Live Supervision/Consultation: Conceptual and Pragmatic Guidelines for Family Therapy Trainers.

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This paper addresses a conceptual and pragmatic gap in the area of family therapy training and supervision. It details an evolving stage-specific set of skills for the conduct of live supervision/consultation, using the previously developed conception of the isomorphic nature of training and therapy as a theoretical backdrop.

A favorable trend has been noted in the clinically oriented writings in the field of family therapy. Recent literature reviews (13, 15) reveal clear progress in the specification and differentiation of the requisite skills of the family therapist (5, 6, 28, 29). Work has begun on articulating skills according to the differing schools of family therapy (7, 24), and although more work is needed in this direction, the skill-based movement still represents a distinct benchmark of progress in the evolution of the field. Regrettably, but understandably, the training and supervision area has lagged behind the clinical domain in this regard, not yet able to define the skills of its highest-level practitioners—the teachers of family therapy. This paper addresses this developmental gap by offering an articulation of the skills of live supervision/consultation. The present model should be seen in its developmental context. It is an evolving rather than static framework, which can serve as a pragmatic and conceptual overall map and set of specific guidelines for trainers. It is based upon a systematic, ongoing analysis of the process of supervision from both supervisors' and trainees' perspectives (21). The present paper uses the isomorphic nature of training and therapy as a conceptual foundation, a concept we have developed in more detail elsewhere (18, 19, 20).

The supervisory framework offered in this paper is designed and presented in a stage-specific manner. Just as therapy can be considered in a series of stages (10), so too can training. In the present model of live supervision/consultation, the stages are:

I. General Assessment of Trainee Competence
II. Presession Considerations
III. During-Session Considerations
IV. Guidelines for Supervisory Intervention
V. Decision Regarding Intervention
VI. Postsession Considerations

Figure 1 provides a flow-chart conceptualization of the supervisory model, illustrating the stages as multiple decision or choice points.
I. General Assessment of Trainee Competence

This area deals with the kind of information supervisors might acquire about their trainees prior to the conduct of any live supervision session. That is, supervisors will often have already developed an implicit judgment about their supervisees' overall level of competence, areas needing improvement, etc., prior to a given session. Supervisors should make these judgments explicit to themselves prior to supervision. Previous contacts in a supervisory or teaching capacity should be reviewed to form a generic profile of each supervisee's skill level. Although many therapist skill deficiencies are predictable from experience level and perhaps previous theoretical orientation, an individual assessment should be
conducted to determine idiosyncratic variations. This stage occurs naturally with any supervision. The present intent is simply to remind the supervisor that previous experience, judgments, values, etc., will necessarily influence the perceptual set that a trainer brings to supervision.

Instruments are increasingly available for supervisors wishing to assess adequately the baseline level of their trainees' competence (3, 25, 28). Trainers can also use the various skill or competency-based systems and can adapt them to their own theoretical orientation and training context. The goal of the General Assessment phase is to begin the process of determining each trainee's range of available relationship skills, ways of conceptualizing therapy and change, etc. However, just as a therapist can best assess a family's flexibility, patterns of problem-solving, affective range, etc., through enactment, supervisors similarly most adequately ascertain trainees' range and style through observation of their interaction with the family. With hypotheses about these areas of strength and limitation as a broad and flexible guide, supervisors set out more specifically to organize their thinking in preparation for a live supervision/consultation session.

II. Presession Considerations

This phase is preferably held immediately prior to the session and is designed to prepare the trainee, supervisor, and observing group for the interview. It is a time when, as much as possible, the overall strategy and some guidelines about specific interventions are formulated. The live supervision phone-ins and during-session consultations are mid-course corrections to the general session plan that should be agreed upon prior to the session. Several interrelated and obviously overlapping areas are helpful for supervisors to address prior to a live supervision/consultation session.

Family Considerations

The supervisor reviews with the trainee the case-specific objectives (both session-specific, mediating, and ultimate goals). Essentially, this area consists of the desired outcome of therapy for the particular family in question. Discussion and review are specific to this case and do not include more general issues of family therapy or review of other cases, except as they relate to the task at hand—reminding the trainee of the therapy goals (and, at a more general level, teaching the trainee to think in terms of clearly defined objectives). Certainly one cannot discuss therapeutic goals as if they were distinct from therapist behaviors. The present philosophy, however, teaches therapeutic skills through the specifics of any particular case. That is, service to the family is emphasized, as exemplified by attention to goals, and placed in the figure or foreground. Idiosyncratic trainee style and broader training concerns are not initially emphasized and recede to the background.

In summary, the Presession phase gradually teaches trainees to think in terms of defining particular therapeutic goals, and further, prepares them for sessions by distilling key content and interactional themes from previous contacts with the family. A worksheet system has proven useful to help trainees track their sessions from week to week (27). Similarly, a technique called "concept cards" has aided in both the conceptual continuity of a single case and the generalizability of learnings across a variety of cases (13).

Trainee Considerations

Whereas the first item concerns desired outcomes for the family in therapy, Trainee Considerations specifies any idiosyncratic trainee goals. Although many of the skills of family therapy may be relatively simple to define, the individual variation evident in the implementation of these skills can be considerable. Trainees need to develop their own style—their own translation of any given model, while remaining consistent with that particular approach. Issues for supervisors under Trainee Considerations include level of competence, experience, and stage of training. This item seeks to identify the supervisee's individual issues of style or stage of development to which the supervisor can attend while watching the session. That is, just as there are family-specific goals for any given session, there can also be trainee-specific objectives, which can begin to be formulated in Phase 1 (General Assessment of Trainee Competence) and refined after more exposure to the trainee's work.

Relationship Considerations

The importance of the relationship between supervisor and trainee has been stressed by Montalvo (25) and Haley (10) as well as by trainees themselves (8, 21, 22).

Trainees will learn most effectively if their focus can remain on the content and process of the session rather than on the evaluative aspects of the live supervision context. To achieve the kind of complementary relationship necessary for the successful conduct of live supervision requires attention to several factors.

First, a mutual acceptance of the relationship's definition must be obtained. The master-apprentice analogy can loosely be used to describe the kind of hierarchical structure inherent in live supervision. Second, the supervisor should convey a
sense of respect for the trainee, indicating that the trainee can and will be competent. Like our model of therapy, the corresponding training model appreciates the importance of joining and supporting strengths. Third, the meaning of the various forms of supervisory input, and their rules, should be clarified. These matters help to establish a supervisory contract, and as in the therapeutic arena, clarity regarding the specific nature of the agreement is essential. Montalvo (25) and Haley (10) have been particularly helpful in providing guidelines for a live supervision contract. In sum, relationship difficulties are one of the major potential problem areas in the conduct of live supervision. It is a domain that requires the constant attention and monitoring of a sensitive trainer.

Teaching Considerations

This factor includes the more generic mood-setting or frame-providing supervisory behaviors that occur prior to a session, as well as the set of skills that allows a supervisor to be mindful of teaching an entire supervision group while directly assisting only one trainee. The supervisor moves beyond the more technical focus of family and trainee considerations to a level at which the trainee is prepared in a mood-altering way for the upcoming session. Just as therapists create therapeutic realities with their families, supervisors create workable supervisory realities with their trainees.

The second point under Teaching Considerations is the degree to which a trainer is able to teach concepts and techniques to the observing supervision group while the trainee-therapist is readied for a session. Although not mentioned in the literature, this process resembles one in which trainees, through direct shaping and modeling, are taught the skills of being a supervisee. In sum, just as family and trainee considerations stressed desired outcomes for each of these interacting domains, teaching considerations emphasize the desired outcome for the training group—the larger context of live supervision.

Stages I and II occur prior to the start of the live supervision session. Stage III details the set of factors relevant for a supervisor as he or she watches the ongoing session. This stage explicates the ways in which a supervisor's observations can be organized to facilitate effective intervention. At a more basic level, it enumerates the variables involved in the supervisor's decision to intervene.

III. During-Session Considerations

As the supervisor observes the session, he or she may entertain a wide range of thoughts. The supervisor might notice family interaction, trainee errors, opportunities to pursue an important theme, or a chance for the trainee to try a new behavior; or the supervisor may want to highlight an aspect of the session to the training group. Several domains of possible supervisory intervention will be described below.

Family Domain

This category refers primarily to the interactional phenomena of the family and how they relate to the achievement or non-achievement of in-session goals. Although this domain, along with the others, exists interdependently and covaries with the other subsystems of observation and intervention (trainee-family; trainee, etc.), there are occasions when a supervisor is prompted to intervene in the family subsystem primarily upon his assessment of familial interaction patterns.

Trainee Domain

Here the actualization of a trainee's session-specific goals becomes the potential activating stimulus for the supervisor. In the Presession Stage, the supervisor has formulated with the trainee objectives that are specific to the case under discussion and not necessarily related to individual trainee goals. The domain of During-Session Considerations addresses the development of a therapist's personal style. It pertains, therefore, to the manner in which a supervisor uses opportunities during a session to foster attainment of these idiosyncratic trainee goals.

Therapeutic System Domain

Supervisory intervention in this category is based in the interaction between trainee and family. Another way of defining this category might be to use as a metaphor the "more of the same" sequences described by the brief therapy group (31). Just as the family system can be thought of as engaging in rigid, unproductive cycles without end, so too the therapeutic system (family plus therapist) can become fixed in similar repetitive struggles. Indeed, this frame helps us to understand one of the basic rationales for the original use of live supervision/consultation. Since the supervisor and observing group can remain relatively meta to the therapeutic system, they have the potential to observe and respond to the session from a second-order reality. Along these same lines, in a useful paper for trainers, Berger and Dammann (2) refer to the "bicameral perspective" offered by live supervision.
Training System Domain

This category refers to supervisory interventions made for some teaching purpose with the observing group of trainees. It is rare for a supervisor to have primary goals in this regard (e.g., calling during a session only to highlight an observation for the group), yet it is not uncommon for a supervisor, while in the process of intervening primarily to assist the therapist, to be aware of teaching the observing group in the process. Thus, the supervisor's interventions can be seen always within this broader training context and never as involving or affecting only trainer, trainee, and family. Although perhaps of secondary importance, the observing group must be included in our description of the training system and, like any other subsystem, can be said to influence and be influenced by its related counterparts.

Thus, while watching a session the supervisor may be considering ideas based on any or all of the above domains. The following sequentially addressed questions remain for the supervisor: (a) whether to contact the trainee, (b) if choosing to intervene, which ideas should be conveyed (based upon the domains that activated the supervisor); (c) what form should the intervention take (phone-in, consultation, or walk-in); and (d) in what style should the message be conveyed (tone of voice, directiveness, concreteness, etc.).

Intervention Decision

At this point, the supervisor is observing the session and has several possible interventions formulated, organized from the various domains. The supervisor is reminded of their interdependent nature and of the arbitrary nature of the punctuation of these different domains. Obviously, there are many (if not most) occasions on which the supervisor judges several domains to be simultaneously operative. With this caveat firmly in mind, the supervisor can proceed to the next task of arranging in order of priority the list of possible interventions and then decide which, if any, should be attempted. The decision is based on several factors.

Urgency. The supervisor makes a judgment regarding how important the potential intervention is and the probable consequences if it is not done. This factor is most relevant when there are issues of therapy continuance, affective intensity (too low or high), or physical or psychological safety of a trainee.

Probability of Trainee's Unprompted Actions. Of course, the ultimate objective of training is that the supervisee devise and implement appropriate interventions independent of the supervisor. Trainees, especially those advanced in their training, will often begin an intervention simultaneously with a supervisor's thoughts in an identical direction. The supervisor thus weighs the urgency of the intervention against the likelihood of the intended behavior occurring without prompting. Supervisory judgment, like its counterpart clinical judgment, is very much in operation in this regard. Thus, the poles of supervisory restraint and guidance of the therapist are in constant oscillation as the supervisor observes the session.

Probability of Successful Implementation after Supervisory Intervention. The skills of conducting therapy could be hierarchically organized, according to degree of difficulty, complexity, etc. The supervisor must assess whether the trainee is at a sufficient developmental level to reproduce the skills inherent in the intervention. At the same time, it is important not to underestimate or unduly protect the trainee from the stress of struggling past developmental thresholds to new levels of competence. Therapists assume the competence of family members, and supervisors replicate this with trainees. This category deals with the balance between the dangers of overprotection and the pitfalls of unrealistic expectations (which can contribute to trainee failure) at certain stages of trainee development. Essentially, this category crystallizes the supervisor's intervention decision point with the question—if I propose a certain intervention, what is the likelihood of this trainee being able to carry it out at this time?

The issues of the trainee's likelihood of producing a successful sequence of outcome in a session is not an uncomplicated one. There is the aspect of a trainee reaching the supervisor's desired goals in a session, as well as the trainee's capacity to find his or her own way. This might be done in a manner that produces good outcome but is different from the supervisor's proposed path. Supervisors, especially with more advanced trainees and with students at a final phase of their training program, must have the capacity to alter their behavior in this regard. In short, the model has the inherent flexibility to allow a supervisor's developmentally appropriate alteration of his or her style. It becomes the supervisor's responsibility to be flexible in this regard. Perhaps a useful metaphor might be the need for role and relational flexibility espoused by those using the family life cycle concept in their therapy (9, 23). Just as a family, especially the executive subsystem members, must remain flexible during the crisis points of growth and movement through life's transitions, a trainer must have a similar capacity to alter his or her supervisory style with different levels of trainees and at different stages in a training program. The concept of training and supervision in stages provides exciting theoretical and research possibilities (2, 16). An aspect of this issue is developed below.

Dependence and Differentiation. This factor in the supervisor's intervention decision concerns an inherent danger in a live supervision context: namely, the possibility that the trainee may remain overly dependent on the supervisor and the supervisor, as in a “leaving home” situation, may act in ways that perpetuate a lack of independence. The concept of complementarity is instrumental in understanding this process. It is insufficient to say that trainees are dependent or to
blame supervisors for failing to promote the autonomy of their trainees. Like our assessment of family problems, this matter requires an interdependent, mutually causative frame. For discussion purposes, however, let us emphasize the partial reality of the supervisor's responsibilities regarding dependence and differentiation of the trainee. Returning to a previous analogy, in a "leaving home" situation, there are advantages for both parents and child in "keeping the offspring young." Similar gains are gleaned by trainer and trainee when the trainee is kept needy or incompetent. Supervisors with a propensity for showmanship and undue demonstration of their own high skills are at especial risk in this regard. Additionally, trainees who are unusually fearful of making mistakes or are particularly adoring of their supervisors help prompt a supervisor's overactivity. This category of dependence and differentiation, then, is designed to remind supervisors of their complex responsibility not only to teach specific therapy skills, but to do so in a way that fosters ultimate trainee competence and independence.

IV. Guidelines for Supervisory Intervention

At this point in the model, the supervisor has considered several potential interventions, possibly in several domains. These have been hierarchically organized, and, after considering the above-listed four factors, the supervisor has judged that an intervention should be made. The manner or style in which the supervisor's suggestion is conveyed can vary widely and can have a significant impact on the outcome of the intervention. Considerations regarding the actual method of supervisor intervention (phone-in, consultation, walk-in) are discussed later in this paper.

We know that a therapist communicates with a family in a variety of ways depending on the kind of message being conveyed, the family's style of learning, their language, or the stage of therapy. Similarly, the supervisor must be able to vary his or her style of delivery to suit the needs of the training system. Flexibility and range of style is important, as the in-session interactions among family members can be isomorphic to the interactions between therapist and family and finally between therapist (trainee) and supervisor. This following section, then, addresses key dimensions of supervisory style. They can be considered a major way in which the parallel nature of one's theory of therapy and theory of training are realized.

Dimensions of Supervisory Style

Degree of Concreteness. Supervisors can be concrete or abstract in their instructions to trainees. With beginning level therapists, a high degree of specificity is often preferable (e.g., "Turn to the mother and tell her ..."), With more advanced clinicians, directives can be given in more abstract ways (e.g., "Develop the theme of the mother's concern for her child's well-being"). Particularly at early phases of training, the trainer-trainee relationship approximates that of an architect and builder. The former designs and outlines the construction blueprint, and the other implements the plan, sometimes modifying it to the idiosyncracies of the context.

Degree of Directiveness. Depending upon their goals, supervisors' interventions may be directive or suggestive in both content and tone. This dimension describes the degree to which trainees are directed to do something, versus the extent to which the idea is conveyed as a suggestion.

Obviously, in urgent therapeutic situations (e.g., where control of a session or discontinuance of therapy is at issue), a high degree of directiveness is required. In situations in which more therapeutic latitude is possible and with advanced trainees (21), a more suggestive supervisory delivery is indicated. Relationship variables interact quite clearly in this dimension. Highly reactant/defensive supervisor-supervisee relationships might initially require a more suggestive manner, in addition to some ultimate work on the relationship. Live supervision/consultation is, by its nature, a directive supervision. However, just as one can do directive therapy by using indirect techniques, so also can supervision be accomplished through the variety of methods available to influence behavior.

Degree of Explanation. This variable refers to the elaborateness or brevity of supervisory explanation. Just as a supervisor's proposed intervention can be concrete or abstract, or directive or suggestive, so also can it be given in elaborate detail or in a terse message. Issues of timing are relevant here. Supervisors can often overexplain a proposed intervention, thereby allowing the trainee to be more of a student than a therapist, more of a passive listener than a competent initiative-taker.

Degree of Intensity. Supervisors often face the difficulties of getting messages across to trainees who are inducted in rigid, nonproductive sequences with a family. In these situations supervisors must have the capacity to present their messages at varying levels of affective intensity (e.g., through content repetition, emphasizing the crisis proportions of the problem). Though careful to avoid more of the same escalations (between trainer-trainee, trainee/therapist-family [12]), trainers must be aware of how variation of the intensity of their supervisory messages can facilitate trainee movement in a useful direction.

Like a sculptor's tools that mold and shape a work of art, these dimensions represent the supervisor's instruments with which he or she productively alters the direction and flow of a session. Supervisory style will be influenced by the family's manner of
presentation and by the trainee (e.g., personal style of relating, stage of development).

Factors Affecting Supervisor Intervention

The final intervention selected by the supervisor from the self-generated list of possibilities is the result of a complex consideration of a variety of factors—all of which are important, interrelated components of the live supervision/consultation context. These factors assist in the formulation and sharpening of supervisory ideas and clearly interact with the previously outlined dimensions of supervisory style. The following, then, represents factors or variables that affect the structure, content, and formulation of a supervisor's suggestion.

Difficulty of Intervention. Based upon the premise that some therapeutic operations are at least initially more difficult to accomplish successfully than others, this factor reminds supervisors to consider the generic difficulty of their proposed interventions. Certainly issues of trainee skill level are relevant here, but this factor refers primarily to the supervisor's estimation of the inherent difficulty of a technique. For example, most trainees have difficulty in the skill domain of the unbalancing and intensity-producing techniques. Thus, cases in which a proposed intervention is judged by the supervisor to be generically or idiosyncratically difficult for the trainee, the trainer may need to be more concrete and use more explanation than for another class or level of intervention.

Complexity of Intervention. Some interventions might be generically difficult but simple in the sense of involving few steps, or preparatory moves. Difficulty and complexity are separate, yet interconnected, factors.

Content Redirection. In addition to considering the difficulty or complexity of an intervention, the supervisor should weigh the degree to which the intervention aims at changing the content of themes being discussed in the session. Such redirection of content might dictate the manner in which a supervisor relays suggestions.

Process Redirection. Similar to Montalvo's (24) concept of "pattern dislocation," this factor refers to the degree to which the recursive interactions between family and therapists are disrupted and reoriented toward more productive outcome. Thus, the content of the supervisory intervention might be syntonic with the previous content in a session but might drastically alter the style or tone of sequences in the supervisor's unit of assessment and intervention—therapist plus family.

As in other areas of the model, all roads can be said to lead toward the supervisory goals. That is, it is not inherently useful to elicit high or low degrees of content or process redirection. Alteration of these dimensions are interdependently related to a supervisor's objectives and are straightforward, but influential, variables to consider in constructing an intervention. Factors 5 through 8 parallel those in the earlier section on presession considerations. Thus, they are not only important to consider in the presession orientation, but they also influence the supervisor's suggestions and style during a session.

Family Considerations. Several authors have advised therapists to take into account the idiosyncratic world views of families (including religious, cultural, economic, and value variables) in devising tasks (9, 10, 11, 23, 24, 31). The same advice is similarly relevant for a supervisor's interventions.

Trainee Level. Trainees at different development/skill levels need to be treated differently. Similarly, the concept of idiosyncratic trainee learning and style issues also applies here. Supervisory skill in assessing trainee level and style are clearly crucial in this regard. These judgments are instrumental in helping supervisors modify their style and calibrate expectations regarding trainee progress accordingly.

Trainer-Trainee Relationship. In addition to adjusting to the trainee's developmental level, supervisors' style should also vary according to aspects of their relationship with trainees. The stage-specific concept of the supervisory relationship is applicable here as another of the isomorphs of training and therapy helpful to supervisors (17, 18, 19). Employing this framework, the structural stages of joining and restructuring (through unbalancing, creation of intensity, etc.), among others, can be usefully applied to shaping the relationship (16). Finally, the crucial importance of the trainer-trainee relationship, especially within the live supervision/consultation context, is increasingly verified in available outcome research on this topic (20, 22).

Teaching Considerations. This factor refers to a supervisor's ability to simultaneously teach at different levels. In essence, the supervisor's consideration here is embodied in the question: "Which intervention, delivered in a certain manner, will maximize the learning for both the trainee and the observing group"? Although such pedagogical considerations are outweighed by the supervisor's concern with providing quality service to the family, these dimensions are often operative in a training context.

Method of Intervention

A supervisor has various means available for intervening directly in a session. The phone-in (message is telephoned in), consultation (trainee and supervisor confer during a break in the session), walk-in (supervisor enters the therapy room), and the mechanical device known as the "bug-in-the-ear" (earphone for one-way communication from supervisor) can all be
considered techniques of live supervision/consultation. Each technique has a different rationale for its use and can be used under specific conditions to achieve differential outcomes.

**Phone-in.** This technique consists of the supervisor's phoning into the session a message or suggestion to the trainee. The calls are usually, though not necessarily, unidirectional—i.e., information is sent in and received without discussion. The therapist sometimes asks for reiteration or clarification from the supervisor, although experienced supervisors can present messages in a way that decreases the likelihood of requests for clarification. The phone messages usually last between ten and sixty seconds. More complex directives require repetition and hence more than one minute to deliver. Usually no more than one or two suggestions or directives are given so as to avoid information overload on the therapist. When the supervisor is clear about the message, has refined it into a short, precise directive, and is at that point not interested in a dialogue with the trainee about process-oriented factors, it is best to use the phone-in technique. Again, the domains of intervention are important to determine beforehand and, as always, are related to the desired supervisory outcomes.

**Consultation.** This technique refers to a discussion between therapist and supervisor that can occur at either the supervisor's or trainee's initiative. One obvious advantage of consultation during a session is that it allows for a more reciprocal interaction, which is especially satisfying to more advanced, experienced trainees. It permits a clear break or punctuation of the session into more distinguishable parts. The consultation is especially useful when a supervisor has not completely formulated a direction or intervention but does judge an interruption to be necessary. Further, consultation allows more time for the preparation of the therapist to engage in possibly difficult therapeutic operations and more time, if necessary, for debriefing of the previous sequences.

**Walk-in.** This procedure allows a supervisor to enter a session while it is in progress and assume or, assist in, conduct of the therapy. It may last through a particular sequence or the remainder of the session. The nature of the supervisory relationship and trainer-trainee contract must be particularly well defined prior to use of this procedure. The walk-in procedure seems justifiable as a technique of last resort, used, for example, when a therapist is in literal or figurative danger in a session. Its major disadvantage is the usurping of therapeutic responsibility and authority from the trainee in the clear presence of the family. A main advantage is in the area of therapeutic efficiency, if not efficacy. That is, certain therapeutic situations might require an immediate, forceful response—something a trainee may not have the experience or skill to implement. These seem to be situations in which training issues recede into the background while factors of therapeutic urgency assume high priority.

**Earphone or Mechanical, Bug-in-the-Ear Method.** This training method will not be discussed in detail here as we do not currently use this procedure nor subscribe to its use within the present model of supervision. Unlike others (4), we have not found the earphone to be a supervisory tool of significant value. There is greater likelihood of excessive interventions and commentary with this procedure—probably because of the ease with which a supervisor can communicate with the "wired" trainee. The present supervision emphasizes telephone communication and during-session consultations with the trainee. The addition of another supervisory method presents the danger of a training model overloaded with techniques. To expect supervisors and therapists to be able effectively to use both the telephone system and earphone would be unrealistic and would create unwieldy complexity.

**Factors Influencing Selection of Methods**

The previously limited dimensions under Pre- and During-Session Considerations again have relevance at the decision point regarding method of intervention. The factors of content redirection, pattern dislocation, difficulty, complexity, trainee level, relationship, etc., again must be considered in a supervisor's choice of a means of intervention. Sometimes the issue of choice is illusory; the method to achieve that goal frequently becomes immediately clear in the process of deciding on the supervisory goals.

In sum, the supervisor can choose among several intervention methods, with the choice based on many factors, including those described in the previous section.

**V. Decision Regarding Intervention**

At this point, the supervisor has decided to make an intervention, selected a method and style, contacted the trainee, and the trainee has returned his or her attention to the family. The supervisor now assesses the impact of the supervisory intervention on the therapeutic system. The assessment should include the following questions about the trainee's response: (a) Did the trainee implement the supervisory directive or suggestion? (b) If not, or if it was only partially implemented, was that because of a lack of clarity in the directive, relationship problems between supervisor and trainee, a lack of ability of the trainee, or a decision by the trainee to change the plan? (c) If the directive was attempted, how well was it implemented?

The postintervention assessment should also include questions about its impact on the family: (a) Did the intervention
VI. Postsession Considerations.

The postsession reviews the significant events of the previous session in terms of both the family- and trainee-specific goals that were agreed upon previous to the session. The postsession provides continuity within the live supervision/consultation process. It allows the trainee, supervisor, and observing group to debrief conceptually and affectively from the previously observed session. The postsession is also the link that connects live supervision/consultation to the broader context of training. In this way, live supervision/consultation, as a context, is always defined as more than the sum total of a supervisor's phone-in and during-session consultations. The presession and postsession as well as the case conceptualization conferences, didactic seminars, and videotaped supervision sessions are all crucial elements of the training enterprise.3

Summary

Thus, the schema is recursively structured. It first guides a trainer's entrance into the supervisory arena by offering a set of organizing principles (including the isomorphic nature of therapy and training) to guide the supervisor's initial actions (trainee assessment) in live supervision/consultation. The principles are then crucial to the later implementation of the interventions themselves. The model then proceeds to presession supervisory behaviors that prepare and organize the trainee in an appropriately focused, goal-oriented direction. It then details the numerous, interdependent factors affecting a supervisor's decision to intervene and reintervene in a session.

In this regard, the supervisor is activated by information received from the session. Bateson's (1) concept of information as difference has relevance here. The supervisor's observations are far from random. They are oriented toward predetermined objectives for the family, the trainee, the training group, and perhaps for the supervisor as well.

News of difference—a discrepancy between movement, or nonmovement, toward the objectives—prods the supervisor to action. Previously, supervisory models (delayed, video/audio) could not permit mid-course alteration of sessions gone awry or correct therapist errors at the point at which they occurred. Live supervision/consultation allows a supervisor's support and skills to be used at the moment that they are most required—during the conduct of a session. Finally, the same principle of acute attentiveness to feedback that guides effective therapy also guides supervision. A supervisor stands ready to reintervene if a poorly formulated supervisory intervention fails or if a trainee is unsuccessful with a worthwhile supervisory idea. The supervisor does not believe that one supervisory intervention will train a supervisee any more than a therapist believes one intervention will cure a family. Supervisors and therapists must intervene in a variety of ways over time. This requires training and, obviously, great skill. Reading the therapeutic system's feedback to a supervisory intervention is no less important (or difficult) a skill than succinct and substantive (in content and tone) phone-ins.

Minuchin and Fishman (24) maintain that the goal of training therapists is to move to a level beyond technique—where the person of the therapist and the methods are one. Just so, the goal of training trainers is identical.

This model-in-formation is neither exhaustive nor final. Beyond it lies the complex, less easily defined issues of integration, timing, supervisory judgment, and wisdom. Articulation of the interdependent and interrelated skills of supervision is an adequate beginning but should be viewed only as another step in our quest for excellence in training.

REFERENCES


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1This qualification is used because we realize that the supervisory system also has the potential to lose its meta position and itself become inducted into unproductive sequences of family-therapist-supervisor interaction.

2Of course, the case could be made that the nature of the supervisor-supervisee relationship is such that communication from the trainer to trainee is predominately directive and nonsuggestive.

3This paper emphasizes live supervision/consultation as a context rather than live supervision/consultation as a component of a
broader training program. This latter, more comprehensive model of family therapy training has been developed elsewhere (18).

4See also (16) for a model of training family therapy supervisors.