

the development of a supervision consultation model and details our continuing attempts to refine the model based on feedback from all participants. The experiences described here demonstrate the value of creating opportunities for reflective conversations between approved supervisors, and highlight the benefits and challenges of such conversations for supervisors and supervisees.

In our work as clinical supervisors in a university setting, we have undertaken a 4-year project in which we have attempted to enrich and expand our supervisory skills and process, and to document the outcomes of these new practices in our relationships with supervisees and colleagues. We have attempted to disrupt our conventional hierarchies, to ask new questions, and to ask old questions in new ways. We have created meta-supervisory experiences in which supervisees have had the opportunity to observe their faculty-supervisors receiving live supervision of their supervision, and to subsequently comment on that experience. In addition, in recursive fashion, we have engaged in follow-up conversations with our supervisees, gaining their "after-the-fact" impressions of how these unique experiences enriched or limited their learning environments. In all cases, we have been awed by the possibilities that emerge when we are able to challenge our conventional ways of working, critique our invisible assumptions about hierarchy and knowledge, and invite the voices of those with whom we work into a relational learning experience. We offer here a description and analysis of that project, along with guidelines for implementing similar models across contexts.

EVOLUTION OF PROJECT

Rationale

Supervisors recognized by the American Association for Marriage and Family Therapy (AAMFT) as approved supervisors currently (and historically) need only meet minimal requirements to maintain their status within the organization. Essentially, AAMFT stipulates that approved supervisors must renew their status every 5 years (AAMFT, 1999). This mainly requires submitting the necessary paperwork to AAMFT, although minimal documentation of continuing education is required. Once approved, it is assumed that a supervisor has the necessary skills to continue providing effective supervision with no need for ongoing supervision of supervision.

Working together as faculty supervisors of clinical practica in the family therapy master's and doctoral programs at our university, we felt the need to gain increased awareness of supervisory blind spots and contextual dilemmas that potentially hindered our work with supervisees. We became interested in how conversations with each other about these issues might affect our trainees' experiences. We decided to reconstruct our usual pattern of clinical and supervisory conversations. Our goal was twofold: First, to invite each other's voices, as colleagues, into our supervision work; second, to invite trainees' voices into the therapy/supervision process.

Our work environment should be an ideal place to supervise—an academic and clinical setting employing eight full-time faculty each of whom teaches and supervises students in both programs. Students are supervised live from behind a one-way mirror for 6 hr per night 1 night per week. Generally, three to four practica are running simultaneously 4 nights per week. In such a setting, it seemed that there would be many opportunities for faculty collaboration and consultation on clinical and supervision issues. However, we each tended to run our team privately with little interaction or even discussion among us about what we were doing.

This isolation was apparent in our students' perceptions of who we were as clinicians and supervisors. In talking with them, it became clear that there were "myths" about each of us that tended to make us sound a bit like model-driven automatons who would have little in common clinically, and who might not even be able to have conversations with each other about clinical work. These myths were very disturbing to us, as we tended to think we had more, rather than less, in common. We had worked together as a faculty over the previous 5 years to develop a practicum evaluation form (Flemons, Green, & Rambo, 1996) that attended to the commonalities across all our work and that we all felt comfortable using to evaluate our trainees. How, then, could we be perceived to be so different?

We also felt that we were missing something by being absent from each other's work. We talked to our students frequently about the luxury of being involved in an academic setting where they had access to

teams and colleagues, but we ourselves did little to take advantage of that luxury. The three of us sat together one afternoon discussing these questions and wondered aloud what would happen if we challenged the status quo and invited each other into our supervision work. We saw a few risks, but more advantages, and decided to create a project that we hoped would be transformative for our students, our colleagues, and ourselves.

Phase I

The first phase of the project involved inviting our students to watch as we, for the first time, invited our colleagues' input into our supervision. We asked the students from each of our practica ($N = 18$) to come together in a large room and observe as we consulted with each other in the following format:

1. We each selected and played a 3–5-min videotape of our live supervision: (It is interesting to note that each of us selected excerpts of our going into the room with a supervisee during a session).
2. After each video, the two other supervisors offered commentary, discussion, and questions about what was viewed.
3. After each of us had a turn to both observe and to comment, we reversed the video camera and asked the students to reflect on what they had noticed.

Their initial comments were very interesting to us, as they noted that they had not thought we had anything in common clinically and were surprised to hear us discussing cases with such common language. Their image of us as model specific seemed to be disrupted a bit through the process. In addition, they focused on the issue of what we had shown in the tapes—each of us entering the therapy room during a case to provide “supervision.” This was a very personal issue for the students, and as they spoke, they distinguished “supervision” from “training,” defining the former as after-the-fact discussion of cases and the latter as working live in the therapy room along with the trainee. Students had very strong opinions about training and therapy, and voiced both the joys and frustrations of our coming into the room with them. Throughout this article, we use pseudonyms for all students. Following are some excerpts of their conversation:

Cary: It must be difficult for the supervisors to balance the welfare of the family and help them because they're here for a service, and the welfare of the student because they're here for a service and they want to become better therapists, and then the training and the supervision stuff. The way I learn best is a second-order type of learning, where somebody doesn't do it for me, where I can struggle with it and fail with it and learn it. Then there's that paradox because maybe I'm not doing what's best for the family but I will learn from that situation. Maybe we can talk behind the mirror and I can learn even more.

Allen: When Shelley came in it wasn't supervisor to client, it was more, kind of triangular, where we all sort of joined in with each other. And there was that level of comfort where she had called in and said, you know, “I want to come in” or knowing beforehand that she would be coming into the room.

Cary: Does that help you learn? Is that good for you?

Allen: Yes, I was very comfortable. It's a process of joining, like I said. Not hierarchy in the room.

Cary: So, is it great for the clients or is it great for the therapists?

Kip: The clients. The clients.

Gay: I think it's a good example when it works. But what I hear Cary saying is “What if it doesn't feel right in the room?” And that happened to me at a prior time, in which the supervisor came in the room. And I certainly was struggling, I certainly got very angry because the supervisor did such a good job, which only emphasized how much I was struggling. And basically, the struggle of the family and the struggle of the therapist and the struggle of the supervisor is all very isomorphic because everyone's trying to do something for everyone else and yet find a place for themselves. As trainees inevitably we all get caught up in it. Sometimes we're lucky and we have a session like Shelley and Allen had that just felt really good and collaborative and sometimes you don't know until you get way beyond it how good it was.

- Kip:* Don't the supervisors ask? Don't most of the supervisors say "Is it okay. . . ?"
- Students:* (Mixture of Yes, Yeah, affirmative responses)
- Kip:* "Is it okay if I call in? Is it okay if I come into the room?" They kind of spell out to you and um, I guess it's up to the individual how comfortable they are to say "No, it's not okay" or "It's okay because it's a teaching environment."
- Gay:* I had an experience once of saying "No, I would not do certain things," and it was very, very difficult for me to do that. And, it was scary. And I think that it's very difficult. Even though sometimes we may say yes, "Oh yeah." And most of the time, we mean it because that's why we're here, to get the collaboration and do that kind of a building of mind, but it is also difficult to say, to say no.

As is evident from their words, our students welcomed such training when it felt good, but they had ongoing concerns about their ability to say no if a supervisor requested to come into the room. They also had concerns about their credibility as therapists being challenged when the supervisor entered, and they were very aware of the bind they were in because of the supervisor's responsibility to give them a grade at the end of the term.

Although the content of these responses was not surprising to us, the vehemence with which they were expressed was. We were struggling with the same issues ourselves, albeit from the other side of the fence, and the fact that we each (without discussing the process) selected tapes of our entering the room indicates that this was an ongoing issue for us as well.

This pilot project accomplished a number of things; perhaps most importantly it allowed us to discuss our work with each other in a way we found mutually beneficial and stimulating. This addressed our initial goal of finding ways for approved supervisors to continue to be learners and offered us the opportunity to get feedback on our work from respected colleagues. It also challenged the students' notions of who we were as clinicians and supervisors, and it allowed them to see us experiencing some degree of the vulnerability they must feel each week as they put their work on the line in the presence of their peers and supervisors. In seeing us asking for feedback, they glimpsed a view of us they had not seen before—we were learners along with them.

Phase II

The second formal phase of the project involved two of us (Lee and Shelley) initiating a supervision consultation model with our colleagues. To create a sense of safety and credibility for the process, we agreed to pilot test it with each other before offering it formally to others. The first attempt involved Lee inviting Shelley into his practicum for a live consultation regarding his supervision of a particular case in which he was concerned that his entering the room was having unfortunate consequences for the supervisee. Lee described a difficult case in which he had gone into the room on several occasions and connected well with a male client, who in turn repeatedly asked for him in subsequent sessions when the female therapist began her session with him and his wife. Lee expressed his concern that his actions were counterproductive for the therapist. The following transcripts offer a flavor of our conversation regarding the case. During this videotaped conversation, Lee's practicum students (including the therapist we were discussing) were watching from behind the one-way mirror.

- Lee:* And I'm stuck.
- Shelley:* Right. Do you think that you can save the day for the client and Linda (the therapist)?
- Lee:* Uh (pause) I don't know, save the day, I would like to, um—
- Shelley:* Is it possible that your saving the day for the client ruins the day for Linda? Or ruins the training moment?
- Lee:* Yeah, I think—see there's two levels. I think, even though let's say—Bill we'll call him—Bill may walk out feeling good about the session because he's had an opportunity to talk—
- Shelley:* To talk to a real man.
- Lee:* To talk to a man. But still then, I have Linda who I think is feeling like, you know, "What am I doing here?"

- Shelley:* Yeah.
- Lee:* I'm supposed to be a therapist and—
- Shelley:* And basically I just come serve coffee until Lee comes in.
- Lee:* Right.
- Shelley:* How much of this conversation have you had with Linda?
- Lee:* I've had absolutely very little, again—
- Shelley:* Do you think she's had any idea that you've been concerned about this? About your coming in—
- Lee:* I think last week after the session I tried to connect with her to let her know that my expectations were not that she had to succeed with this case. I tried to let her know that it's a difficult case and that we need to go slow. Um, but I couldn't give her any reassurance that "Gee, I won't be in there anymore." The best I've done is to say "Do you want me in there?" and she assures me she does want me in there, but does she want me, again in there because I'm her supervisor, is she going to say "No, you stay outta there?"
- Shelley:* Uh-huh. Right. Does she have that opportunity to say that? Does she perceive that opportunity? It sounds like she goes in, things get rough, you come in.
- Lee:* So, that's a good point, I come in as the rescuer. I'd like to think, I'd like to think, in all honesty, I do it with everyone's best interests in mind. I hope to think I don't come in there to upstage everybody, in fact if I am doing that that's pretty crazy-making, but in this particular case I'm definitely coming in to rescue one of my students.
- Shelley:* Right. Something has convinced you that she needs rescuing.
- Lee:* Yeah.
- Shelley:* And what would she have to do to convince you that she doesn't?
- Lee:* (Pause) I don't know. I don't know what she could do.
- Shelley:* Or what could you do to convince yourself?
- Lee:* I don't know if Linda can, nor is it necessary for her to do or say anything differently. I think it's up to me do something differently.

Following this interchange, we invited the students to switch places with us and to reflect on what they had just observed; we watched this reflection from behind the mirror:

- Linda:* I just found it real interesting that Lee was really able to express his thoughts; there's a certain vulnerable quality to it, "Who am I concerned about? Where do my responsibilities lie?" And the, the pull and the tug between two of those pulls. You know, "Where is my role here? Where is my job? What is my responsibility as a supervisor?" It just felt very honest to me, you know. And I was really impressed with the way Shelley was able to, very gently and very powerfully, stop him and let him hear what she was saying. For him to hear it.
- Andrea:* Yeah, she wanted to make sure that he heard that, because I'm sure he feels that he's a man of the '90s, so to speak, so that would be an issue. So for her to mention it a couple of times, it just allowed him to think about it. And he thought about it and reflected, I thought.
- Kelly:* Without taking exception.
- Andrea:* In a way that's going to be very helpful to all of us. But he's always very pensive about what is going on and even the last time when we talked in the other room, he's very concerned about what had happened. So I think to some degree he's always thinking about, you know, what he's done, what has he done, and how in Linda's case how that has affected the whole situation. So it's not just today that he has said, "Well let me think about what I'm doing."
- Bill:* Just today it's that we heard what he was thinking.
- Sheila:* Which I thought was a real treat. It was a gift to me because you don't know what your supervisor is thinking and it really opened up that whole ambiguous area. So I found it

to be a gift.

Andrea: And with his honesty, anyone who's been doing that, personally for me it makes me feel more inclined to ask him—

Kelly: To be more open.

Andrea: As we're going on, "How come you chose to do this or that?"

Linda: Not to be afraid to talk.

Andrea: Right, knowing that he's willing to be vulnerable and open up.

Bill: Or as honest as you're feeling. Remember when she asked him, "Could Linda say 'I don't want you to come into the room' and would that work?" And I wonder, it might now. I don't know if it would have before.

Linda: And that's my responsibility to myself too. Do I have the courage to say to Lee, "No matter how many times I, you know, roll my eyes up in the air, please, you know, let me drown. But I'll take care of them and please have confidence I won't do anything to hurt them." Because I won't. Would I have the courage to do that now? I mean, I was thinking that back in the room and I feel that it behooves me to do that. I have to do that. And I want to.

At the end of the semester, we conducted a follow-up session in which we discussed how the consultation had altered the team interactions throughout the remainder of the semester. The students and Lee agreed that the team had become much more open and honest with their questions and their feedback, and had grown to trust Lee more as a supervisor. They believed it to have been a very important component in the successful learning experience the team enjoyed throughout the semester.

Given the success of this pilot consultation, Lee and I offered our services to our other colleagues, asking that if they were struggling with a particular issue, or if they were simply looking for some difference in their team process, that they invite us to come in for a consult. We each participated in several consultations over the course of the year, and in each case, we were pleased that change occurred, the faculty responded positively, and we congratulated ourselves on the creation and implementation of a unique supervision tool.

Inviting Supervisees' Reflections

Up to this point, we had only conducted follow-up sessions with the faculty member present and observing from behind the mirror, and had in general received very positive comments from the students. However, something seemed to be missing. At the end of the year, Shelley decided to touch base with a group of students who had participated in an early consult that she had done for their practicum. The consult had involved a difference of opinion between the faculty member and a supervisee regarding the most useful direction in which to take a potentially volatile case. The focus of the consult was the faculty member's concern about how directive he should be with the supervisee, who had considerable clinical experience before entering the program. Following the consult, the faculty member had expressed his pleasure with the process and indicated that the team had come together well in subsequent sessions.

Shelley arranged to meet with the students to videotape their comments as they reflected on the experience from the perspective of 6 months following the original consult. She was quite surprised by their reactions. Some representative comments follow:

Dan: Now that I've had time to reflect on it, I have very different ideas. I think it was really exciting to be able to watch a supervisor be in a quandary about how to deal with supervisees and not feel free enough to talk to supervisees about it. This gives us permission to question ourselves. But now with some distance, I see (the experience) as a hierarchical tool and I'm concerned about that.

Ellen: I was initially very uncomfortable with the way it was handled. I didn't know Dr. McGee was having a problem, and I would have preferred if the problem was addressed directly with us and we could have tried to embrace it. But on the other hand, there's no doubt that a shift occurred. No question it was helpful.

Kyra: There was a shift. The ice was broken and Dr. McGee was more relaxed and open to

work with us.

Adam: I wasn't sure what the dilemma was. If you don't know what the dilemma is and a procedure is being called to solve the dilemma, it's awkward. I'm not sure why the dilemma wasn't first just talked about individually or as a team. I had mixed feelings about the reflecting process because of that. Our discussion was observed by two people who have a lot of power. And I'm not sure we heard what they talked about behind the mirror. What I recall is that Dr. McGee came back and said, "It's all solved. I feel so much better." So for me the shift came in feeling kind of shut down. It kind of shut me down in practicum and that wasn't resolved until I later went and talked to him and we worked it out. But for some reason, unfortunately, I didn't have the courage to do that sooner.

Dan: It kinda sounds like the supervision of supervision in this case helped the supervisor get to a certain place, but it stunted us at a particular point in time and didn't give us room to move beyond where the supervisor was stuck. Having us view the supervisor's dilemma didn't change anything for us. I think the problem was that the supervision of supervision centered on a particular dilemma instead of encouraging us to talk about the supervision process. It pins us as "problematic," whereas if it's presented as, "This is what we do here is supervise ourselves," it would make us feel freer.

Adam: I think the whole purpose of supervision of supervision is to include us in the process and it ended up doing the opposite.

Claire: It sounds like supervision of supervision is for the supervisor.

Dan: But (in an earlier instance) we benefited too—tremendously. We became really cohesive, the supervisees learned about their roles. It had a great impact.

Ellen: But this one created a shift too. The fact that Dr. McGee was able to relax apparently decreased the tension between us.

These comments, while certainly disturbing to us originally, have provided the foundation from which we have developed specific guidelines for the implementation of our supervision consultation model. We have had to reexamine our own motives, our assumptions about hierarchy, vulnerability, and the value of reflexive process, as well as our presuppositions regarding who benefits from this process. It was, of course, our initial assumption that the process would be mutually beneficial, and, perhaps naively, we did not consider that this might not always be the case.

We currently believe we must invite trainees' input into how the process works and include their voices in the construction of the process. The following themes and assumptions have evolved out of our attempts to refine this process and out of our ongoing efforts to include the voices of the participants. We offer them as a baseline for discussion and exploration for those interested in creating similar training and supervision experiences.

Emergent Themes and Assumptions

Multiple perspectives. We assume that perspectives differ, sometimes dramatically, and that this is particularly true across supervision levels (i.e., between supervisors and supervisees). The better informed we keep our supervisees of our own assumptions, the more likely it is that the consultation will become a collaborative experience for all.

Therapeutic vulnerability. We acknowledge that therapeutic vulnerability may not be stated, but is nevertheless present, particularly for supervisees. The acknowledgment of vulnerability enhances the level of respect between people engaged in a supervisory process.

Hierarchy. We assume that we are often in a position of elevated influence. How we attend to our own participation while encouraging supervisees to attend to theirs may lead to a more collaborative stance in the overall process.

Therapeutic outcome. The more we connect with our supervisees, the more our supervisees connect with their clients, and the better the chances for increased success in the overall process.

Perceived benefits. We must question the assumption that these experiences will benefit supervisors only and be explicit about potential benefits for everyone involved. The supervisees' experience is not tangential. Culture, gender, and other identity markers frame the form and value given to reflexive processes in supervisory relationships.

Continual questioning. These consultations have the potential to foster collaborative learning, but they require continuous attention to issues of power, organizational politics, hierarchies, and financial and/or evaluative arrangements. Thus, we commit to continual questioning of how learning occurs.

Foundation of respect. We commit to working in a way that demonstrates true respect for interns, supervisees, and supervisors. Participants must be informed overtly that their input is valued and welcomed and must have a voice in how this input is utilized.

"Stuckness" as a resource. We assume that "stuckness" in supervision is an intrinsic element of this learning process. The role of the consultant is not to provide yet higher and indisputable expertise, but to explore the vulnerabilities and challenges inherent in supervision such that conversations around stuckness can create expanded opportunities.

The above assumptions have informed us in our task of creating an evolving set of working guidelines that provide tentative structure for our current and future consultations. These guidelines help us to preserve the autonomy and voice of the various participants and to provide a safe context in which supervisors and trainees alike may explore the benefits of mutual vulnerability, trust, and exploration of their clinical work.

Specific Working Guidelines

These guidelines provide us with a map when conducting consultations with fellow supervisors. They are by no means exhaustive, but serve as a tool to ensure that we are attending to the needs of all participants in the process. We encourage others to consider these and to create additional recommendations relevant to contexts which may differ from ours.

Provide a clear rationale. Supervisees should know from the beginning the purpose and focus of the consultation, and supervisors should discuss openly with all potential participants their own reasons for initiating this experience. Concerns about the process, or about its effect on grades or evaluations, should be addressed before the consultation and supervisees should be given the option not to participate.

Avoid model specificity. Consultations should not be driven by the specifics of particular models. Keep the conversation at the level of reflexive questions, rather than opinions based on right or wrong ways to approach clinical and supervisory processes.

Focus on process—not content. Supervisees must feel respected and heard in this process and supervisors must avoid creating an "identified patient." This will happen more consistently if the consultation addresses relationship processes rather than the desire for specific outcomes.

Maintain flexibility. Although the mirror may be a powerful tool in the meta-supervisory process, supervisees may also perceive this tool as invoking hierarchy. Supervisors must preserve their ability to create unique and varied working formats that demonstrate sensitivity to supervisees' needs.

Include all participant voices. All voices should share equal partnership in the process, to the extent that this is possible. The hierarchies implied by faculty–student, supervisor–supervisee, and employer–employee are, in some ways, unavoidable. However, supervisors must make every effort to access the voices of all participants.

Create a safe context. We have learned through experience the importance of offering our supervisees the option of not participating and of insuring that students know their grade is not in any way connected with their participation in this process. As demonstrated in the follow-up discussion described above, we have gained increased sensitivity to supervisees' sense of vulnerability and lack of voice. Supervisors must carefully review with their supervisees the goals, limitations, and challenges of the experience. If a student's clinical abilities are in question, this should be handled in private discussions.

The following case example offers a view of what is possible when the above guidelines have been implemented, and the students feel safe in their part of the process.

Case Example

In the following case, Shelley offered a consultation for Lee, who was supervising a group of first-year master's practicum students. However, in this case, Lee described much more global concerns that related to his participation with the team as a whole, rather than to his work with a single case or trainee. Although the magnitude of change may have been somewhat smaller than in the first case described, the students, after the consultation, were able to see Lee in a different light and to alter their assumptions about his expectations for them, which we believe was most useful.

Lee entered this process with a concern about his tendency over the previous few years to "Work too hard and come into the room too much." He described, as his team of students observed from behind the one-way mirror, that his own work was very model specific. He noted that previous supervisees had been intimidated by thinking that their job was to do therapy just like him. They subsequently assumed that when he entered the therapy room, they had failed. He noted, however, that this semester he had worked very hard to avoid entering the room. His rationale for this decision was that it had become tedious for him, feeling more like therapy than supervision, and he was questioning whether his work in the room was helpful or simply served to shut the students down. He was thus wondering, in front of his team of students, whether his role should be to teach a model, or whether students would benefit more if the model were not his "number one priority."

Lee: As I have backed off in demonstrating the model, I find that this group is more oriented to being model specific. And now my dilemma is, they come in and work very hard to be model specific and my concern is they're missing some aspects of just being human as a therapist. Developing fit. Just chatting with people. But rest assured that the times I've been in the room this semester is probably 10 times less than even with doctoral students, which is a real shift for me and I guess the idea is to see how the model would go.

Shelley: Have you had more fun?

Lee: Yeah. I think, it's been, I think it's been more fun in that I felt good about myself not feeling that I had to go in, I always felt that if I went in and did that it made them feel bad.

Shelley: Right. Because then they take it like, "Oh, I screwed up so Lee had to fix it" or "He didn't think I could do it."

Lee: Right, but I'd like to this semester come more into the room and just chat with people to demonstrate that that's important.

Shelley: That you can just engage and join.

Lee: That that's an important aspect of therapy and by doing that, the model actually works better.

Shelley: Do they do a good job?

Lee: Oh, very good job. Excellent job.

Shelley: Are you kind of surprised? I mean, in a way you had to give them a lot of confidence for you to stay out of the room and let them fly.

Lee: Maybe the less I stay out of the room, the more confident they get.

Shelley: Well maybe, yeah. Maybe they get confident they can do the model.

Lee: This is their first time with me, and I'm very impressed in how they're able to work the model. My dilemma is, as a supervisor, is there something I can do to add more to the process than just the model? But, it's interesting, as a supervisor, I guess my point is that there are so many different facets and if I felt it was just my job to just teach the model of solution focused then I'd say that this has been highly successful and in that one facet, I think we have been successful and maybe that's enough. But as a supervisor, I'm really struggling, like, "Gee, I wish I could help them help themselves develop their noninstrumental skills in the room."

Shelley: Do they understand that that's an important part of what you do? Because I would see that, from what I've seen of your work, that's, I would say, that's more important than

the solution-focused stuff you do, that you always connect intensely with people.

Lee: Right.

Shelley: I just don't know if they know that about you. I mean, from where I sit, you could do any model you wanted, because you know how to connect with people, so you know, when we're training it seems like they focus on the model more but now, it sounds like they've got that. They've got a lot of the techniques and the questions and the direction. You've got 3 or 4 weeks left, it might be nice for them to relax.

Again, we switched places and offered the students the opportunity to come into the room and reflect on what they had observed. Following are brief excerpts of their conversation:

Marcus: While they were talking, the thing that I noticed that stood out most in my mind was now I hear that he's saying he's not trying to be model specific but I felt like I was supposed to be very model specific. And I know that my clients were there for half an hour because they came late and I was really thinking about "Oh, I'm going to have to ask the Miracle Question. I'm going to have to ask the Miracle Question!" But I thought Lee was waiting behind the mirror for me to ask the Miracle Question, when I was feeling like, "I need to get to know this family a little bit before I ask that." So, um—so I'm glad to hear that we can develop a little bit more fit with the families. That would be helpful to me I think, make me feel more comfortable in the room.

Javier: Great input I got, how I was inside of Lee's head for once, thinking "I know what he's thinking now!" (laughs)

Marcus: I definitely thought that he was model driven and that we were supposed to be model driven and I didn't, I mean I knew I was going to learn this model when I came, but I definitely had the impression that we were supposed to do the model and that was the focus.

Tracy: I always felt like it was us, that Lee was just watching over us when actually he's kind of soaking up as much from us as we are from him and I didn't realize that until today, hearing him talk that he was actually watching his own skills and seeing what he could do better for us and stuff.

Michelle: Good idea. I wish all the supervisors would have to do this.

Darlene: That's my thought too, I liked seeing that. And it would be certainly interesting if we actually can do it again at the conclusion but somewhere around midterm and the end would be wonderful to see the supervisor talking about the experience because I think we did learn as much from that, gaining that insight we talked about.

Marcus: I think we can all, well, personally I can feel more comfortable in the room knowing that I have the freedom to develop more of myself in the room now.

Breaking New Ground

We have recently initiated a third phase of our project in which we videotape our supervision consultations without students present and then offer our students the opportunity to view the tape on their own. Then, if they wish, they may anonymously submit to us their written feedback. Although this option offers less in the way of immediate processing, it seems to have elevated our students' desire and sense of safety to participate in more vulnerable and honest ways, and they have now begun asking us to initiate live consultations. In their written feedback, students have been extremely candid—and in some cases very directive—in their suggestions to us as supervisors. As one student observed: "I just recently found out that a supervisor also struggles during practicum. I always imagined the supervisor as the lifeguard who protects the swimmers and every once in a while gets wet when necessary." We think allowing our students to see us "get wet" can only enhance their willingness to do the same, as therapists in the room and as supervisees learning in multiple formats.

CONCLUSION AND IMPLICATIONS

We continue to believe that inviting our colleagues' and trainees' voices into the supervision process can enhance what we do as supervisors as well as alter our trainees' experience in positive ways. Our project has created more openness and comfort among colleagues and has encouraged us to explore our similarities as well as our differences. It also has heightened our sensitivity to the position of supervisees. We are aware that just because we assume an experience will be a positive one for them does not guarantee they will share our view. We have learned to ask more, to explore their perspectives, and to attend to the fact that they may not be able or willing to tell us of their reservations. This does not mean they have none. As supervisors trained to be sensitive to the contexts of our clients, we are learning about understanding our students' context as well. Given that we have helped to create this context, we must become adept at maximizing its usefulness. The most recent phase of our project is already opening new possibilities for our work, and we anticipate presenting revised descriptions of this work in the future. We also look forward to hearing of others' experiences with adapting these ideas for use in their own contexts.

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