly discuss the supervisory expectations, the model of supervision being used, or ask for the supervisee's feedback and understanding on these topics. Transparent supervision is meta-communication, which allows supervisors to address isomorphism. Isomorphism is the replication of similar patterns that occur in the supervisory relationship and the therapeutic relationship (Kaslow et al., 2005). As such, it is likely supervisees, who are engaged in a visitor relationship with supervisors, may also be replicating this relationship with their clients.

Transparent supervision: six steps

Transparent supervision is not intended to be a quick, one-day process but should be considered as an on-going process throughout the supervisory relationship. Each supervisee may fluctuate from one relationship to another based upon personal matters, interactions with the supervisor in a different

context, or relationship challenges with other supervisees. Due to the fluidity of these relationships, each step can be revisited at any point during supervision.

Step 1: discussing what supervision is, requirements, and formal expectations

As in any relationship, establishing ground rules and expectations of the student therapist and the supervisor is key. Supervisees are often unclear of the role of supervision – beyond a safeguard if unethical things occur in therapy. In fact, student therapists can have varying degrees of expectations of what they will be receiving or learning in supervision. For example, some student therapists believe supervision should only be used when ethical issues arise, while others expect the supervisor's role to, literally, tell them what to do in difficult cases.

In order to ensure requirements and expectations are clear, supervisors within a clinical training program should develop their own supervision contract. This contract should explicitly describe the supervision process and formal expectations for the student therapists, as well as oneself. The contract should also include one's model of supervision, and how this model interfaces with supervisees who may have a different model of therapy (AAMFT, 2014).

Because attending to the ethical training of supervisees is parallel to the appropriate ethical treatment of clients, student therapists should review the AAMFT (2014) supervision handbook and the AAMFT (2015) Code of Ethics. These readings set the groundwork for the overt and explicit conversations we are able to have related to ethics, the role of supervision, dual relationships, and how to deal with crises situations. In most instances, supervisors should spend time reviewing several of the ethics codes that focus on technology and the supervisors' responsibilities. As overt and clear boundaries are set, supervisors are better able to move to step 2, which openly discusses and describes the three types of supervision relationships.

Step 2: describing the three supervision relationships

The second step of transparent supervision is to develop language supervisees can adopt from the very first supervision meeting that outlines the three supervision relationship types. By discussing customers, complainers, and visitor relationships, supervisors are establishing an expectation that supervisees are responsible for choosing what type of relationship they show-up with for supervision. It also creates a dialogue regarding what supervisors can do in supervision if supervisees are struggling and feel like a visitor or complainer. Having this discussion sets clear expectations that supervisees

need to be in tune to self-of-the-therapist issues, and the impact these challenges are having on how they are engaging in supervision.

Step 3: discussing each person's model of therapy/supervision

During step 3, supervisors should openly discuss their model of therapy and their model of supervision. By discussing one's model of therapy, supervisees are able to better understand their supervisor's perceptions and feedback during supervision. Similarly, it can be helpful for supervisors to be overt about their model of therapy and how it impacts their supervision style.

The second key conversation is asking supervisees about their current model of therapy. Not only will this allow supervisors to ensure supervisees are implementing the model correctly, but it allows the supervisory team to discuss the similarities and differences between each person's theory of therapy. These conversations help supervisees realize that their selection of a model can change over time and often develops trust and mutual respect with one another.

Step 4: verifying student's understanding

Before progressing further into supervision, it is crucial to verify supervisee's understanding of the supervisor's therapeutic model. For example, if a supervisor uses an uncommon approach to therapy, based on specific training and experience, supervisees may not be aware of the model's concepts, interventions, or tenets. Similar to clarifying supervisee's knowledge of the model, is understanding the differences between these models and theories.

Understanding a supervisee's model will demonstrate supervisors are meeting their supervisees "where they are at" and can better help supervisees grow in both knowledge base and in clinical practice. It can also be helpful to encourage student therapists, depending on their level of experience and model, to read additional information, observe training videos, and implement interventions from other models, so they can expand their therapeutic experience. It can also be helpful to have supervisees explain their model and describe basic tenets, such as how problems develop and how problems are resolved.

Step 5: discussing supervisor's expectations and professional etiquette

An important part of supervision is establishing expectations supervisors have for supervisees. Step 5 is different from Step 1, in which the supervisor reviews *formal* expectations and requirements for completing supervision. Step 5 consists of *personal* expectations and professional etiquette. These expectations may vary from one supervisor to another. For example, one supervisor may wish to view a supervisee's therapeutic work with a specific client and may

ask the supervisee to prepare a video clip to analyze during supervision. Another supervisor may ask a supervisee to discuss their own emotions when working with clients in the therapy room.

This step is important to discuss because supervisees have often had previous supervisors, which will inevitably cause supervisees to bring previous expectations into the room. For example, a previous supervisor may not mind if a supervisor is 10 minutes late, whereas another may require a supervisee to reschedule their meeting if they are 10 minutes late.

Another important expectation supervisors should share with supervisees is that they do not always require them to be a in a customer relationship in supervision. Rather, supervisees must be prepared to disclose this at the beginning of supervision, so a conversation about what barriers a supervisee may be experiencing can occur. There will inevitably be times where supervisees enter as visitors or complainers, which is understandable and acceptable. However, with guidance and clear expectations the supervisor can help the supervisee shift from complainer or visitor into a customer frame of mind. Having students spend significant portions of supervision as a customer will enable greater growth and opportunity to discuss important topics such as self-of-the-therapist issues the student may be experiencing. By making it the supervisee's responsibility to disclose this information, it helps the supervisee be open to changing their position.

Step 6: discuss the supervisee's expectations of supervision

Transparent supervision would not be complete without discussing expectations supervisees have for their supervisors. Step 6 allows supervisees to openly discuss their expectations of supervisors and what they hope to gain from supervision. This step is also a prime opportunity to discuss how emergency situations will be handled, supervisor's availability, skills and knowledge the student wishes to gain or strengthen, expectations of caseloads, and other goals supervisees have for themselves.

In order to begin this conversation, supervisors can ask, "What are your best hopes for supervision with me?" This question allows supervisees to think deeply regarding their personal and professional expectations. Some supervisees may require time to think and process this question during the next session. Supervisors should also monitor potential boundary concerns when supervisees answer this question. For example, some supervisees may discuss their desire to dive into self-of-the-therapist issues that can possibly mirror a therapist-client relationship. Clarifying supervisees requests and ethical boundaries should occur during this stage.

Case vignette: how to conduct transparent supervision

Rachel, a 24-year-old Latina marriage and family therapy student was in her first semester of seeing clients in the on-campus clinic at her university. Rachel was taking part in group supervision and was known in the program for being a very diligent student and has always been respectful to the faculty and her peers. After the supervisor (who is the narrator) reviewed the six steps of transparent supervision, it was noted that Rachel had consistently been showing up as a "customer" by asking great questions and contributing to group supervision in meaningful ways. During the middle of the semester, Rachel was assigned a particularly difficult case, in which her client disclosed suicidal ideation. As appropriate, Rachel immediately reached out for supervision, and was able to provide the necessary resources to her client. The supervisor, a 50-year-old white male, praised Rachel for the manner in which she dealt with the case; but unfortunately spent little time processing how Rachel was doing after the session. Rachel disclosed to her friend after supervision that she was still upset by the incident and she was frustrated her supervisor spent little time processing her emotions and providing more specific feedback in how she was applying her theory in practice. When pressed why she didn't bring this up, she reported that it would be disrespectful to challenge her supervisor in this way, and that her Latino culture has taught her to always respect those who are in authority.

In the next several weeks, Rachel continued to have additional challenges with her case load, the most disconcerting to her was the disclosure of child abuse by one of the parents she was seeing. Rachel continued to reach out to her supervisor which resulted in a subsequent report to Child Protective Services. In the following supervision session, the supervisor continued to praise the work Rachel was doing. He described Rachel as a "model student," providing specific examples of how she accurately followed clinic protocol and asked appropriate questions. Rachel appeared to the supervisor to be embarrassed by this positive attention and was quiet for the remaining supervision session. This became more of a pattern over the next few weeks; and when asked about her cases, Rachel would report that things were "going well," and they could focus on the more difficult cases her peers were bringing into supervision.

After one particular supervision session, Rachel was particularly disengaged, which prompted her friend to ask her how she was doing. Rachel disclosed she was struggling with the stress of her clinical work and felt uncomfortable sharing these things with her supervisor because he was also her Ethics instructor and was afraid disclosing her thoughts would impact how he viewed her as well as her grade in the course. It was clear from these conversations Rachel was uncertain in how to navigate the cultural and gender

issues that were present, along with how to navigate the power differentials and dual relationships with her supervisor.

Over the next several weeks, Rachel began to say less in supervision. When asked specifically about cases, Rachel would only briefly share what she was doing in therapy. She stopped taking notes and would often look disengaged when her peers would present. Rachel was trying to blend in more during group supervision, would deflect questions, and try to focus the discussion around the cases her peers were discussing. It was at this time the supervisor recognized something was not right and that she had fallen into a visitor, rather than customer supervision relationship. The supervisor determined a more overt conversation was needed to determine how to best help Rachel move back into a customer relationship.

In the next individual supervision session, the supervisor re-introduced the relationships of "visitor," "complainer," and "customer" with Rachel. The supervisor was able to remind Rachel how the supervision-relationship often fluctuates as a result of personal or programmatic challenges happening in the supervisee's life or challenges they may be having with the supervisor. The supervisor provided his perspective of how Rachel originally came into supervision as a customer, ready to learn, always taking notes, and asking questions. However, recently the supervisor noted that Rachel was becoming more disengaged, arriving to supervision late, not taking notes, and only sharing vague details about her case load. It was at this time the supervisor asked Rachel if anything had occurred within their relationship or in the program that may have contributed to Rachel falling into a visitor relationship. Rachel initially denied anything being wrong, but eventually disclosed her fear of letting people down, especially her supervisor. She also reported being afraid her supervisor would be disappointed in her.

The supervisor asked Rachel to talk more about this, and Rachel disclosed the pressure she was feeling because the supervisor "elevated her in the eyes of everyone else" and the difficulty she had in dealing with her own anxiety and stress. When asked why she hadn't talked to him about this, the supervisor noted her discomfort in answering. This led the supervisor into inviting a conversation about the role culture and gender may be playing in the supervisory relationship. More specifically, about the supervisor's lack of sensitivity in inviting conversations about culture and gender, and him allowing conversations about what she needed from him. As the supervisor took more of a one-down approach, it opened up a more genuine conversation about Rachel's fears, and things the supervisor inadvertently had done to make her feel less able to talk. The supervisor was able to hear what Rachel was saying and acknowledge how difficult the last few months must have been for her. The supervisor was also able to normalize Rachel's feelings and ask her how he could better support her. Rachel was able to provide some specific examples and a plan was developed to help her feel more supported and

engaged in supervision. After this meeting, there was a significant change in Rachel's involvement in supervision. She began arriving on time, taking notes again and engaged more readily with her supervisor and peers. Rachel reported feeling more supported by her supervisor, which allowed her to be more open and honest about her struggles and emotional experience.

Implications and limitations

Transparent supervision has many clinical and research implications that should be considered. The first clinical implication considers parallel process and isomorphism (Everett & Koerpel, 1986). Isomorphism is a major crux of transparent supervision and why supervisors should actively work to move supervisees into a customer relationship. It is the idea that parallel processes are occurring in the supervision relationship in which material from the therapeutic relationship is being acted out in supervision (Everett & Koerpel, 1986; White & Russell, 1997). If supervisees are in a visitor or complainer relationship with their supervisor, it is possible they are engaging in the same relationship with their clients. Transparent supervision models for the supervisee how to appropriately engage in professional conversations.

Transparent supervision was modeled from the topic of therapeutic transparency. Therapeutic transparency is an open and ongoing conversation between the therapist and client regarding the many facets in therapy, such as how change occurs, the role of each person, and the therapist's selected models and interventions (authors, 2019). This approach is active and focuses on engaging the client in developing trust within the therapeutic process, while also inviting them to develop skills in clarifying their perceptions of problems and the formulations of solutions.

Another implication is the need for supervisors to elicit feedback from students regarding their supervision experience. Supervisors should consider asking students, "what is working?" in supervision and what they would like to see different or see more of during supervision. Supervisors who encourage students to provide feedback about their supervision experience may find they develop a stronger, more trusting relationship with their supervisee. Additionally, supervisors may be able to decipher what factors lead to improved outcomes in the supervisory relationship. MFT supervision is important and beneficial; however, there is a lack of research regarding what constitutes quality supervision, what factors help students to become more engaged in supervision, and what type of supervision provides the greatest benefit to students. Future research could focus on addressing some of these important questions.

While advances in supervision research has occurred over the last two decades, there is a need for more rigor, especially focused on systemic-based approaches (Kuhne et al., 2019; Schofield & Grant, 2013; Watkins, 1995, 1997).

In fact, in a recent meta-analysis, the majority of psychotherapeutic approaches of supervision, focused on CBT interventions (Kuhne et al., 2019) and over half of these studies relied exclusively on self-reported questionnaires. Therefore, it is particularly important for more rigorous, controlled studies to systematically evaluate what factors lead to improved supervision outcomes, and engagement in quality supervision.

A limitation of this paper is that while it has been used with great success among the differing authors of the paper, it is "theoretical" and not based on original empirical research. As a result, it is lacking a foundation outside of previously published literature. We are hopeful this model can be further evaluated and studied through qualitative, quantitative, or mixed methods research to learn about the impact of this model for both supervisors and supervisees.

Conclusion

Clinical supervision is one of the most important learning experiences for beginning therapists. In fact, supervision is the "crucible" in which therapists acquire knowledge and skills that assist them in bridging the gap between the classroom and clinic setting. It also serves an important function in assisting the supervisee in improving client care, developing professionalism and a professional identity, as well as navigating and maintaining ethical standards. Clinical supervision is also a professional relationship that empowers trainees to grow developmentally, professionally, and personally. While much has been written about the importance of clinical supervision (Sprenkle, 2010; Todd & Storm, 2014), little has been written that acknowledges supervision as its own unique discipline, which requires discrete skills, knowledge and attitudes. Transparent supervision is an intervention for conducting supervision with the intent to strengthen the supervisory relationship and encourage open conversations. Supervision is not only about what supervisees can learn from supervisors, rather it is a process of continual growth, and learning.

ORCID

D. Scott Sibley http://orcid.org/0000-0003-3951-8168

References

AAMFT. (2014). *Approved supervision designation: Standards handbook (v.5)*. https://www.aamft.org/documents/Supervision/AS%20Handbook-%20March%202019%20version.pdf

AAMFT. (2015). *AAMFT code of ethics*. https://www.aamft-.org/Legal_Ethics/Code_of_Ethics.aspx

Bobele, M., Biever, J. L., Solorzano, B. H., & Bluntzer, L. H. (2014). Postmodern approaches to supervision. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed.), pp. 255-273. John Wiley & Sons.

Brooks, S., & Roberto-Forman, L. (2014). The transgenerational supervision models. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed.), pp. 186-207. John Wiley & Sons.

De Jong, P., & Berg, I. (2013). *Interviewing for solutions* (4th ed.). Brooks/Cole.

de Shazer, S. (1985). *Keys to solution in brief therapy*. W. W. Norton.

de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. W. W. Norton.

Everett, C. A., & Koerpel, B. J. (1986). Family therapy supervision: A review and critique of the literature. *Contemporary Family Therapy: An International Journal*, *8*(1), 62–74. https://doi.org/10.1007/BF00891834

Fine, M., & Turner, J. (2014). Minding the power in collaborative systemic supervision. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed.), pp. 297-313. John Wiley & Sons.

Haug, I. E., & Storm, C. L. (2014). Drawing the line in ethical dilemmas in systemic supervision. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed.), pp. 19-42. John Wiley & Sons.

Kaslow, N. J., Celano, M. P., & Stanton, M. (2005). Training in family psychotherapy: A competencies-based approach. *Family Process*, *44*(3), 337–353. https://doi.org/10.1111/j.1545-5300.2005.00063.x

Kuhne, F., Mass, J., Wiesentha, S., & Weck, F. (2019). Empirical research in clinical supervision: A systematic review and suggestions for future studies. *BioMed Central Psychology*, *7* (54), 1-11. https://doi.org/10.1186/s40359-019-0327-7

Lee, R. E., & Nelson, T. S. (2014). *The contemporary relational supervisor*. Routledge.

Lipchik, E. (2014). The development of my personal solution-focused working model: From 1978 and continuing. *International Journal of Solution-Focused Practices*, *2*(2), 63–73. https://doi.org/10.14335/ijsfp.v2i2.23

Morgan, M. M., & Sprenkle, D. H. (2007). Toward a common factors approach to supervision. *Journal of Marital and Family Therapy*, *33*(1), 1–17. https://doi.org/10.1111/j.1752-0606.2007.00001.x

Nelson, N. L., & Feidlander, M. I. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology*, *48*(4), 384–395. https://doi.org/10.1037/0022-0167.48.4.384

Sangganjanavanich, V. F., & Black, L. L. (2009). Clinical supervision for international counselors-in-training: Implications for supervisors. *Journal of Professional Counseling: Practice, Theory, and Research*, *37*(2), 52–65. https://doi.org/10.1080/15566382.2009.12033860

Schofield, M. J., & Grant, J. (2013). Developing psychotherapists' competence through clinical supervision: Protocol for a qualitative study of supervisory dyads. *BioMed Central*, *13*(12), 2-9. https://doi.org/10.1186/1471-244X-13-12

Sprenkle, D. H. (2010). The present and future of MFT doctoral education in research-focused universities. *Journal of Marital and Family Therapy*, *36*(3), 270–281. https://doi.org/10.1111/j.1752-0606.2009.00159.x

Storm, C. L., Brooks, S., & Lyness, K. (2014). In. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed.), pp. 85-107. John Wiley & Sons.

Storm, C. L., Peterson, M., & Tomm, K. (2002). *Multiple relationships in supervision. The complete systemic supervisor: Context, philosophy, and pragmatics*. IUniverse.

Thomas, F. N. (2013). *Solution-focused supervision: A resources-oriented approach to developing clinical expertise*. Springer.

Todd, T. C., & Rastogi, M. (2014). Listening to supervisees about problems in systemic supervision. In T. C. Todd & C. L. s (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed.), pp. 313-334. John Wiley & Sons.

Todd, T. C., & Storm, C. L. (Ed.). (2014). *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed.). John Wiley & Sons.

Watkins, C. E., Jr. (1995). Psychotherapy supervision in the 1990s: Some observations and reflections. *American Journal of Psychotherapy*, *49*(4), 568–581. https://doi.org/10.1176/appi.psychotherapy.1995.49.4.568

Watkins, C. E. (Ed.). (1997). *Handbook of psychotherapy supervision*. Wiley.

White, M. B., & Russell, C. S. (1997). Examining the multifaceted notion of isomorphism in marriage and family therapy supervision: A quest for conceptual clarity. *Journal of Marital and Family Therapy*, *23*(3), 315–333. https://doi.org/10.1111/j.1752-0606.1997.tb01040.x