

TRACKING AND REVISITING THE EVOLVING PERSPECTIVE OF AN INTERN

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This paper tracks the evolving understanding of an intern and her supervisor elicited during the clinical and supervisory work with a multi-stressed family. The shift of understanding included a movement from an expert informed stance towards a more collaborative approach which brings forth a greater fit not only in how the client is described but also in the less experienced therapist's sense of competency. The authors revisit aspects of the case and analyze the dialectical impact of writing during training and supervision. This therapeutic and supervisory work becomes a springboard to reflect on salient issues in the experience of interns, supervisors, and faculty. This work highlights core elements of relational training and supervision, and attempts to help remedy the lack of literature addressing the training-supervisory interface.

INTRODUCTION

This paper was written as an effort to address how we shape our ideas about the power of professional collaborative relationships and therapeutic change, and how the accounting of these dimensions evolves as the participants gain other

We are both thankful to Mary Jane Beach, the on-site supervisor. She read versions of this article and provided feedback, but the authors are fully responsible for its content. We are also grateful to the family who agreed to have us share part of their story. Finally, we are truly thankful for the reviewers' constructive feedback.

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experiences and reexamine a supervisory and therapeutic moment. Stressing a collaborative and reflexive process in which supervisors and supervisees transparently address their evolving understanding of a case is central in the development of reflexive therapists. Moreover, supervisors and faculty working collaboratively with their students to become competent therapists need tools that foster this collaborative enterprise. This is not only beneficial to the intern-student-therapist but also to supervisors and faculty (Green, Shilts, & Bacigalupe, 2001). With this paper, we attempt to help remedy the lack of literature addressing the training-supervisory interface. This interface is salient when interns report to supervisors and faculty and write about their experiences as part of requirements to graduate.

The paper tracks the shifts that occurred when one of the authors (CA) worked with a ten-year-old boy and his mother during a period of three family sessions. Each session is presented as a step in the ensuing discovery of the young client's strengths as well as the intern's change in stance that tracks part of her journey in learning and experimenting with family systems techniques that suits her and her client. There are three distinct voices throughout this paper. The intern (CA) gives voice to her experience as a student and then again reflecting on her experiences from the perspective of having become a licensed therapist. The second voice is that of the internship instructor and co-author (GB), who clarifies and reflects on his own thinking process. A third voice, the intern's on-site supervisor, was not part of the writing process but provided feedback and reflection to the intern during the early writing of this paper.

Writing this paper has been for both authors like attempting to create a sand castle in which the tides continue to ebb and flow, altering and redirecting the sculpture's shape and character. Reconstructing their previous interactions and thinking evolved as they made sense of what they had experienced. The authors did not necessarily know how their ideas would shape this finished paper. CA agreed to work collaboratively with GB as she was completing her internship. At that time GB was the internship seminar instructor as well as CA's academic advisor. GB suggested that a graduate school paper could be the source of a joint collaboration since the case she had written about was a good example of the interplay of individual, family, and larger family system constructs. CA's purpose has since evolved to include the opportunity to present a case as a springboard for educational discussion among interns, site supervisors and internship instructors that highlights one intern's experience—fears, frustrations, and power differentials that may be commonly experienced during an internship.

As GB suggested earlier, the process of co-writing was similar to attempting to create an emergent sculpture in the sands of an incoming tide. As he thought about inscribing a specific clinical and supervisory experience into a written one, the end product of the joint project was not clearly defined, and the ideas shifted and evolved throughout the writing process. Thinking from a collaborative perspective, as the internship instructor, he trusted that the process would lead to a compelling result and, in turn, into a valuable experience for both participants. Often

though, GB believes supervisees or less experienced therapists may think that supervisors know what the end product of supervision or clinical conversation will be. The “truth” is that the evolving process of conversing creates a result that seems like it was planned. The collaborative dialogical process, however, is the protagonist that may lead participants to fruitful results. Writing this paper parallels the same process. There were “clear ideas” at the start about what the paper would look like, yet not about the dialogue or the evolving views of the case and the emerging voices that needed to be included in this final text. Moreover, deciding what was relevant from a specific set of clinical encounters taught the authors, again and again, how the writing process impacts upon and is constituted by their evolving conceptual perspectives.

THE START

The venue of the internship was a private, nonprofit organization whose co-director and supervisor was trained in traditional family systems and quite knowledgeable about professional community collaboration. The site provided a variety of professional and clinical services including learning and enrichment programs, community education and training as well as a resource center equipped with multi-sensory materials and tools.

This paper is based on a case clinical analysis originally written by CA during her internship to satisfy a graduation requirement. Internship placements are made months prior to the start of the internship. By the time she began the one-year internship, classroom instruction had moved from traditional family systems to more contemporary family approaches such as solution-focused, narrative, and collaborative. While CA had attained a reasonable proficiency in family systems, the solution-focused approach seemed more straightforward, better met her personality, and seemed to offer clients an empowered position from which to self-direct their treatment. She was struggling to understand and grasp what part of the systems approach she wanted to keep, but began to work from a more not-knowing point of view. She was eager to practice these new skills. The paper was subsequently rewritten to satisfy the requirements of another assignment in which CA attempted to more fully include the larger family and community systems, together with a developmental and cognitive and psychopathological understanding of a case diagnosed as attention deficit disorder.

The requirements of the graduate program attempt to facilitate a learning in which students are mindful of their listening and learning practices. To foster this type of reflection, students are required to submit a portfolio which contains a personal statement about their learning experience, choose representative elements of their work in the program, and present a clinical narrative of a case they have worked with during their internship. This experience invites students to advance a cohesive professional identity associated with a reflective, caring, and ethical

practice. The portfolio is an opportunity to reconstruct and reinterpret a cohesive narrative about their personal, academic and professional learning while pursuing graduate studies. For students, generating their own integrative statement that highlights their challenges and strengths mirrors the kind of work GB would like his trainees to achieve while pursuing their professional endeavor with individuals, families, and larger systems.

THE CLINICAL STORY

Nancy¹ brought her ten-year-old son, Joey, to therapy. Joey's mother reported that he had been diagnosed with attention deficit disorder and had been referred to therapy by his soccer coach, who thought Joey was having trouble "accepting limits." Nancy reported that Joey hated school, had problems completing homework, and, according to his teachers, had difficulty staying in his seat. This white, middle class family was comprised of a 47-year-old divorced mother, 11-year-old daughter, and 10-year-old twin boys. Nancy was employed full time.

Both Nancy and Joey's father came from large families and had lost grown siblings in tragic accidents. Nancy lost an infant sibling at birth and three family members all died all within six months of one another. Nancy reported alcohol abuse on her former husband's side of the family, including Joey's father, who was incarcerated during part of their marriage. She reported that her former husband suffered from serious "mood changes." She also reported that he had fathered four children from a previous marriage and conceived another child sometime during his first marriage. Nancy reported that Joey's father did not consistently visit his children, often disappointing them by not keeping prior visitation arrangements, a situation Nancy stated she regretted and hoped to change. She reported that the children "adore him." The family therapy encompassed three sessions over a period of three weeks. The first session illustrated what the intern-therapist (CA) perceived as a boy who seemed very sullen and difficult to engage. The second session was a focal point that illustrates a positive shift in the therapeutic relationship and highlights how the child's behavior between the first and second session was characterized by a marked improvement in his response to therapy. Dialogue from the videotaped third session is presented to highlight themes. After the third family session, at the supervisor's suggestion, the therapist visited Joey's fourth-grade classroom to observe him and to meet with his teacher to gain a better understanding of the reports of his problematic behavior and to address his mother's concern about the competency and the fairness of the classroom teacher that may have impacted the quality of his education and school experience. Dur-

¹Names and identifying information have been changed to protect the identity of the family. The family was contacted later to report that we were preparing this article and to request their feedback.

ing the classroom visit, Joey's twin seemed as disruptive as Joey even though Joey was presented by his mother as the "identified patient." The classroom visit coincided with the end of Joey's school year and of the internship. Nancy and CA discussed options and the feasibility of Joey continuing counseling. Given Nancy's report of some improvements in Joey's behavior and the reality of the end of the internship, Nancy opted to terminate counseling at that time, with the understanding that, should she and Joey so desire, he could return to counseling.

SHIFT 1: RETHINKING THE ROLE OF THE INTERN AND THE CHANGE IN THE FAMILY

Session One: "I Don't Know"

The child's response, "I don't know," to most of the questions during this first session, resonated with CA's sense of frustration and perceived lack of experience and expertise in how to meet the challenge of engaging this boy. When the family arrived, Joey looked distraught and unhappy. CA wondered if this boy ever laughed or had any fun. Joey engaged fleetingly at the beginning of the session when he assisted during the construction of his family genogram by answering questions about who was in his family. Then he was impassive again. At that time CA was learning new skills and was influenced by the desire to apply a solution-focused approach to the therapy. When attempting to engage Joey by asking what he was good at, he reported, "I don't know." He rarely smiled. He squiggled around in his chair, played with an elastic, snapping and playing with it against his face, the arm of the chair, and his arm, positioning it for aiming and shooting it as if toward the air or at someone in the room. When CA attempted to initiate a conversation about how he and his twin brother were the same and how they were different, Joey responded, "I don't know." When asked how much he liked soccer compared to how much he disliked school, Joey again resorted to "I don't know." Nancy reported, however, that Joey "is the comic in the family, is very popular with other boys, and receives phone calls and invitations for sleepovers." When CA asked Joey if that was true, that he had lots of friends, he replied, "I don't know."

The Intern's Experience of Therapy and Supervision

After the first session the intern reported to her on-site supervisor that she felt overwhelmed and incompetent working with this family. She believed that little therapeutic joining had taken place. It was unclear whether Joey was tuning out the conversation during the session or if he had difficulty staying focused on it. The intern had difficulty reconciling the mother's report about Joey having lots of friends with the same boy who cast his eyes downward during most of the session and who

resorted to “I don’t know”² responses to most of the questions. Quite honestly, CA was having trouble getting past Joey’s negativity and found it difficult connecting with something to appreciate or admire about him. The on-site supervisor believed Joey presented as sad, angry, bored, and very difficult to engage, even about his own positive abilities like playing soccer and working with a computer. She considered his case “complex” with special issues that included “child mood inconsistencies” and poor school-performance as well as “co-morbid conditions with attention deficit disorder.”

Resolving the presenting problem is often a beginning therapist mantra. In this case, in attempting to achieve this goal, the on-site supervisor assisted in prioritizing the adults’ concerns about Joey’s school behavior and academic progress. Consistent with her expertise in family systems, she highlighted the family communication style, the lack of consistent contact with the father, and the family’s ability to find a balance between work and play. The on-site supervisor wondered if Joey’s mother was discouraged about his experiences in school and in soccer and if Joey was angry that the soccer coach told his mother to bring Joey to counseling. She also wondered whether Joey was angry at being singled out as the “identified patient” and was curious if Joey’s anger mirrored the mother’s sense of being overwhelmed as a single parent. In applying the concept of isomorphism and in reflecting on the intern’s feelings of ineffectiveness, the on-site supervisor wondered if CA’s feelings mirrored Nancy’s feeling of disempowerment and difficulty in engaging her child. The supervisor suggested that treatment plan considerations include: (1) with whom the intern should ally; (2) how to meet Joey’s needs and still address his mother’s agenda, and (3) what to do when these constructs collide. In preparation for the next session, the on-site supervisor suggested CA play a game with Joey and his mother to “join” with this family.

Several shifts in CA’s thinking have emerged since the first session with this family. The original interest in the paper was in the relationship between her stance as an intern and a subsequent change in the client’s response to therapy. The first shift in her thinking occurred during the second session—from “I don’t know what to do with this kid and dreading seeing the family again” to choosing this family over several others to be videotaped to meet the final internship requirements.

As CA was trying to reorganize the focus of the paper from meeting the graduation requirements to producing a publishable paper, a second shift occurred. She realized what was perceived as the difficulty of working with a child who seemed so hard to engage would not be as daunting a challenge today. Now she realizes that young clients who present as somewhat resistant to participating in counseling are often the norm. As the writing collaboration began, not surprisingly, writing the paper was frustrating. She believed that the writing was not focused and

²According to Hallowell & Ratey (1994), uttering, “I don’t know” “forms the last line of defense” (p. 129) for children diagnosed with attention deficit disorder. The on-site supervisor reported that it also helps the child to save face when having trouble using words to formulate ideas quickly.

was not making sense. Her experience writing at that time, isomorphically, paralleled her frustration and experience in working with Joey during the first session, except in this case, his mantra of “I don’t know” became hers. Rethinking the paper’s direction allowed CA to reflect on her training. When an intern lacks therapeutic experience, it is easy to be stuck working with multistressed families and with clients who seem difficult to engage. Now CA is more able to trust the process and not feel the necessity “to do something.” CA believes writing about the intern’s experience by tracking the shifts in thinking over time provides an opportunity to address dimensions of training that could be helpful to interns—for example, exploring the use of humor, and how to let go of the expectation of having to “fix something” during the session.

CA’s family therapy training at that time emphasized a focus on “joining” with the family, a training that progressed from modern to postmodern approaches. As a consequence, her developing theoretical approach attempted to integrate family systems within a less directive stance while superimposing solution-focus ideas borrowed from narrative and collaborative approaches. CA was so inundated with learning to use a plethora of therapeutic models that it never occurred to her that it was not “wrong” to just listen and not to have a master plan that directed every intervention during a session.

The Instructor’s Experience of Therapy and Supervision

Meeting on a weekly basis with interns affords the opportunity to integrate some of the theoretical as well as the person-of-the-therapist issues. GB’s internship supervision consisted of evaluating the relationship of interns and on-site supervisors, in-depth review of clinical cases and their links with the theoretical learning that occurs at school, and a continuous attention to self-of-the-therapist issues that arise during the internship. Besides the above, GB supported the efforts to complete the series of writing assignments that are required before graduation. GB’s agenda included continuous monitoring of the relationship that the on-site supervisor and intern are developing. In the case of CA and her on-site supervisor, the relationship that they were developing was based on trust, high levels of transparency, and openness. From a conceptual perspective, though, GB preferred a more collaborative approach to the case rather than what he perceived as concerns with family structure and the psychological characteristics of the child.

SHIFT 2: THE IMPACT OF “NOT HAVING AN AGENDA” IN COLLABORATIVE ENGAGEMENT

Session Two: Playing Games

With relief and sanction to play, CA planned “not to have an agenda.” Instead she planned to provide a safe environment for Joey to play freely and to use that

opportunity to lay a foundation of trust in which he could choose a fun activity and the family interaction could be observed. Armed with permission to “just play” during the second session, CA suggested that Joey and Nancy play a game together. Joey chose to play checkers and played by rules that were not the same rules CA remembered. When Nancy or the therapist gently questioned his explanation of a rule, Joey quickly defended his interpretation as the correct one. CA was puzzled when Joey created a different set of rules by finding “loopholes.” It was somewhat unclear whether he was confused about the rules of the game or if he was prone to create new ones that accommodated his agenda. When asked about the first session, Nancy reported that Joey was angry that he had been told that the family was all attending together, but that he was singled out while his siblings stayed downstairs and played games. Toward the end of this session, Joey disclosed that he had been kept in for recess for pushing another boy in school, but reported that he did “not do it.”

Joey was engaging and cooperative throughout the session. CA became so taken with this appealing young client that she surprised herself by asking Nancy if she would agree to allow Joey and her to be videotaped during the next session for the purpose of meeting the final assignment in the family therapy program. Nancy agreed and arrangements were made for releases to be signed.

The Intern’s Experience of Therapy and Supervision

Unlike the first session in which the intern attempted to ask a set of solution-focused questions to gather information for family assessment and treatment, “planning not to plan” became a generative strategy to manage CA’s and the family’s anxiety. The on-site supervisor’s suggestion of playing provided the freedom to allow what fostered the most surprising shift, the decision to ask this family if they would be willing to be videotaped. CA began to see things to admire about Joey—his humor, antics and enthusiasm. The mother’s comment in the first session about Joey being the comic in the family now began to make sense. CA’s assessment evolved from a perception of Joey as a frustrating and non-engaging client to one that highlighted his playful and cooperative side. Utilizing a different perspective and listening stance created a context for a relational change.

The Instructor’s Experience of Therapy and Supervision

From a strategic perspective (Haley & Richeport-Haley, 2003; Nardone & Watzlawick, 2001; Szapocznik & Williams, 2000), playing in the family therapy session is organized by a strategic goal. Valuing the therapeutic power of just “playing” is not a priority unless it is expressly designed to assess or change a communicational pattern. Play per se, a space for engagement and free-floating conversation, has often been associated with psychodynamic play therapy rather than systemic work. Choosing to play freely with the family, however, may have

changed the beginning of a stuck therapeutic system and inadvertently changed the rigid communicational pattern that was established in the beginning of the therapeutic relationship. At the on-site supervisor's suggestion, the therapist allowed herself permission not to "do something." In turn, the therapist shifted her assessment of Joey from a difficult-to-engage child to one who could demonstrate humor and cooperation. Joey's subsequent shift in demeanor changed the therapist's perspective. Paradoxically, the session was not defined as an interventional one, but the identified patient was inviting new possibilities into the same session.

SHIFT #3: INTEGRATING APPROACHES

Session Three: Games and Talk

Spurred on by CA's preference for a solution-focused approach and bolstered by Joey's positive response to games and humor, she suggested they combine playing games with talking. Joey and his mother readily agreed. During the first portion of the session Joey chose to play a board game that involves using one's thumb and forefinger to propel and keep more checker-like game pieces onto the board than one's opponent. The second half of the session, through a series of stops and starts, from pieces of a drawing game to segments of a pantomime guessing game, Joey settled on a creative, adapted version of a pantomime game that provided an opportunity to observe, work with, and play with Joey and his mother.

In the beginning of the session, when Joey asked how to play the checkers-like game, he impatiently tossed the checkers, aiming for the posts on the board. Joey was enthusiastic about playing both games and often exhibited impulsivity and impatience to get back to the game. CA thought that a transparent stance would fit better with the kind of dialogue she wanted to accomplish with this family. At times during the session Joey's dialogue highlighted his enthusiasm, humor and expressive language.

CA became interested in how Joey constructed, employed, and spoke about the rules of the games. During the session, he focused on redesigning the rules, although it was unclear whether he was impatient to get back to the game, bored or uncomfortable with the conversation, unable to focus on it, or simply could not formulate responses. There were occasions, however, on which Joey exhibited a clear understanding of the physical strategies of a specific game. He seemed to struggle with remembering or understanding the rules as he tried to describe them. There were several incidents of new, evolving, and changing rules and of Joey's expressive language.

Informed by a collaborative stance (Anderson, 2001; Anderson & Swim, 1995) and seeking to highlight his strengths, CA complimented Joey on his creativity in making up his own game and on his ability to attend school despite his dislike for it. She was curious how he managed to cope. This vignette highlights her attempt

to focus on the family's strengths and to collaborate with Nancy and Joey to help them to quantify how much he was "being bossed around."

T: It's very interesting what your mother was saying about being bossed around by your brother and sister . . . Is it true?

J: A little bit

T: Umm, scale it for me from 1 to 10? That helps me understand what you mean, one being they're not bossy very much, and ten being they're bossing you a really lot.

J: Oh, I got it! [He looks at his next card and stands up as if to play.] OK, they're bossy a lot.

T: What's the number?

J: Ah, ten.

T: Ten? Wow, that's a lot! [Joey moves into role and jumps with his arms going over his head in smooth circular motions to pantomime "jumping rope".]

J: This is a fun game!

When asking Joey if his brother and sister were bossing him around much, he answered "a little bit" but when asked to scale it, one being the least bossy and ten being the most bossy, he chose a ten—the bossiest. It was unclear if Joey did not understand the question when asked the first time, was not paying attention to the question, did not understand the scaling construct or was too impatient to get back to the game to pay attention.

CA asked how much better Joey thought he was doing on his homework compared to a couple of weeks ago. Although responsive, he was impatient; his continued enthusiasm was related to returning to the game. When CA asked Joey to rate how "boring it was" for him the first time he came to counseling compared to the second time, he ranked the first session "a zero" and the second session "a seven" because "he liked playing the games." CA asked Joey how he made sense of the fact that people blamed him for things he said he did not do and wondered what he could do to prevent his being accused of pushing someone at school again.

The first board game involved simple math to keep score. Joey tried scoring but had difficulty, not only doing the math, but also staying focused on the task at hand, which is consistent with what the mother stated the school had reported about Joey's difficulty with mathematics and with his mother's report of his diagnosis of attention deficit disorder.

At the end of the session, when CA asked Joey what needed to be done to ensure that he would come to the next session without refusing to do so as in the previous session, Joey responded, "I'll go by myself." In reflecting on this dialogue during supervision, CA realized she missed an opportunity to praise Joey for his solution to what his mother had perceived as problem—his refusing to come to counseling. She was so busy trying to use her newly acquired solution-focused

skills that she missed Joey's solution to the problem and continued to bombard him with more solution-focused questions.

The Intern's Experience of Therapy and Supervision

Joey's use of language was discussed during supervision. CA noted that when Joey orchestrated an explanation for what he thought was one game that turned out to be a different game, he directed her to "try to draw somepin" rather than "something." In addition, when Joey was trying to explain how to play what he insisted was a particular game, he referred to the "defending opponent" as the "defending ponent." When the on-site supervisor and CA discussed Joey's speech in which he used words that did not sound properly enunciated, the on-site supervisor suggested that remembering, understanding and expression are three complex tasks of language integration.

In discussing the theme of rules, the supervisor wondered if this form of relating in therapy was a metaphor to his approach to other rules in his life—the playground, the classroom, the hallway, and soccer. She suggested that while Joey made up his own rules, his mother worked persistently at keeping him following the "right" rules. As a supervisor, she wondered if the parent and child provocation around the issue of rules could be a metaphor for their life. As a learning and attention disorders specialist, she suggested that Joey might have introduced an element of provocation, excitement, and challenge that provided self-stimulation to help him focus.

In trying to prioritize concerns in this case, the on-site supervisor suggested that CA try to balance paying attention to the child and the mother's agendas as well as consider how reading comprehension and language use may have implications for Joey's social and classroom interaction. The supervisor wondered about Joey's adjustment to his parents' divorce, his relationship with father, and his interaction with his teacher and peers. The on-site supervisor was curious about questions such as: Who is concerned about the child and how is the "problem" being defined? Does the child's behavior vary across settings, and is the same behavior being defined differently in different settings? (Fine, 1995).

The Instructor's Perspective of Therapy and Supervision

Operating from an expert position, GB thinks the previous dilemmas are a good example of a therapeutic systems attempt at creating an "observing" stance. Diagnosing, in the traditional sense, is associated with what may move the family forward. Although the therapist was entertaining a collaborative approach, the modern expert stance lingered here. In hindsight, this contradiction may reflect two distinct epistemological stances: a supervisor operating from a modern family systems perspective and a therapist learning a solution-strength stance. A third

option, suggested by the on-site supervisor after reading a draft of this paper, is the potential integration of both approaches (Churven, 2000; Fraenkel & Pinsof, 2001; Larner, 1994). An instructor should respect the perspectives brought by the intern as well as her supervisor since they have closer understanding of what is transpiring in the sessions. In this case, their understanding of what made a difference in the shift on the part of the family and the therapist, however, may reflect the limitations of available theories that often push us as therapists to find explanations within the constraints of the theories or conceptual paradigm that therapists know well or are available at the time. In this case, the therapist and supervisor seemed to coincide around a psychological understanding of the child's predicament and a modern systemic view of the symptom as a function of the family system. GB was more interested in taking on a collaborative and discursive perspective on the case, but sharing these ideas could have been a way of imposing an understanding that in turn contradicted this preferred theoretical position. GB resisted, for instance, the push to incorporate an individualistic cognitive understanding of the case (using Jean Piaget's cognitive stages for instance).

CONCLUDING COMMENTARIES

Interns are not often presented the unique opportunity of reflectively writing about their internship experiences in a post-graduation venue such as this. Not one to pass up such an opportunity, CA believes it is important to address internship concerns, fears, frustrations, and power differentials that are commonly experienced. Her concerns included her perceived lack of therapeutic skills, feelings of incompetence, financial strains, and feeling overwhelmed at balancing school and work.

CA was intrigued with the solution-focused model and found herself shifting toward that focus, although, initially, she found it difficult to rearrange her thinking from "what's wrong" toward "what's right" as demonstrated by this family's strengths. It seems like a simple shift, but professional training often focuses on troubleshooting. She mentioned to her on-site supervisor that she was learning and experimenting with other approaches and was especially excited about solution-focused interventions, but the supervision was informed by purposive (Todd, 1997) and psychodynamic approaches (Roberto, 1997). While CA was grateful that her on-site supervisor was so well versed in family systems skills, she was discouraged that her supervision did not include less strategic and transgenerational approaches. It was like dancing to two masters—learning the tango while being coached and critiqued in the foxtrot. As an intern on the low end of the power differential, she continued to try to learn new approaches and discussed her frustration in her internship class and journal that the instructor (GB) was reading.

The internship seminar included visits to other internship sites. In observing other interns' responses to live and videotaped case examples, she often felt inadequate

by comparison. She was commonly struck by how some classmates seemed able to focus on “the big picture” so quickly—the family interaction and strengths—while “the big picture” seemed to elude her. She often experienced a sense of being overwhelmed by the information presented. It seemed as though she got bogged down in details and missed the contextual and analogical dimensions of what transpired in the sessions.

As a fledgling therapist, CA felt that she had to “do something” during a session, that she had to consciously choose an approach for each intervention and that there had to be measurable changes by the end of each session. She was afraid that her ignorance as a therapist would be “found out.” She was concerned of doing something inadvertently that would jeopardize her internship by violating some unknown policy. An instructor had told her internship class how an intern, unaware of a policy prohibiting any physical contact with a client, had touched or hugged a client, and later had to leave the internship. While this fear may seem like a possibility not grounded in reality, as a typical intern, she was strapped financially, overwhelmed at attempting to balance a job, the responsibilities of an internship, and the requirements of classes that included a long commute.

Becoming a professional therapist involves interns participating from a training context that communicate directly and through unwritten rules that they must demonstrate knowledge about theory approaches and how it is applied in clinical situations. In writing about this case, the therapist was challenged to develop a theoretical approach that merged an expert family systems’ stance informed by experiential, structural, and intergenerational ideas that originated, in part, from supervision, while shifting toward a less directive stance informed by the intern’s acquiring postmodern ideology.

Writing is a way of thinking that forces authors to clarify their perspectives; this paper is no exception. At the start of the writing, the focus was in the shifts that took place during the second session and the question that arose from engaging in a supervisory context: How does the intern plan and then shift her thinking and action in response to the family? How does the therapist move into a more collaborative approach?

Further shifts about the case continued to develop as the writing of this manuscript progressed. GB started thinking about this paper as a good example of a case in which integrative systems thinking was well exemplified by the very individual ways of approaching the case (cognitive developmental), the family interaction, family therapy techniques, and the involvement of larger systems (school). As the paper evolved, GB moved toward a more collaborative way of thinking about its content and the way it could be framed. Thus, the parallels between the writing and the clinical case continued to appear throughout the process of writing about it. Similar to therapy, writing can pose challenges, but can also suggest ways to collaboratively move forward (Bacigalupe, 1996).

CA believes she has become more comfortable working with families who, at the onset, seem difficult to engage. She is more able to stay calm in a therapy session

and not feel she has to “do something” that produces a measurable outcome. It is important to write about this shift because her focus in this paper has been to address some concerns that do not seem to get adequate attention in family therapy training—for instance, the use of humor and of letting go of expectations in therapy. She believes it is important for interns to understand that sometimes an intern or therapist does not always know what to do and that it is acceptable. For CA, the shifting nature of the paper contents made her unsure of the direction of the manuscript because her perspective about this case had shifted and changed throughout the clinical experience. GB trusted that the process of writing would suggest some direction to it.

Understanding these shifts at a theoretical, clinical, and person-of-the-therapist level was part of the task we are sharing with readers. Both authors are then confronted with other stumbling blocks and forms of stuckness but also continue to trust that attending to the process leads to furthering the conversation. GB’s initial intention may have shifted from attempting a careful theoretical “tracking” of a specific therapeutic work. However, the focus on how therapists change through our encounter with clients is reinforced in the analysis of these sessions. The analysis brings forth not only a series of lessons for beginning therapists about what to do better but also a proposal for a more reflective, not knowing, approach to the assumptions and practices that inform our clinical work at the interface of training and supervision.

Since we cannot run away from the social contexts in which we operate as educators, researchers, or therapists, we should nurture collaborative, reflexive, and participatory educational and therapeutic spaces. Participatory contexts challenge the boundaries between expert knowledge and local knowledge, making clients, students, and trainees experts themselves. Ours is an informed not knowing—a listening and ethical stance rather than a specific technical skill. Expertise is the capacity to evoke and sustain conversations that foster collaboration, appreciate present strengths, and re-imagine a desired future. In this vein, we would have loved to have incorporated other more active players in the writing of this paper. Instead, the on-site supervisor and the family had their voices mediated by the writers’ thinking process rather their direct input. Their actions, nonetheless, have had a transformative effect on our practices, as an intern and as a more experienced clinician and as a family therapy educator. The transformative effect that the authors hope to entertain in this paper is woven in the therapeutic and supervisory relationships that are shared with you as they decided to collaborate in the critiquing of our practices.

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