

Philosophy of Supervision Statement

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As a clinician, I have developed an approach that draws mainly from systemic, solution focused, narrative and somatic approaches. I nurture curiosity and reflexivity, including relational reflexivity (Burnham, 2005), which I use with clients in every session in order to evaluate therapeutic engagement, effectiveness, and my responsiveness to the client's needs. Given that the main theoretical influences in my clinical and scholarly work are rooted in postmodern approaches, especially narrative therapy (White & Epston, 1990), I consider clients to be experts in their lives, and I see my role as someone who can co-create a therapeutic container, and has expertise in supporting the emergence of clients' preferred stories and ways of being, through the use of adequate and competent therapeutic tools. Within this approach, the client is seen as a collaborator in the therapeutic process and the therapist is more like a skilled guide who can navigate the healing terrain (Anderson & Goolishian, 1992; Anderson, 2005; Stillman, 2012). My approach considers also the stories stored in the body, especially those traumatic stories that can significantly impact the narratives we hold about ourselves, each other and the world. I am currently training in dance and movement therapy (Meekums, 2002) and somatic experiencing (Levine, 1997; 2010) to expand my therapeutic toolbox, in order to further integrate the body in my clinical work. Because so many people in my main client population seek to address gender and sexual minority issues, deepening my understanding of dealing with trauma is essential. The somatic approaches described earlier support my work with clients with significant trauma history in particular.

My approach to clinical work is also deeply rooted in family therapy. I owe much to the Milan School and especially to Cecchin's work on curiosity, neutrality (1987) and irreverence (Cecchin, Lane and Ray, 1992). The latter, irreverence, is an essential part of my clinical work as it enables me to challenge established theoretical paradigms as well as to engage with clients in novel ways to better meet their clinical needs. Irreverence for example allows me to engage clients in discussions of the influence of cisgenderism (that is the assumption that gender is essentially binary and biologically determined. See Blumer, Ansara & Watson, 2013) and racism (Hays & Chang, 2003) on their narratives and the systems they are part of (e.g., families, work, school, etc.). It was also irreverence that supported me in challenging the Western separation of mind and body and spurred me to seek ways of integrating psycho and somatic healing in my systemic work as a family therapist.

I bring all these approaches and almost a decade of clinical experience to my role as a supervisor candidate. I am grateful to family therapy for viewing supervision as a discrete field with its own skills, challenges and qualities (Corey et al., 2010). I see my role as a supervisor as multifaceted. On one hand it is about supporting and mentoring budding clinicians through their development as professionals, and on the other it is also about protecting clients, evaluating supervisees and ensuring the quality of therapeutic services through gatekeeping (Corey et al., 2010). This creates a complex,

hierarchical relationship with both supervisees and their clients. The relationship between supervisor, supervisee and client is considered to be a triadic relationship. As supervisor I am responsible for my supervisees and for the quality of care their clients receive, which means that supervisees' clients need to be aware of my existence and have direct access to me, if needed. In addition, there are administrative duties as a supervisor, such as documenting supervision sessions and consultations, as well keeping up to date with legal and ethical requirements on federal, state and licensing board levels (Corey et al., 2010). The complexity of the role is reflected in the varied goals and objectives of supervision, which include: personal and professional development of the supervisee (as well as ongoing personal and professional development as a supervisor); understanding and application of a range of theoretical models; assessment and evaluation, including monitoring of quality of care for supervisees' clients (Corey et al., 2010). Ultimately, the goal of supervision is to enable supervisees to act as professional, competent clinicians who can ethically work with a diverse range of clients within the legal boundaries set by federal, state and licensing boards' requirements. By the end of the supervisory relationship, supervisees need to have internalized the meta position held by the supervisor, through the development of clinical, professional competence and appropriate reflective skills in order to move forward as an independent therapeutic practitioner.

Being a supervisor is a tall order, given the broad scope of responsibilities, goals and objectives described earlier. I believe that clarity about my role, including my responsibilities as an assessor and part of professional gatekeeping, availability, experience and knowledge is vital to establish successful supervisory relationships. Establishing a clear contract with supervisees helps with maintaining clarity and standards across a range of supervisory relationships. Using relational reflexivity with supervisees on a regular basis can also be helpful in identifying any pitfalls and challenges early on. Clear and regular record keeping also supports this process and it enables the supervisees to track their journey as an emerging clinician. There are several models and frameworks for supervision. The developmental models (Carlson & Lambie, 2012; Johnston & Milne, 2012) are very helpful in reminding both supervisees and supervisor that skills and competence are developed over time. For me, this is in line with Vygotsky's (Vygotsky & Wollock, 1997) pedagogical ideas of scaffolding, which I find congruent with the developmental model. It is important to assess what the supervisee knows and then to support opportunities for them to stretch to the edge of that knowledge in order to extend themselves and learn. This also promotes autonomy while making sure that supervisees do not feel completely out of their depth, which can exacerbates the anxiety budding therapist often experience (Stoltenberg & McNeill, 1997).

Just as my approach as a clinician is one that blends a range of compatible theoretical approaches, my model of supervision is an integrative model, which includes an understanding and appreciation of a developmental approach (Carlson & Lambie, 2012; Johnston & Milne, 2012), while also considering feminist models (Prouty et al., 2001), which nurture a critical and intersectional analysis of power in both the therapeutic and supervisory relationship, and narrative and postmodern approaches to supervision (Neal, 1996; Carlson & Erickson, 2001), which promote collaboration,

relational reflexivity (Burnham, 1993; 2005), attention to positioning in the supervisory relationship (Anderson, 2000), and to embodied knowledge (Rober, 2005). I also truly value the use of Self as Therapist (Aponte & Carlsen, 2009). As a trans masculine, queer, immigrant, Pagan therapist with invisible disabilities, working in English as my second language, I find it particularly salient to pay attention to my own positioning, that of my clients and my supervisees. I was trained to pay attention to issues of diversity and cultural competence through the model of the GRAACEESS – Gender, Race, Ability, Age, Class, Ethnicity, Education, Sexuality, Spirituality (Divac & Heapy, 2005). Regardless of the model used, I find it essential to address multicultural dynamics both in the supervisory relationship and between supervisees and their clients (McDowell et al, 2012). Attention to issues of diversity and multicultural competence are central to my practice as a clinician as well as a supervisor. Reflexivity is once again essential in order to maintain cultural competence as a supervisor and to nurture this in supervisee (Ali & Bachicha, 2012). Reflexivity can not only help us develop awareness of our own position in dominant discourses, including knowing our privilege, but also nurture practices of solidarity, such as attentive listening, ongoing education and professional development, practicing advocacy, on behalf of both our clients and supervisees, while our field develops more inclusive and justice oriented theories and practices. Offering different kinds of supervision can also be helpful in this regard (Borders, 2012). For example offering dyadic and group supervision in addition to individual can help supervisees not only with role playing but with developing case consultation skills, co-therapy and reflecting skills, which can be particularly useful for family therapists working with a reflecting team. Those practices also promote multiversal capacity, that is the ability to hold more than one singular story, which is essential when working with clients systemically. As well as individual, dyadic and group supervision, I plan to offer opportunities for co-therapy, consultation and live supervision to my supervisees. Those were opportunities I found invaluable in my own training and development. They can challenge and reduce supervisee's anxiety around competence, show vulnerability as a supervisor by being willing to engage in a therapeutic encounter in front of the supervisee, and aid the assessment process, as well as ensure the quality of client care. Reviewing recordings of supervisees' sessions with clients can also serve some of these goals, especially in relation to assessment, evaluation and quality assurance.

Finally, I feel privileged to serve the field in a supervisory capacity. As briefly expressed here, the supervisor's role is complex, yet integral to developing and maintaining professional standards and quality of clients' care in the field of family therapy. I believe that increasing the diversity of people engaged in a supervisor's role can also support increasing diversity of trainees and clinicians. I am hopeful that I can successfully offer my experiences, knowledge, skills and ongoing desire to learn and serve in this role.

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