

NBCC & AAMFT Approved Supervision: Philosophy of Supervision

Dr. Ezra Lockhart

Systemic Thinking

Falco (2020) and I amongst others assert that systems thinking is what differentiates the marriage and family therapist from the other mental health professionals. Systems thinking contextualizes identifiable problematic behaviors and situations within the context of (Haley, 1996; Haley et al., 2021):

- clients' and their family systems' conceptualization of the world;
- their values and core beliefs;
- their relationship to the world; and
- their evaluation, navigation, and management of accessible resources.

There are many differing components and their dynamic interactions that influence problematic behaviors and situations. System thinkers strive to elucidate each problematic situation and the associated behaviors by shedding light on the systems and subsystems that influence the client in the client's experience of the identifiable problem. The overall aim of elucidation—which I will aid you in developing—is to destabilize homeostatic behaviors towards the client and their family restabilizing around a potential solution. The restabilization generated by the client and their family system can include (a) improved communication, (b) improved interactions, (c) resource obtainment and usage, (d) challenging family rules and myths, (e) challenging institutional systems, and/or (f) reconceptualizing the problem.

Purpose and Goals for Supervision

My purpose and goals for clinical supervision are, overall, to establish an apprenticeship model to develop your counseling competencies, ethics navigational skills, and business acumen on their path to full, independent licensure (American Association of Marriage and Family Therapy [AAMFT], 2019; Colorado Department of Regulatory Agencies [DORA], 2022). My primary goal is the professional development of competent, confident, lawful, and ethical therapists. Here is an outline of objectives to meet this goal (AAMFT, 2019; Lee & Nelson, 2021):

- We will build a professional supervisory relationship with hierarchy, accountability, personal awareness, and trust.
- I will help you grow professionally and competently in the understanding and practice of various MFT theories and other core areas of competency to ensure exceptional client care.
- We will explore together, and I will honor and value the self of the therapist, your philosophy of therapy, overall worldview, strengths, values, and beliefs.
- We will establish short- and long-term goals that are guided or influenced by the development and chosen implementation of theory-driven therapeutic modalities,

NBCC & AAMFT Approved Supervision: Philosophy of Supervision

Dr. Ezra Lockhart

my supervision philosophy, and your developmental level in an effort to work toward satisfying the academic or regulatory requirements as part of the training process.

- We will establish supervisory long-term goals to include contextual, process, and content goals.
- I will evaluate you and provide formal and informal feedback regarding your level of competence and professional development, which the method and frequency of evaluation will be agreed upon at the beginning of the supervisory relationship.

Supervisory Roles and Relationships

There are multiple roles supervisors simultaneously hold with competing responsibilities (Lee & Nelson, 2019). I will act in the roles of (a) mentor, (b) clinical educator, (c) skills development coach, (d) catalyst, (e) risk management consultant, and (f) professional gatekeeper (Lee & Nelson, 2019). As a mentor, I will help you orient to the profession and direct you as you gain your bearings and surefootedness. As a clinical educator, beyond being directive, I will explain my rationale and allow you to peel back the curtain of the clinical process. I will expect you to root your interventions in theory with an aim of taking a client from intake to discharge. As a skills development coach, I will teach and train interventions to better serve your clients. As a catalyst, I will bring awareness to any of your personal issues that may arise that may interfere with your clinical work. As a risk management consultant, I will help you develop a defensive practice that evaluates, beyond the client's risk to self, the client's risk to your practice. As a professional gatekeeper, I will monitor and evaluate you as you enter the profession. I will balance these roles and responsibilities, while helping you to navigate the systemic contexts that influence the supervisory relationship and your identity within the profession.

When necessary, I will balance both administrative and clinical roles and responsibilities. However, it is my preference to separate my role as a clinical supervisor from an administrative supervisor. It is my opinion that doing so creates a healthy tension between administrative and clinical roles, which can be leveraged to develop supervisees and better serve their clients. Therefore, it is my aim to establish and clarify roles, boundaries, supervision philosophies, and expectations with supervisees through contracts, ongoing conversations, and rules that may be implicit or explicit—with work toward explicating rules (Haley, 1996).

Awareness of Personal and Professional Experiences That Impact Supervision

It should be noted that an individual's worldview, personal, and professional experiences are influential. This extends into the supervisory relationship. We will take full use of these experiences. We will explore our experiences with the aim of building a

NBCC & AAMFT Approved Supervision: Philosophy of Supervision
Dr. Ezra Lockhart

trusting, supportive, and collaborative relationship in order to provide rich, robust professional development and strong clinical practice (Lee & Nelson, 2021).

I have a mental health research doctorate and post-doctoral training at the Colorado School for Family Therapy. I have presented and published research, policies, and books. I have been a professional supervisor since 2002, an adult trainer since 2015, the inaugural program manager for Colorado Crisis Services (part of the 988 Lifeline Suicide Prevention hotline), a university professor since 2021, and served on numerous mental health boards. I have supported clients since 2005 and still maintain an active practice.

I am kānaka ʻōiwi (Aboriginal Hawaiian) born on the island of Oʻahu, have studied in Australia, lived in Alaska for 26 years with extensive rural village travel, lived above the Arctic Circle for nearly 8 years, and traveled internationally. I assert that all communication is cross-cultural communication, and we will be engaged in cultural exchange throughout your mentorship. This is intended to nurture your sense of cultural humility. I have encountered many mentors and supervisors in my personal and professional experience. I have a strong desire to impart the breadth and depth of my professional experience with supervisees as they work towards full independent licensure. I look forward to mentoring those aspiring to provide psychotherapy.

Preferred Supervision Model or Practices

A therapeutic and supervisory model that I am rooted in is Haley's (1996) model for effective family therapy—better known as Strategic Family Therapy—due to its acknowledgment of power struggles, incongruous hierarchies, and the usefulness of behaviors to effect systemic change. Haley (2013) understood that a child uses symptoms to change the behavior of their parents; therefore, structural problems in incongruous hierarchies can be improved by leveraging encountered or generated problems (i.e., boundaries, ethics, policies, etc.). The goal here is to effect positive systemic change, in which I will support you in your efforts.

Haley's (1996) model was heavily influenced by Bateson's cybernetic (Dell, 1985); Minuchin's (1985) structural family therapy; and Erikson's work on personality, self-determination, epigenetics, psychosocial, and socioemotional development (Maree, 2022). Beyond my preferred model and its influences, I observe and respect equifinality as for any goal there are different starting points and different ways to reach the same end (Galvin et al., 2006). Therefore, I will support you in whichever model you practice or aspire to practice. I, additionally, will support you wherever you are at in your professional development. Note that I am a professor of counseling in Canada at the graduate-level and affiliate faculty at MFT school in the USA and routinely instruct on MFT models. Indeed, you will directly benefit from the multitude of resources accessible to me.

NBCC & AAMFT Approved Supervision: Philosophy of Supervision
Dr. Ezra Lockhart

Sensitivity and Attention to Contextual Factors

Three foundational facets of Haley's (1996) model for effective family therapy inform my supervision and practice: family rules, family homeostasis, and circular causality. Family rules are the explicit and implicit rules within any system. I will assist you in increasing your awareness of rules of governance that impact you. There are multiple systems and subsystems that impact you and your practice and navigating those first requires awareness. Family homeostasis is the tendency for systems to remain the same. We all know the saying "well we have always done it this way". I maintain that testing, challenging, changing, and growing systems are essential to achieve nonmaleficence and beneficence (AAMFT, 2015; DORA, 2022). Circular causality is the notion that situations are interconnected with behaviors whereby multiple factors were influential. There are reciprocal relationships between all factors and all individuals centered on the problem. System thinkers evaluate the multiple factors as they destabilize systems and allow those systems to restabilize—as a means of growth.

Preferred Process of Supervision

There are benefits to individual, group, live, recorded, and technology-assisted supervision. All of these modalities are offered and must be mutually agreed upon between the supervisor, supervisee, and any additional parties such as university, site coordinator, administrative supervisor, or agency director. This will be clearly stated, structured, and signed in the supervision contract. The frequency of supervision and all applicable laws, rules, and regulations will be explicitly stated in the supervision contract. Supervision expectations are to be clarified in the supervision contract to include terms and conditions for conducting a lawful and ethical practice. This includes adherence to the Colorado Revised Statutes (DORA, 2022) or the statutes of the state you are located, the AAMFT Code of Ethics (AAMFT, 2015), other relevant ethical codes, and HIPAA.

The AAMFT (2018) core competencies will be woven throughout individual and group supervision to include MFT approaches, case conceptualization, system conceptualization, circular causality, legal implications, ethical implications, policy and procedures implications, professional liability assessment, safety and risk assessment, diagnostics, differential diagnostics, standardized and specialty screening and assessment, interventions, treatment and discharge planning, explicit recognition of your own personal biases and beliefs, and intra- and inter-agency collaboration and referrals. Additionally, particular attention will be given to subsidiary skills and knowledge in the areas of conceptual, perceptual, executive, evaluation, and professional subdomains. All of these skillsets are essential for the effective integration of MFT into interdisciplinary care teams and setting (Mendenhall et al., 2018).

NBCC & AAMFT Approved Supervision: Philosophy of Supervision

Dr. Ezra Lockhart

Monitoring and formal and informal reviews are structured. The contract will indicate the semi-annually formal evaluation of both supervisor and supervisee. Informal feedback is a fluid, ongoing process that will take place throughout the entirety of the supervision relationship. Performance improvement plans may be used when there are concerns about the growth and professional development of supervisees. This plan will include areas of concern that must be addressed and the next steps to be taken if insufficient improvement is made. The supervision contract may end at any time for any reason.

Prior to signing the supervision contract, we will meet to determine your needs and we will both screen for supervision fit. I will provide a draft contract, evaluation tools, my philosophy of supervision, my professional disclosure, proof of my eligibility to supervise in your state, proof of an unencumbered counseling license in your state, and my curriculum vitae upon request. It is expected that you will be prepared to screen me for supervision fit, and bring proof of your candidacy. Additionally, at this juncture, you will need to know whether your site or agency permits client recording and documentation review.

Sensitivity to and Competency in Ethics and Legal Factors of Supervision

The legal and ethical framework for our profession is critical to our practice, as a public safety. I routinely remind my supervisees that laws, rules, and regulations are put in place to protect the public from you. It is naïve to think that therapy cannot be harmful (Zimmerman, 2002). Since 2020, I have reviewed eight psychotherapy malpractice cases as an expert witness. Indeed, malpractice occurs. I will support you by getting familiar with your regulatory board, the rules, and laws. The regulatory board is not solely the place you pay your fees and submit your application to. I will orient you to HB 21-1305: Colorado Mental Health Practice Act, your board's grievance process, and past cases of complaints against therapists. I routinely attend public board meetings that regulate Colorado healthcare professions program and encourage and support your attendance as well.

Since the start of my practice in Colorado, I have met Denis K. Lane Jr., the practicing mental health law attorney in the District of Columbia and the State of Colorado (since 1978). He represented the State of Colorado in mental health issue litigation. Routinely, he publishes *The Legal Guide to Practicing Psychotherapy in Colorado* (Lane Jr., 2022). I own a copy and advise you purchase a copy, as we will work out of this resource.

NBCC & AAMFT Approved Supervision: Philosophy of Supervision
Dr. Ezra Lockhart

References

1. American Association of Marriage and Family Therapy [AAMFT]. (2015). *AAMFT code of ethics*. Author.
2. American Association for Marriage and Family Therapy [AAMFT]. (2018). *Competencies for family therapists working in healthcare care settings*.
<https://www.aamft.org/healthcare>
3. American Association of Marriage and Family Therapy [AAMFT]. (2019). *Approved supervision designation: Standards handbook*. Author.
4. Colorado Department of Regulatory Agencies [DORA]. (2022). *State board of marriage and family therapist examiners: Laws, rules, and policies*.
<https://dpo.colorado.gov/MarriageFamilyTherapy/LawsRulesPolicies>
5. Dell, P. F. (1985). Understanding Bateson and Maturana: Toward a biological foundation for the social sciences. *Journal of Marital and Family Therapy*, 11(1), 1–20.
6. Lane Jr., D. (2022). *The legal guide to practicing psychotherapy in Colorado, 2022-23 academic year*. Colorado Bar Association Continuing Legal Education.
<https://cle.cobar.org/Books/Product-Info/productcd/ZLGPP23B>
7. Falco, C. (2022). Integrative practice for the beginning family therapist: Bringing it back to basics. *Australian and New Zealand Journal of Family Therapy*, 43(1), 70–79.
8. Galvin, K., Dickson, F. C., & Marrow, S. R. (2006). Systems theory: Patterns and (w)holes in family communication. In *Engaging Theories in Family Communication: Multiple Perspectives* (pp. 309–324). Sage Publications.
9. Haley, D., Paucar-Caceres, A., & Schindwein, S. (2021). A critical inquiry into the value of systems thinking in the time of COVID-19 crisis. *Systems*, 9(1), 13.
<https://doi.org/10.3390/systems9010013>
10. Haley, J. (1996). *Learning and teaching therapy*. Guilford Press.
11. Haley, J. (2013). *Leaving home: The therapy of disturbed young people*. Routledge.
12. H.B. 1305, 2021 Biennium, 2021 Reg. Sess. (Col. 2021).
https://leg.colorado.gov/sites/default/files/2021a_1305_signed.pdf
13. Lee, R. E., & Nelson, T. S. (2021). *The contemporary relational supervisor* (2nd ed.). Routledge.
14. Maree, J. G. (2022). The psychosocial development theory of Erik Erikson: Critical overview. In R. Evans & O. N. Saracho (Eds.), *The influence of theorists and pioneers on early childhood education* (pp. 1107–1121). Routledge.
15. Mendenhall, T., Lamson, A., Hodgson, J., Tyndall, L., Williams-Reade, J., & Trudeau, S. (2018, March). *Core clinical competencies for family therapists working in healthcare settings*.
<https://blog.aamft.org/2018/03/core-clinical-competencies-for-family-therapists-working-in-healthcare-settings.html>

NBCC & AAMFT Approved Supervision: Philosophy of Supervision
Dr. Ezra Lockhart

16. Minuchin, P. (1985). Families and individual development: Provocations from the field of family therapy. *Child Development*, 56(2), 289–302.
<https://doi.org/10.2307/1129720>
17. Zimmerman, T. S. (2002). A feminist perspective on how therapists can harm marriages and what we can do about it. *Journal of Couple & Relationship Therapy*, 1(2), 19–23.