GAPS BETWEEN MFT SUPERVISION ASSUMPTIONS AND COMMON PRACTICE: SUGGESTED BEST PRACTICES

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This article summarizes gaps between assumptions that appear in the literature, research, and accepted standards for marital and family therapy (MFT) supervision, and the common practice of supervisors. Issues that stem from these gaps are highlighted and recommendations are made for closing them. In an effort to refine the standard of practice for MFT supervision, best practice recommendations are offered for MFT supervision.

Supervisors whom we have trained over the years have complained that there is a gap between their experiences and the supervision literature. Thus, they ask themselves: "Am I a dinosaur, out of date in the way I practice supervision? Or am I part of the silent majority of supervisors doing my job based on commonly accepted practices that are not explicitly discussed in the field?" At first we were surprised by this gap because the literature seemed to capture our experiences well. However supervisors-in-training, especially those in a myriad of agencies and institutions outside of educational settings, kept challenging us to take their feedback seriously. Consequently, we decided to look further into this issue by reviewing the supervision literature, the accepted standards, and what appeared to us to be common practice.

As we identified the overarching assumptions that appear in the literature and in the accepted standards in the field for marriage and family therapy (MFT) supervision, we became increasingly aware that many of them were not reflected in the common practices of the majority of supervisors. There are probably numerous reasons for the discrepancy. Some of the assumptions in the literature are highly idealistic, failing to fit the "real world" of many supervisors' practices. Some assumptions may not be evident in practice because innovations reflected in the literature are out of step with common practice. In addition, the authors of published supervision works tend to be academicians rather than supervisors practicing in other settings (Sprenkle & Bailey, 1997). Finally, some assumptions are highly specific to a particular group of supervisors who share a particular point of view about supervision.

There is also a surprising lack of research support, either quantitative or qualitative, for many of the basic assumptions that underlie the supervisory enterprise. Indeed, it would not be overstating the case to assert that the field's belief in the importance of supervision rests mostly on faith. (After reviewing the individual psychotherapy supervision literature, Holloway and Neufeldt [1995] reached similar conclusions, so this rather startling conclusion is not unique to MFT.) However, given the rational and intuitive appeal of our assumptions, this faith is not blind. We began to ask ourselves: What is the current standard of practice for supervision? After much reflection and a review of the literature, the research findings, and the common practices of supervisors, we propose "best practice recommendations" for supervision as an initial partial

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answer to this question. Please note that we refer to supervision in a generic way that encompasses individual, dyadic, and group formats.

COMMON PRACTICE: HOW WAS IT DETERMINED?

When possible we derived the common practice of supervisors from research; in the absence of research we derived them from consensus among ourselves based on our joint observations of supervisory practice. Although we have supervised in a variety of settings and with MFTs in various stages of their careers, we have different supervisory histories because our experiences tend to occur in a particular context that greatly influences our observations. One of us predominantly supervises beginning clinicians who are working toward their MFT master's degrees. One of us supervises experienced clinicians, often well-known MFT trainers, who have terminal degrees from related professional fields, such as clinical psychology. One of us supervises MFT doctoral students who frequently are experienced clinicians and who typically become teachers and supervisors themselves, and one of us is just beginning his career as a supervisor. All three of the senior authors are prominent teachers of supervision courses and have benefited from the combined experiences of hundreds of MFT supervisors, typically those from nonacademic settings. Thus, our notions about the common practice of supervisors are our collective agreements about what seems to prevail and underlie these diverse experiences. We believe that our consensus, coming from different experiences, lends these conclusions some credibility, but we alert the reader to the bias and subjectivity built into our conclusions. We further acknowledge that our conclusions are often generalizations that may oversimplify and leave out the complexity that exists in the practice of supervision. Hopefully our conclusions will provide a starting point for extended conversations and research efforts.

GAPS REGARDING GENERAL SUPERVISORY ASSUMPTIONS

Supervisees Perform Better with Supervision Than They Do without It
It is widely assumed that therapists who are supervised perform better than do therapists who are not supervised. In fact, the entire mental health field is predicated upon this assumption.
Common practice. Supervision is a core component of clinical educational programs, the centerpiece of postgraduate training in MFT, and an essential component of state regulatory laws. Although there is some modest evidence for the effectiveness of training programs (Avis & Sprenkle, 1990; Liddle, 1991), investigators have not parceled out the supervision component that is nested within the larger context of training. Thus, it is not clear what role supervision per se plays in program effectiveness. Furthermore, there is virtually no research on the effectiveness of supervision that occurs in postgraduate settings (i.e., individual or group supervision as it is done in private-practice or agency settings).
Issue. Although we are certainly hopeful that supervision contributes to therapeutic effectiveness, (and we have partially based our careers on this assumption) this conclusion is empirically unsubstantiated. Therefore, the field could benefit from basic research on the supervision component within educational programs and postgraduate supervision, ideally examining clinical effectiveness in cases that are supervised and changes in supervisees.
Best practice recommendation. Because of the lack of empirical support, we believe that supervisors, including ourselves, need to be more modest with supervisees, consumers, and the community at large about their effectiveness and to be realistic about what supervision can and cannot accomplish. This particularly applies to claims regarding the effectiveness of supervision, the protection of consumers, the success of their own preferred therapy approaches and those of their supervisees, and the degree to which supervisors actually serve as gatekeepers for the profession.

Supervision Protects Consumers because Supervisors Serve as Gatekeepers
Therapists who are in the process of becoming qualified are viewed as ready to treat clients because of the involvement of qualified professionals (i.e., supervisors) who oversee the therapy via supervision (Slovenko, 1980). Supervision is assumed to protect consumers from incompetent, poorly trained, or

beginning clinicians who need assistance because they are in the process of learning. Supervisors are believed to identify supervisees who are not a good fit for the profession, as well as impaired or incompetent therapists, and to counsel or usher them out of the profession.

Common practice. Marital and family therapists (and other mental health professionals) frequently use a consumer-protection argument to advocate state regulation. Although supervisors are not regulated themselves, there typically is a supervision requirement for supervisees who are preparing for licensure/certification and an implicit assumption that supervision is an important component of consumer protection. Supervisors typically require supervisees to talk with them about issues in their caseloads related to self-harm or harm to others. One might reasonably infer that there are fewer suicides, fewer clients abused or exploited by therapists, fewer clients who do harm to others, and a higher level of service offered. Thus far, these conclusions rest on faith.

In addition, we do not know how many supervisees are denied access to practice nor the gatekeeping criteria that supervisors use. We do not even know if there would be agreement among supervisors if criteria were established. At present, there are no generally recognized and accepted clinical criteria that supervisors use to determine whether students should graduate from educational programs, be recommended for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), or be endorsed for state licensure. Different stakeholders appear to evaluate supervisees by different criteria. The first author, for example, frequently hears postgraduate supervisors lament how unprepared for clinical work new therapists are, which indicates that there is a discrepancy between academic and postgraduate supervisors regarding what constitutes a well-prepared beginning clinician. Lay people, such as consumers and politicians, often see supervision as protection from incompetent, unethical, or impaired therapists, but many of them have given little thought to how this is achieved.

Issue. We suggest that the field provide evidence for the role of supervision in consumer protection and determine the extent to which supervisors prevent unqualified supervisees from gaining clinical credentials, the criteria that they use to make these difficult decisions, and the methods that they use to carry them out. It would be helpful to emphasize how different stakeholders define competence and to reach a consensus regarding what competencies supervisees should attain pre- and postgraduation. Once criteria are known, supervisors would be more able to serve as effective gatekeepers and strive to protect consumers. This is a challenge, but it could provide additional credibility for the process of supervision.

Best practice recommendation. To be maximally effective as gatekeepers and to protect consumers, supervisors may need to join as a community. For example, pre- and postgraduate supervisors can find ways to team up in setting criteria for new graduates, or supervisors can share supervisees' progress as they transfer from one supervisor to another.

Clear Distinctions Can Be Drawn between Supervision, Consultation, and Training

In the literature, supervision, consultation, and training are defined as distinct endeavors (Sprenkle & Wilkie, 1996). The emphasis in supervision is simultaneously ensuring the quality of care that clients receive while promoting the professional development and socialization of partially trained clinicians. Consultation is a peerlike exchange between therapists and an invited consultant. In training, the emphasis is on the teaching of theories, skills, and techniques. The definitions also make an important distinction regarding the degree of clinical responsibility for clinician's caseloads that supervisors, consultants, or trainers assume. For example, supervisors are defined as bearing clinical responsibility for clinicians' caseloads, whereas consultants are not.

Common practice. It is our impression, however, that these sharp distinctions are often obscured in activities that are labeled "supervision." In common practice, the terms seem to be used interchangeably. As a result, many supervisors unknowingly develop supervision contracts, usually loosely defined verbal agreements that are inconsistent with the formal definition of supervision.

Issue. Because supervision is a universally accepted requirement for professional advancement in the field, it seems imperative that supervisors practice according to a generally understood and endorsed definition of supervision. Confusion can be highly problematic for everyone. For example, supervisors may

frequently target supervisees' clinical cases, neglecting supervisees' overall professional development. As another example, it is common practice for doctoral student supervisors-in-training to supervise other students but to have the evaluation of their supervisees be the sole responsibility of faculty so that the doctoral student supervisors-in-training are essentially doing consultation, not supervision. We recommend that the field proactively revisit the definition of what constitutes supervision. Supervisors may use the terms supervision, consultation, and training interchangeably because the current distinctions between these activities fail to capture real world differences. The definitions may need to be revised or supervisors simply may need to be familiarized with the differences between the activities.

Best practice recommendation. We have found it helpful to clearly define what responsibilities we are personally and professionally agreeing to assume when we take on the role of supervisor and to have the specifics of the supervision process spelled out in a written, formal contract that is periodically reviewed. As we distinguish supervision, we think it is important to attend to supervisees' overall professional development, which includes their progress toward clinical competency and becoming respected professionals who can function effectively in all respects in an organization.

Supervisors Inherently Have Clinical Responsibility for Supervisees' Cases

Supervisors are assumed to have integral knowledge of supervisees' entire caseloads and to be proactively guiding the therapy process.

Common practice. In our experience, supervisors frequently erroneously assume they are less responsible for their supervisees' cases than they are. Two typical examples illustrate the problem. In the first situation, supervisor and supervisee agree to focus on a few ongoing cases, ignoring the remainder of the supervisee's caseload. In the second situation, a supervisor and supervisee agree to meet every 2 weeks for 1 hr, when the supervisee is conducting 30 sessions per week. Unfortunately the supervisors in these examples may still be held accountable for all of the supervisees' cases.

Issue. For many supervisors, there seems to be a gap between the degree of responsibility that they believe they are assuming and the degree of responsibility for which the legal context will hold them accountable. Although supervisors can not monitor every move the supervisee makes, they are responsible for ethically and legally practicing supervision that is consistent with the standard of care for supervision. There seems to be consensus that supervisors should have an agreement that supervisees inform them regularly about any risky clients, should have specific procedures outlined for the handling of emergency cases, and should be accessible to provide appropriate guidance (Engleberg & Storm, 1990).

Best practice recommendation. Because of the public and legal view that supervisors are overseeing supervisees' entire caseloads, it appears that the best practice is to abide by the consensus and to insist that supervision is frequent and extensive enough that supervisors can responsibly oversee supervisees' caseloads. An alternative approach is to limit the number of cases that the supervisees see; however, this may require significant changes in regulatory laws and supervisees' professional contexts before it can be easily done.

GAPS REGARDING CONTEXTUAL SENSITIVITY

Supervisors Must Be Proactive in Promoting Contextual Sensitivity

With the feminist critique and growing awareness of cultural influences, supervisors are expected to attend to issues concerning gender, ethnicity, sexual orientation, race, socioeconomic status, religion/spirituality, and so on in therapy and in the supervisory context.

Common practice. Because supervisors in the field have been predominantly male, whereas supervisees have been usually female (Nichols, Nichols, & Hardy, 1990), the effect of gender on supervision was the first contextual influence to be addressed. The extensive literature has, for the most part, focused on the experiences and needs of women supervisees (e.g., Wheeler, Avis, Miller, & Chaney, 1989). Because there were significantly more female supervisors in 1990 than there were in 1980 (Nichols et al., 1990), we are beginning to see some attention to men being supervised by women and to same-sex supervision (Turner & Fine, 1997). Supervisors are increasingly dealing with supervisors' and supervisees' values and biases

regarding gay/lesbian clients (Long, 1996) and are determining whether gay/lesbian supervisors and supervisees should be open about their sexual orientation to each other (Gautney, 1994; Schrag, 1994). Although race, class, and ethnicity, along with gender are always present within any supervisory relationship, race, class, and ethnicity are being much more slowly addressed in the field than is gender (Lappin & Hardy, 1997). It appears that most supervisors now notice their supervisees' contextual influences (and how they are similar or different from their own and their supervisees' clients) and agree that it is important for them and for their supervisees to be contextually sensitive.

Issue. When differences are visible and spoken about openly, contextual influences are more easily addressed, but when supervisees or supervisees' clients do not bring up contextual influences, supervisors have told us they frequently wonder whether they should. Other supervisors are confused about how to address contextual influences when supervisors, supervisees, and clients appear to be of the same gender, culture, race, sexual orientation, and so on (AAMFT, 1994). We think that there is a need to develop specific supervisory methods to promote contextual sensitivity in supervisees, provide supervisory guidelines for when to focus on contextual influences and when not to focus on them, and to address more complex issues, such as dealing with diversity that is less visible.

Best practice recommendation. Sharing by supervisors and supervisees of their contextual influences within supervision, supervisors proactively asking about contextual influences regularly in all cases, and supervisors being curious about how contextual influences are affecting therapy and supervision promotes contextual sensitivity in supervisors and supervisees. This can create a context of permission for those influences that are less evident to emerge.

Until Recently, Supervision Practices Were Assumed to Be Similar Across Professional Settings

Although there has been considerable literature devoted to training in various contexts (Liddle, Breunlin, & Schwartz, 1988), until recently there has been surprisingly little written on the supervision process per se within the three primary supervisory contexts of educational institutions, privately contracted supervision, and agencies. Thus, there seems to have been an underlying assumption that supervision practices can easily be adapted to a variety of professional settings without supervisors needing to know much about the context or to change the supervision process in any significant way.

Common practice. In our experience, supervisors outside of educational settings are painfully aware that their supervision practices are different than those practices held up as the standard, and less than one-third of supervisors work within educational settings (Nichols et al., 1990). The ideal image of supervision portrays live and taped supervision, with ample opportunity for supervisors to structure it in a variety of ways. The actual practices of supervisors seem to be much more context dependent and to reflect some of the differences between the professional contexts of educational programs (Storm & Sprenkle, 1997), privately contracted supervision (Todd, 1997a), and agencies (Cook, 1997).

Issue. We propose that there be more discussion by experienced supervisors from a variety of settings in the field regarding the influence of the professional setting on supervision, the challenges each setting poses for supervision, and what constitutes the best supervision practices for a given context.

Best practice recommendation. We have found it to be useful to recognize the ways in which professional settings shape the meaning of supervision, create opportunities and constraints for supervision, and define supervisory practice. Based on this information, supervisors are in a better position to select the best supervisory practices for their particular setting.

GAPS REGARDING ETHICS

Supervisory Ethical Decision Making Involves More Complexity

Supervisors must consider their responsibility to supervisees and their gatekeeping role for the profession in addition to their responsibility for delivering quality care to their clients and their ethical responsibilities to the profession and the community. This must be accomplished one step removed from the practice of therapy. Thus, supervisory ethical decision making is often more complex than clinical ethical decision making.

Common practice. In our experience, beginning supervisors seem to believe that if they are well-versed in MFT ethics, this information will easily transfer to the supervisory context, automatically making them ethical supervisors. As they gain experience, supervisors gain awareness that this belief is only partially valid as they recognize that the complexity involved in supervision requires additional ethical knowledge.

Issue. Although the assumption and common practice appear to converge over time for most supervisors, we feel it would behoove the field to more strongly encourage supervisors-in-training to recognize the complexity that is inherent in supervision ethics from the start and to seriously consider the unique ethical responsibilities of supervisors.

Best practice recommendation. The best ethical practice seems to be for supervisors carefully to consider their responsibility to supervisees and their gatekeeping role for the profession in addition to their responsibility for delivering quality care to their clients, the profession, and the community.

Supervisors Should Avoid Multiple Relationships

Ethical standards clearly discourage multiple relationships that have the potential for exploiting supervisees or contaminating the objectivity of supervisors (AAMFT, 2001). If supervisors and supervisees engage in multiple relationships, the underlying belief appears to be that the "power" differential between supervisors and supervisees places supervisees at risk and jeopardizes supervisors' ability to fulfill their evaluative role.

Common practice. As noted by Ryder and Hepworth (1990), multiple relationships abound in supervision. Most supervision involves some attention to the impact of supervisees' personal life on their work (Aponte, 1994), which results in a wide range of practice regarding where supervisors draw the line between therapy and supervision. After a hotly contested debate in the field about this issue (Freidman, 1994; Peterson, 1993; Tomm, 1993), the resolution appears to be that supervisors are wise to avoid becoming therapists for their supervisees, but they have wide latitude to focus on the interface of their supervisees' personal and professional lives. Many supervisors encourage, rather than avoid, other nonsexual multiple relationships with supervisees, such as coauthoring a paper or attending meetings together because they believe these relationships are desirable in mentoring therapists. However, the onus is on supervisors, not on the supervisees, to ensure that no harm comes from these relationships, and supervisors should recognize that doing so is much more difficult than assumed.

Issue. Although the field has recognized the difficulty in determining when multiple relationships are desirable and when they are problematic in supervision, supervisors have little to guide them in making this decision. We believe that supervisors could benefit from having guidelines that focus on constructive multiple relationships.

Best practice recommendation. We believe that supervisors can make sound decisions about when to engage in multiple relationships in supervision if they embrace the idea that it is their responsibility, not that of their supervisees, to prevent harm and if they carefully weigh the possible enhancements and complications of these relationships.

GAPS REGARDING PHILOSOPHY

An Underlying Philosophy of Supervision Is Important

Having supervisors articulate a personal model of supervision has been a major requirement of AAMFT since 1977.

Common practice. At this point, it is generally conceded that it is important for supervisors to articulate a personal philosophy of supervision. This consensus has been strengthened by the postmodern emphasis on being transparent about one's assumptions. However, much of the existing literature has tended to focus on models of training, rather than on models of supervision, or it has made little distinction between supervision and training. (See, e.g., references on training from various perspectives in Liddle et. al., 1988.) Only recently has the supervision literature discussed the implications of most major MFT models for supervision. (See, e.g., references on supervising from various perspectives in Todd & Storm, 1997.) It is still rare for a substantial body of literature to be available for any particular model of supervision, with the

exception of the solution-focused model (e.g., Marek, Sandifer, Beach, Coward, & Protinsky, 1994; Selekman & Todd, 1995; Triantafillou, 1997).

Issue. Because most supervisors regard themselves as integrative in their supervision (Wetchler, 1988), they cannot always easily develop a set of assumptions that is coherent and consistent. Being an integrationist may warrant closer scrutiny. At one extreme are the well-articulated, highly consistent integrative models of supervision, such as those described by Rigazzio-DiGilio (1997). At the opposite extreme, many supervisors actually may be somewhat closer to "unsystematically eclectic."

Best practice recommendation. We recommend that supervisors who are combining ideas from several models move toward a higher degree of integration. We suggest that the articulation of a supervision philosophy include considerations such as supervisee preparation for supervision and other contracting issues, notions about supervisee "resistance," and appropriate handling of personal issues. In addition to theoretical consistency, it can be useful to pay attention to the theoretical fit of particular supervisory structures and supervision formats to achieve goals that are important within a given model of supervision. For example, Stewart (1997) argues that case report may be a better fit than live supervision for narrative supervision.

Supervision Is Isomorphic to Therapy

One of the most influential ideas in the supervision literature has been the concept of isomorphic relationships among different levels of systems, such as the supervisory system recapitulating some important dynamic between parents and children and family and therapist (White & Russell, 1997). In a similar vein, aspiring supervisors have been advised to look to their model of therapy as a guide for their model of supervision (Heath & Storm, 1985).

Common practice. There seems to be little doubt that these twin foci have been influential in shaping how supervisors think about supervision. These ideas have been reassuring to new supervisors and have often produced useful ideas about supervision.

Issue. Conversely, this emphasis on isomorphism and the parallels between therapy and supervision models may have tended to eclipse a focus on important differences between supervision and therapy. Mead (1990) also cautions against adopting any narrow model of supervision, favoring a much more generic model instead.

Best practice recommendation. We recommend that all supervisors more closely examine the differences between therapy and supervision. Some issues are paramount for particular models; for example, the handling of personal issues in psychodynamic and Bowenian approaches, the use of paradox and other indirect techniques in the Haley strategic approach, and the role of education and insight that is deemphasized in many therapy models but that is more important in supervision.

Theoretical Orientations of Supervisors Are Major Contributors to Their Effectiveness

Many supervisors feel strongly about the theoretical orientation they prefer in therapy and believe that it is their skill in applying these ideas that is their primary contribution to supervisees. As noted earlier, the idea of isomorphism has further promoted the idea that these therapy ideas are replicated in supervisors' philosophies of supervision.

Common practice. There is no evidence that one theoretical approach to supervision is generally better than any other orientation. In fact, we were not able to find any studies that compare models of supervision, and there are very few that look at the impact of a clearly articulated model. Triantafillou's (1997) study of a solution-focused approach to supervision is a rarity in this regard. However, we are quite confident, based on comparative studies of therapy models, that comparative studies of supervisory models would not yield consistently significant differences. The largest meta-analysis of MFT outcome research has demonstrated that there are only superficial differences in the results achieved by the various therapy models (Shadish, Ragsdale, Glaser, & Montgomery, 1995). Therefore, it seems reasonable to assume that there is no demonstrably superior model of supervision because they tend to be based on therapy models that are themselves not demonstrably superior.

Issue. Rather than asking, "What is the best approach to supervision?" we should be asking questions such as: "To what extent does supervision enhance the 'common factors' demonstrated by research to

positively affect therapy (e.g., building strong therapeutic alliances with clients)?" However, what are "common factors" in the supervision experience? In a Delphi study of supervisors' perceptions of the essential ingredients of effective supervision, White and Russell (1995) took a first step in this direction. They found that a strong supervisor–supervisee relationship that emphasizes warmth, support, humor, and genuineness is a prerequisite for supervision deemed successful by supervisees.

Best practice recommendation. We believe that supervisors should give major emphasis to the supervisory relationship (rather than overvaluing technique), making use of "common factors" that enhance this relationship. These include the qualities of warmth and support, empathic listening, acting genuinely, and expressing humor and optimism. These factors are crucial in the best practice of supervision because it is important for supervisees to trust the supervisory process to feel safe in revealing vulnerabilities, uncertainties, and mistakes, and to openly discuss personal issues.

Supervision Should Be Tailored to Supervisees' Developmental Level

The idea has been widely accepted that supervisees' needs and the appropriate focus of supervision change across several developmental stages. In fact, it is largely regarded as axiomatic: Beginning therapists have different needs and require a different supervisory focus than more experienced therapists (Flemons, Green, & Rambo, 1996). Further, many supervisors seem to believe and the literature calls for supervisors to tailor their supervision to the specific developmental level of supervisees (Rigazio-DiGilio, 1997; York, 1997).

Common practice. In considerably simplified form, developmental models essentially suggest supervision that is more directive and technique focused for beginning supervisees, whereas advanced supervisees need a more collaborative, conceptual style of supervision. Despite its wide acceptance, there is little research evidence to support the notion of stages or the assumption that supervision should vary according to supervisees' developmental levels. In fact, results from some studies question, and even contradict, the notion of developmental stages and note a lack of longitudinal data to show that supervisees' needs change over time (Fisher, 1989; Wark, 1995). For example, Fisher (1989) found that beginning and advanced supervisees report no differences in their supervision needs, in the supervision they received, or in the supervisory behaviors that each group perceived as helpful. Three major reviews (Holloway, 1992; Stoltenberg, McNeill, & Crethar, 1994; Watkins, 1995) of extensive research in the individual psychology literature at best found only limited support for the developmental assumption.

Issue. The developmental approach is a helpful, intuitively appealing way to organize supervision, but supervisors may not actually conduct supervision differently with beginning supervisees than they do with those who are more advanced. Supervisees may not develop along discernable stages, and supervision tailored to stages may not be better than supervision that is not.

Best practice recommendation. Because there does not appear to be a universal developmental sequence for supervisees, we propose that supervisors individualize their supervision to the specific needs of each supervisee. Supervisees appear to be the best source for information about how to tailor supervision for them.

GAPS REGARDING SUPERVISORY RELATIONSHIPS

Supervision Is a Private Endeavor between Supervisors and Supervisees

Historically, most supervisors and supervisees view themselves as engaging in an intense personal relationship in which supervisees trust their supervisors with their professional failings, fears, and struggles, and supervisors respond with guidance, support, and mentoring.

Common practice. Supervisors and supervisees may assume that more privacy exists than actually occurs. Because of changes in the profession, our observation is that privacy within the supervision relationship seems to be diminishing. The percentage of supervisors who are doing supervision within their private practices has dropped dramatically (Nichols et al., 1990). Supervisees are more frequently obtaining supervision within their work environments from supervisors who confer with other supervisors.

Issue. We recommend that the field take note of the degree of privacy that seems to exist in supervision.

It may not be possible to treat supervision as the intense personal relationship recommended if it is a less private endeavor. Supervisors may need to find new ways to create a safe supervisory environment that invites supervisees to bare their struggles when confidentiality is limited.

Best practice recommendation. Supervisors and supervisees alike appear to need clarity regarding the degree to which the supervisory relationship is private. Perhaps the best practice is for supervisors and supervisees to be as personal and intense as is appropriate for the particular context. We have found explicit contracting regarding privacy and confidentiality in supervision can be helpful, and keeping our behavior consistent with our contracts is important.

Contemporary Supervisors Are Collaborative and Use Corresponding Methods

Power issues in supervision, once ignored, are now counteracted by an emphasis on collaboration with the advent of postmodernism in MFT. In recent years, the literature on supervision has been emphasizing collaboration and a flattening of the hierarchy in supervision as well as innovative methods that are consistent with postmodern ideas, such as the use of reflecting team supervision.

Common practice. Despite this emphasis on collaboration, it is important to ask how widespread and consistent is this practice and whether supervisees, the "consumers" of supervision, are reassured by this emphasis. Historically, supervisors seem to have underemphasized the power that is inherent in the evaluative and gatekeeping roles of supervisors, a role that supervisees rarely forget. Even those supervisors who subscribe to more collaborative relationships are dealing with a larger context that places supervisors at the top of a hierarchy and holds them accountable as experts who guide and evaluate their supervisees. The degree of emphasis on flattening the hierarchy also seems to depend significantly on context. Postmodern ideas appear to be embraced most wholeheartedly in academia, although, even in academic settings implementation is not easy because of the importance of grades for students. In contrast, in agency settings, it is not uncommon for supervisors to have clinical and administrative responsibility for supervisees, which makes it difficult to flatten the hierarchy or ignore the issue of power (Cook, 1997). Similarly, it may be easier to emphasize collaboration in a private supervision setting (Todd, 1997*a*) when supervisees already have terminal degrees, or when supervising supervisors (Storm, Todd, McDowell, & Sutherland, 1997).

Issue. Literature on the topics of power, hierarchy, and collaboration has shown an increasing awareness of the complexity of this issue. We think that the field could benefit from the development of additional postmodern methods that fit the constraints and opportunities for supervision that occurs outside of educational settings. This probably requires more collaboration between supervisors from academia and those from other settings.

Best practice recommendation. We agree with Fine and Turner (1997), who advocate making power issues transparent, rather than assuming that it is possible to make them disappear. We believe that a postmodern view can be best practiced when the constraints and opportunities of the context and expectations of supervisees are carefully considered.

Most Issues and Potential Problems in Supervision Can Be Avoided or Minimized

Careful contracting, including provisions for evaluation, feedback from supervisees, and conflict resolution can help to avoid or minimize problems.

Common practice. Supervision contracts remain informal and feedback, if requested at all, is usually haphazard. Beyond this, however, is a more basic issue of trust by supervisees, who are very aware of differences in power in supervision (Storm et al., 1997; Todd, 1997*b*). Surveys of supervisees reveal clear supervisee preferences for particular qualities of supervisors and the importance of the supervisory relationship (Wetchler, 1989; Wetchler & Vaughn, 1991; White & Russell, 1995). Unfortunately supervisees do not consistently disclose concerns to their supervisors (Ladany, Hill, Corbett, & Nutt, 1996), and supervisors are often inaccurate about how they are viewed by supervisees (Dellorto, 1990). Although supervisors clearly need feedback, supervisees do not sense that supervisors are open to such feedback, and issues of power and evaluation make it seem risky to offer it (Todd, 1997*b*).

Issue. The American Association for Marriage and Family Therapy has attempted to stipulate

supervisory responsibility for the supervisory climate, requiring prospective supervisors to describe how they "create a supportive learning environment and foster the development of creativity of the therapist rather than fostering imitation of the supervisor" (AAMFT, 1999, p. 16). Other authors (see, e.g., Atkinson, 1997) recommend that supervisors invite a frank and open discussion about the learning environment, essentially doing a candid "full disclosure" in their initial supervisory contract. Although these recommendations are a good start, it seems crucial for supervisors to find ways for supervisees to register complaints that supervisees will actually utilize, to obtain honest supervisee feedback regarding their supervision, and to use supervisee feedback to address irresponsible or exploitative behavior by supervisors.

Best practice recommendation. We propose that supervisors proactively seek and respond to supervisee feedback by paying attention to characteristics of the relationship or the supervisory context that make it difficult for supervisees to be candid in their feedback.

GAPS REGARDING METHODS AND INTERVENTIONS

Supervisors Prefer Live Format and Team Structure

The impression created by the literature is that supervisors not only prefer the format of live supervision and the structure of team supervision to all other alternatives, but that they are also the most common format and structure. A visual review of any bibliography on supervisory methods indicates that most articles are on some aspect of live or team supervision.

Common practice. There has been a dramatic increase in the use of live supervision since the 1980s (Nichols et al., 1990). However, surveys of supervisory practice indicate that live supervision lags behind case consultation and videotape supervision as the formats that are most frequently used by the majority of supervisors (Nichols et al., 1990; Wetchler, Piercy, & Sprenkle, 1989). Although supervisors in educational programs believe that supervisees should have a variety of supervision experiences during their training (Henry, Sprenkle, & Sheehan, 1986), videotaped supervision is the most common, followed by live supervision (Carlozzi, Romans, Boswell, Ferguson, & Whisenhunt, 1997). It appears that team supervision lags behind other structures and that supervision tends to occur primarily in dyads or groups. (Team supervision refers to a group of therapists that works with a case together with one member in the room with the clients and the other members behind a one-way mirror.) This is probably because AAMFT and state regulation requirements emphasize the importance of individual and group supervision. It appears that live and team supervision are predominantly used in training settings.

Issue. One of the primary issues thus becomes how to train supervisors in the formats and structures that they are most likely to use in their professional settings. Each format (i.e., live, taped, and case consultation) and each structure (i.e., teams, dyads, and groups) has unique advantages and disadvantages within particular professional settings. Formats and structures interact with supervisors' and supervisees' preferred theoretical ideas, styles, methods, and values. As a result, using them in varied combinations may promote maximum learning. However, supervisors, as recommended in 1988 by Kniskern and Gurman, still need to determine what format and structure works best with which supervisee who is learning what competencies at what point in time? Do certain formats and structures actually promote particular types of learning as believed?

Best practice recommendation. We have found that the best supervisory formats and structures are dependant on such factors as the theoretical preferences of participants, learning goals of supervisees, professional setting in which supervision occurs, and so on, and can be selected accordingly. Supervisors will select the best formats of supervision if they appreciate the opportunities and constraints of each.

Raw Data Are Privileged Over Other Sources of Supervision Information

Generally, supervision standards emphasize access to direct observation of therapy, also referred to as raw data, and often require a certain percentage of supervision to be based on it for supervision hours to count. Until recently, self-report has been viewed as a back-up data source, rather than as a preferred or primary source.

Common practice. Because supervisees and supervisors view self-report via case consultation as more

practical in terms of time and logistics and as more helpful for supervisee development than is raw-data supervision, supervision tends to be based more on self-report during case consultation (Wetchler & Vaughn, 1991).

Issue. We believe the field could benefit from reevaluating its position on raw data by reconsidering the benefits of case consultation as proposed by McCollum and Wetchler (1995) and Stewart (1997) and by scrutinizing more closely the privileged status of live supervision. To privilege both types of data, supervisors may need to educate the therapeutic community about the value of each and work to change existing standards.

Best practice recommendation. We have found it helpful to recognize that both raw data and self-report sources of information add value to the supervision process, albeit in differing ways; each has constraints and limitations, and each influences the supervision process in specific ways (Carlozzi, Romans, Boswell, Ferguson, & Whisenhunt, 1997). We suggest that supervisors continually reexamine the value of differing sources of information in supervision for the fit with their philosophies of supervision and not become too wedded to one source over others.

CALL FOR ACTION

Over the years, AAMFT has clearly been the leader in setting the standard for MFT supervision practice. This role has included the creation of extensive criteria for the designation of qualified supervisors, the process, content, and characteristics of supervision, and the role of the supervisor. Despite this emphasis, we believe that we are witnessing erosion of the quality of supervision and deemphasis on supervision as a result of provisions of many state laws. Some states only require that a "qualified supervisor" have additional years of clinical experience, some require some degree of supervisory experience, but only rarely is there any requirement for didactic preparation or supervision of supervision. Because AAMFT is now relying heavily on state regulation as the route to clinical membership, regulation requirements may be undercutting the role of the approved supervisor and the standards so carefully built. We are concerned that if current trends continue, few professionals will be motivated to become approved supervisors. If we believe that having well educated supervisors who provide quality supervision is important in training future clinicians and for consumer protection, it is important to counter this trend. Assuming that AAMFT is not going to roll back the clock, we believe that it would be timely for supervisors to advocate stronger provisions in state laws that require supervisory training. We join with AAMFT in inviting our colleagues to be politically active to ensure that supervisory training requirements are strongly enforced. This seems critical to us if the best supervision practices, whatever they are, are to endure.

CONCLUSION

We hope that this article stimulates discussion about the standards of practice of supervision. We are less concerned that readers agree with our assumptions, generalizations about supervision, and/or suggested best practices for supervision than we are that we, as a field, address any gaps between the literature and standards and the common practice of supervision. We look forward to working with our supervisory colleagues in sharpening the definition of the standards of practice for supervision.

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