

**SUPERVISION AND
CONSULTATION WITH
LATINO THERAPISTS**

GONZALO BACIGALUPE

Que todo el mundo sepa que el sur tambien existe.
—MARIO BENEDETTI

As Latinos become the largest nonmainstream ethnic and racial group in the United States, new ideas arise that are necessary to understand our practices as family therapy supervisors and supervisees. In this chapter, I sketch some themes that emerge from my practice of integrating collaborative and postcolonial perspectives to inform the work of supervisors and consultants. Similarly, Gonzalez (1996) integrated a postmodern affirmative epistemology with cross-cultural sensitivity, advocating for a critical perspective on the effect of modernism on Latino experience. Gonzalez remains skeptical about the significance of postmodern ideas in the therapeutic and supervisory process of Latinos. I would argue that the postmodern sensibility questions the expertlike position that professionals in Latin

America and in the United States assume when speaking of Latinos and in particular Latinos from nondominant groups. Cross-cultural and postmodern approaches emphasize integration, exemplified in family therapy by the need to use a both/and approach rather than a selective one that chooses modernism or postmodernism.

Interestingly, it is the both/and approach that characterizes the third wave of family therapy theories that emerged in the mid-1980s and that continue to be embraced by authors of different perspectives. In this chapter, I embrace this principle as sustaining a more emancipatory and collaborative approach in supervision. This approach prioritizes high levels of reflexivity to prevent supervision from becoming just a functionalist exercise in adapting new practitioners to models of family therapy solely based on general systems theory (McLean, 1986). To assume that Latino societies are premodern and that by implication would not benefit from a postmodern critique succumbs to a particular set of historical stages defined by the Western industrialized world.

The dominant Western discourses define what is normal, developed, most advanced, and most relevant. They also define the criteria by which ways of knowing are to be accepted as natural. Mignolo, a historian, makes the case for conceptualizing epistemology in the Third World in radically different ways. He suggests, "exploring new ways of thinking about what we know [rather] than to accumulate new knowledge under old ways of thinking" (Mignolo, 1995, p. xv). We may benefit by exploring the spaces in between produced in the interstice created by different ways of knowing. The modernist and postmodernist schools of thought arose in the Western nations during the last few centuries. They are specific in time and place and may not apply to other cultures around the world.

Supervision is about the encounter of epistemologies and ontologies about relationships, ways of construing the other, and taken-for-granted assumptions about expert knowledge. Consultation and supervisory encounters are part of wider social relationships that frame the supervisory context. As consultants and supervisors, we may strive to be "neutral," but we are positioned by our particular values and social location. Our conversations with supervisees are framed in the context of our location in the world and our perennial position as outsiders to the clients' world (Bacigalupe, 1998).

Despite Latinos' capacity for agency, we are commonly known through the discourse of others, with little control over the discourses that define our social identities. Knowledge, then, becomes situated knowledge (Lal, 1996; Lather, 1991). A useful compromise may be found in the proposal to construe the supervision and consultation encounter as one between the native and the ethnographer in postmodern anthropology (Clifford & Marcus, 1986). Postmodern family therapists have often described supervisors, therapists, and clients as equal participants in the telling of stories, as if by entering therapy or supervision sessions they all become equal coparticipants in the storymaking (Anderson & Goolishian, 1988; Anderson & Swim, 1995). These ideas, however, may confuse the need for equality in professional relationships with the constraints of therapy (Golann, 1988) and supervision as potential sites for unjust power arrangements since supervision has been defined generally as a hierarchical relationship.

If the basic practice of supervision is constructed through conversation, it is of essence that supervisor and supervisee have a voice in the construction of the conversation. To achieve this, the participants would have to engage in joint action, "a situation in which I feel I have made *my* contribution, and in which *you* can feel that you have made *yours*" (Shotter, in press).

POSITIONING MY THINKING AND UNDERSTANDING OF FAMILY THERAPY

Like many others who have been captivated by the narrative and collaborative developments, I have navigated the challenging waters of systems and cybernetics theories and, later, those of the evolving story (Freedman & Combs, 1996; Hoffman, 1993, 1998; Roberts, 1994; Weingarten, 1998). My initial training, in the mid-1980s, made me sensitive to communication patterns, interactions, processes, relationships, ecology, and constructivism.

I have also experienced a "parallel" life as a political activist, a participatory action researcher in my country of origin, and later on as an immigrant in the United States. Besides formal training in family therapy, I worked as a participatory researcher and popular

educator in Chile. In training as a family therapy supervisor in the United States, I became keenly aware of how the therapist and supervisory roles are framed by social discourses about gender, class, culture, race, and the varied forms in which those identity markers are construed or marginalized from supervisory conversations. These themes were not novel in the political and educational endeavors I experienced in my work with community and grassroots organizations that fought to reestablish democracy in Chile. However, the introduction of family therapy ideas followed closely the model developed in the United States and thus conflated with a general silence about issues of social justice and a lack of critical analysis in the newly developed family therapy trainings (Bacigalupe, 1998). Despite the marginalization of minority discourses, when I conceptualized systems, they included a social conflict dimension. My U.S. colleagues conceived systems in a functionalist manner, that is, as well-lubricated mechanisms by which social structures are maintained (i.e., families or therapeutic systems). My U.S. colleagues and I were speaking of different constructs. In my opinion, families in the family therapy paradigm were contained by a rigid, ecological discourse in which every person played a defined role within a whole and any deviation from the role was seen as dysfunctional and in need of repair.

Along with many others in the field, I started to realize the contradictions between these paradigms. My reflection led me to focus on the importance of supervisory processes as value laden in which a moral stance was always at stake. This stance was associated with a general distrust of family therapy proposals that construe Latinos as a homogeneous group that fits within the confines of a conceptual model of family therapy, that is, structural (Minuchin, 1978) or intergenerational (Boszormenyi-Nagy, 1987). The appeal of postmodern approaches, with their focus on conversations as political encounters and a reflexive framework that critically questions itself on a continuous basis (Erickson, 1988; Schon, 1983; Tomm, 1988), has facilitated an integration of systems ideas with a more critical undertaking. All in all, the ideas that emerge from this work are not postulates for an orthodox approach to supervision. It is only part of a contribution to advance a more just, emancipatory, and participatory approach in supervision and consultation. I am particularly sensitive to the ap-

propriation of emancipatory epistemologies by mainstream researchers (cf. Piercy & Thomas, 1998) who present them as "new developments" when, in fact, they were part of the tools that lesser known scientists and practitioners had used in nonindustrialized countries for years. In this chapter, I use my experiences with Latino therapists as templates for practices beyond the work with Latinos. The reflections emanating from this position are amenable to applications across the borders that divide Latinos from non-Latinos or from those that place Latinos on one side of the fence.

CONSULTING AND SUPERVISING COLLABORATIVELY

Despite the similarities among therapy, supervision, and case consultation (Fine & Turner, 1997; Gardner, Bobele, & Biever, 1997; Piercy & Sprenkle, 1986; Roberto, 1997; Todd, 1997a; Wynne, McDaniel, & Weber, 1989), and the fact that the lesson that follows could be applied to any of them, as supervisors, we are called to distinguish these various conversations based on ethical and legal grounds (Sand-Pringle, Zarski, & Wendling, 1995; Stewart & Amudson, 1995; Storm & Haug, 1997). This is a continuous struggle because the development of genuine dialogue to enhance creativity and the development of local knowledge may be endangered by the accumulation of responsibilities linked to our expertise. It becomes visible in the context of taking a nonexpert position as a clinical supervisor—an approach that encourages curiosity and true respect for the clinicians' stories (Anderson, 1997; Dyche & Zayas, 1995; McGoldrick, Giordano, & Pearce, 1996).

It is important to carefully delineate the responsibilities I share with the therapist. When I am hired as a consultant and do not have any direct administrative responsibility, supervisees feel free to explore the institutional underpinnings of their work without feeling trapped by potential conflict of interest between my role as clinical consultant and my role as administrator. This is not always easy to delimit, as in the case of an organization that hires a supervisor as consultant, unless the clinician establishes a private contract with her supervisor. In this case, I try to facilitate a dialogical agreement concerning the ways supervisees and supervisors frame the supervisory relationship *vis-à-vis* the therapeutic one. These conversations about

our conversations are particularly important not only for ethical and legal reasons, but because there are strong social expectations on the part of supervisees and supervisors about who is responsible for therapeutic success. As a Latino supervisor working with Latino supervisees, this dialogue must include the ways in which Latinos are perceived, construed, and their roles defined in mental health organizations, as well as the level of respect and trust demonstrated in the work they pursue with clients and colleagues. This conversation includes, paraphrasing Anderson (1997), rejecting the "accepted culturally ascertained meanings of therapy that decry remedial treatment designed or serving to bring about social compliance" (p. 265).

Listening Contexts

How we listen to clients and how we listen to each other in supervision legitimizes or marginalizes these stories. Listening plays a bigger role in these conversations than talking (Andersen, 1992; Anderson, 1997; Echeverria, 1994) because the stories told by participants in the clinical context are stories told in particular "listening contexts." As a supervisor, I consider my role to be that of continuously listening and evaluating the limits and scope of each supervisees' responsibilities to establish a form of contextual and systemic accountability. This listening should provide a safe context for therapists in supervision to approach clients professionally while choosing a therapeutic perspective with which they are comfortable. I point out potential ethical, legal, and personal problems that may appear as the therapist engages clients within a particular approach. I suggest relevant literature that complements or contradicts my own perspective and let the therapists decide on the best approach to the case. Most academic writing depicting Latinos is dominated by a discourse of deficit; however, supervisees and supervisors can enrich their wealth of knowledge with literature that reaches beyond clinical descriptions to elicit descriptions that are closer to the experience of Latino families.

Writing, Wording, and Documenting

An important element in my supervision work is the emphasis I place on the words we use to record in the form of clinical records and su-

pervisory notes the conversations that take place during sessions. Documenting has always been intrinsically connected to labeling and the creation of static identities for clients and therapists. However, writing can play an important role in aiding clients, therapists, and supervisors to include multiple voices and diverse positions in their communications. In narrative therapy, writing has been used to help clients distance themselves from problem-saturated descriptions, mobilize multiple meanings and voices, and further the dissolving of their dilemmas (White, 1997; White & Epston, 1990).

In a reflecting format, written communication can be an invitation to a reflexive conversation, a direct intervention in the search for change, or both. The use of writing in therapy is not based in the concept that the whole universe is determined by language, but on the notion that words have a strong effect on how we constitute the social world. Words, languages, texts, and realities are interconnected and inform each other constantly.

Progress Notes

The following questions (Bacigalupe, 1996) are used to call therapists' attention to the link between writing procedures and treatment decisions. The questions highlight writing as a medium to deconstruct oppressive practices through an extensive revision of how we proceed with documentation in the clinical settings. As therapists begin to see how notes can oppress, they begin to create more culturally respectful progress notes.

How would your clinical practice change if you were not to take notes during or after the therapy session? If you were given time to review the previous session, how would your practice be different if you had access to a transcript of each session?

To address issues of empathy, respect, and the client-therapist relationship, clinicians can explore the oppressive dimensions of case documentation and issues of power, such as the distance created between the experience of client and clinician.

If you were your client, would you like to be pictured in the text as you represented your client? In the case of a letter written to a family,

how would you react if you were a member of that family? If your clients were to read your files, reports, or any written communication about them, would they understand the contents and intentions of your writing? Would the writing reflect the ways in which the conversation switches and combines Spanish and English?

Exploring the degree to which the client participates in treatment decisions may show the link between institutional practices that disempower or keep secret forms of alienation and colonization.

How would you describe the level of access to their files that you give your clients? What are your thoughts about your clients' participation in the documentation and design of their therapy? What would be the issues in the therapeutic relationship if the documentation of therapy were kept in the clients' home instead of the clinic?

The world and experiences of Latinos are inscribed in oppressive ways within agencies and organizations that attempt to serve them. More often than usual, Latino therapists are trapped within the same oppressive relations as their clients in clinics and other service providers. Institutional values and organizational preferences frequently limit the perspectives clinicians may have and may determine the process, duration, themes, and assumptions underlying the therapy. To expand the limits imposed in a particular context to the therapeutic process, it is important to clarify the institutional context in which clinicians work. The following questions foster clinicians' awareness of their internal dialogue and to whom they respond in therapy.

How much of your writing is done having in mind insurance companies, journal review board members, administrators, supervisors, colleagues, clients, etc.? If you were presenting the "case" in the context of a conference or journal publication, what would your clients' reaction be if they were spectators or readers? Do you imagine clients or their relatives requesting to read the files to reconstruct their past?

Clinicians agree that the progress note should give a sense of what has transpired during the session (Reynolds, Mair, & Fisher,

1992). Progress notes, which are considered clinical writing per excellence, have been dissociated from the therapeutic process itself although they can be a productive part of it. The progress note can be reflective of the elements and the rationale underlying the clinical work. They can also suggest which voices continue to have a life beyond the therapy session. How do we encourage supervisees to write meaningful progress notes for themselves, their clients, and other constituencies like the courts and managed care institutions?

Mindful professional progress notes do not to obliterate or make invisible the thinking, feelings, or intuition attached to the decision-making process embedded in the session. Like any human activity, neutral writing is impossible. Succinct progress notes need not silence important issues for the therapist and the client; it is important to introduce our rationale underlying our questioning and interventions. From a legal standpoint, this stance may make sense; ethically, we need to be as truthful as possible with regard to the thinking process at the time of the session. This position in the writing process may acknowledge all participants (multipartiality or multipositionality), but the progress note will also (or may) have to take a multipositional approach in relation to its potential audiences.

Therapists are accountable to an extended audience. Family therapists—as well as other clinicians—write for a diverse constituency in the present and to their clients in the future. Working with a family increases the level of complexity because therapy participants may have a diverse perspective on what needs to be recorded. Then we can ask, "How can clients participate in the process of construing the progress note?" In sum, to include the diverse perspectives also means to include context, process, and meaning in the progress notes. A process is more than simply accounting for some of the contents offered by the client during a particular session. It includes the writer and its potential audiences.

There is the potential for therapists as well as clients to construe their lives as an evolving text. The following questions are useful in encouraging therapists to review the influence clients have had on them:

If you were to write a novel of your life, what would the title be? In that novel, what chapter(s) would include your clients? If you were to ask your clients, what chapter(s) would you occupy in their

novel? What have you learnt from this client and previous ones? How would you write about the experience of learning from clients?

The task of mapping the clients' effect on the therapist is relevant, particularly when working with supervisees who work with Latino survivors of abuse, violence, and trauma.

Expectations and Outcomes: Thinking Reflexively

"Am I helping to produce 'reflective practitioners' or school specific clones?" (Gurman & Kniskern, 1991). From a reflexive and collaborative perspective, therapists and supervisors are experts in interviewing, asking, reflecting, and relating to diverse constituencies. Accordingly, I start supervisory sessions by asking therapists about their thoughts regarding what they would like me as the supervisor to help them with as well as the process that would lead to a successful interview. Supervisees take responsibility for their own learning process and focus it on their specific needs; this is isomorphic to the question that clients can be asked in therapy:

What would you like to do today? How would you like me to approach the session? It is easy for us as Latinos to just start talking and forget we need to achieve some goals. What is the kind of conversation that will invite you to explore what you have in mind thoroughly? Can I suggest the following . . . ?

Supervisees are asked to provide questions they have about their own behaviors and what they would like to learn from the supervision session. These are ways of engaging supervisees in dialogue that deviate from the notion that they are unable to create innovative and helpful ideas in the session.

Certain organizational contexts may make these interventions difficult to enact and the supervisor is restrained from a more egalitarian relationship. Institutional contexts that foster one model or gloss over unjust patterns make these kind of relationships difficult for Latino supervisors and supervisees who may be the minority constituency in that setting. Thus, the supervisor needs to have support

to pursue an approach that fosters criticism of dominant dialogues and is free to name injustices.

In live supervision, I always ask supervisees how they would like me to intervene during the session in the form of some of the following questions.

Do you want me to call you on the phone? Is there a limit on the times you would like me to call? Would you like me to go in? Would you like to use the reflecting team as part of the supervision [Biever & Gardner, 1995; Prest, Darden, & Keller, 1990]? Are there any specific aspects you would like me to observe today? Are there any stories or words you would like to address today? What kind of feedback do you want from me today? If I say something, should it be before, during, or after the session? My mind is wild sometimes. Should I restrain myself or can I ask for your permission to say things we did not know would come up? How would you like me to relate with your client? What should I do if I change my mind about the ideas we have discussed today? Should we switch from Spanish to English in particular ways if ever? ¿Estamos preparados para esto? (Are we ready for this?) ¿Que necesitamos para estar preparados? (What do we need to do to be prepared?)

If the supervisee is being observed by other trainees, I also ask them to collaborate with feedback, which expands the pool of practical questions and interventions, rather than striving for elaborated assessment during the live supervision breaks. Questions about their cultural background may be interspersed at this point to contextualize observations within cultural beliefs and biases. These questions help clinicians explore the impact of their cultural value system on clinical decisions and make explicit the ethical aspects and biases involved in systemic work.

In sum, I envision a supervisory relationship in which we can keep a "constructionist mind" that balances responsibility, accountability, transparency, cooperation, participation, and sharing various forms of expertise. This is not what non-Latino administrators may expect from Latino therapists, who are frequently overwhelmed by requests to intervene for Latino families due to the high demand for and lack of resources to hire bilingually and biculturally competent

therapists in community mental health agencies. In my experience though, I have noticed that Latinos tend to accept higher levels of ambiguity and may present less dissonance about problems that seem without resolution. Within agencies, there is an underlying expectation that Latino therapists should quickly help resolve the needs of families from the same ethnic background and to quickly start with new "cases."

In the two examples that follow, there is no attempt at defining a specific Latino therapist identity or a Latino supervisor identity that can be captured by a group of discrete variables as often has been the case in ethnic-related research. This is not to say that therapists who work with Latino families create, recreate, use, and promote certain discursive practices that lead us all to characterize ourselves as fixed within certain characteristics, that is, being more centered on the relationship rather than the product. From a critical and postmodern perspective, a more useful exercise is to analyze what are the characteristics expressed by Latino and non-Latino mainstream colleagues. Some of these characteristics may restrain our development and thus marginalize us from full participation in the definition of our heterogeneous identities as Latino supervisors and clinicians.

SUPERVISION IN A TRAINING CONTEXT

The following analysis corresponds to a description of supervision work with a Latino family therapist. I supervised Juan weekly at a family therapy clinic using a one-way mirror and did case consultation based on videotapes and case notes. I was also available to meet with him at other times or to speak on the phone in the case of an emergency. Special supervision times were scheduled when he needed to write a report for the court or community agencies. Juan had some information about my theoretical and clinical background. He chose me as his supervisor because he wanted to learn about narrative and reflecting approaches in family therapy. He also wanted to be supervised by a bilingual supervisor who could also observe him working with families that needed a Spanish-speaking clinician.

Many of the families that request help at his clinic were recent immigrants from South America who had little knowledge of English.

We had lengthy discussions of what could be helpful to clients, and I made efforts at integrating not only the collaborative-reflexive ideas into the supervision, but other concepts that were useful to empower clients within a multicultural and systemic framework. Family therapy and social sciences are suggested as useful notation and exploratory tools in supervision meetings. Examples abound in the form of genograms (McGoldrick & Gerson, 1985), variations of them (Hardy & Laszloffy, 1995; Kelly, 1990), circular and future questions (Fleuridas, Nelson, & Rosenthal, 1986; Penn, 1985), appreciative inquiry (Bushe, 1995; Hammond, 1996), ethnographic interviewing (Agar, 1986), and conversational analysis (Gale & Newfield, 1992).

Sharevision

In the first session, we shared some characteristics of each other since our respective "locations" in the world certainly would affect the supervisory relationship even though an outsider could easily describe us as "Hispanic." We spoke about our own family histories and how they fit with our shared expectations about the supervision. In this regard, the genogram as a cultural story aids me not only in the work with clients, but also in the process of knowing supervisees.

Juan was thirty-two years old at the time of the supervision. He trained as a pastoral counselor and was pursuing a doctoral degree in family therapy. His parents and sister emigrated from Cuba three decades ago and live close by. He was raised in Puerto Rico in a middle-class environment, and as an adolescent, experienced many of his peers joining a gang at the age of fifteen. He had been married for only a couple of years. To support himself, he worked as a mental health clinician in a traditional residential treatment unit for adolescents.

Juan was uncomfortable about his previous professional training within a pathology-based framework because it restrained his creativity and resource-oriented approach with couples and families. In subsequent sessions, he told me of his frustrating experience as a family therapist because families stopped coming back after a first session. However, he thought that he joined well with families. As a result, he wanted to reflect on the process of engaging with families and "to be more effective and relaxed." He also wished to "listen more" and "be open to the observations of others." He made a special

request from me to provide honest and open feedback (*hablame sin pelos en la lengua*).

As in other supervision experiences, listening to family stories is done with the understanding that no one would be forced to disclose information they would feel uncomfortable sharing at a particular time in the supervisory context. I also describe my own immigration and family history and invite supervisees' questions. I usually start by talking about my arrival in the United States from Chile and some experiences in South America. In these conversations, I found that the term "immigrant" does not describe well my experience or that of many others. We often feel as if we are from many places at the same time and thus I describe myself as a *transmigrant*. This term accounts for some of the ambiguities of being in the "land of others," the border, and the memories and connections with the place where I came from. I also talk about my middle-class background, about my working professional parents who lived in a country other than where they were born, and about my siblings who live in Chile. I also describe my struggles with the English language and my difficulties at understanding xenophobia and racism in this country. I usually explain how I became a family therapist and my present theoretical choices, choices that I consider as valid as the ones Juan may want to pursue. This sharing is connected with the possibilities and dangers of a psychotherapy approach grounded in diversity. This conversation leads to an ongoing discussion about making these issues visible, about respecting clients' construction of reality, and about the dilemma of appreciating difference in context. This kind of storytelling leads to a form of supervision that could be renamed as "sharevision."

A Bilingual Process

A typical supervision session included evaluating together previous family therapy sessions and planning the next, the live supervision, and a discussion of the process. We spoke alternately in English and Spanish, checking on the nuances of language to enrich the content and context of clients' stories and the ways clinicians listen to them. Juan and I evaluated what would be the goals for a particular live supervision session and how they connected with the family's expectations. I considered his ideas and shared my own expectations, negotiating on particular goals or supervisory format for that occasion.

Juan also appreciated watching segments from videotaped sessions. Several questions were asked during intermissions, and as in an ethnographic interview, I was interested in understanding more and attended anew to what he and his clients were saying and/or doing.

Whose story are you paying attention to? What did you find fascinating and intriguing from your intervention? What were you thinking at the moment of saying that to the family? In what ways were your questions congruent with your body posture and that of clients? What potential stories or openings could you have explored during that specific interaction? How could you use those openings in the next session? What are other questions or ways of asking that may empower the client to find solutions or resources within their own family? How does each family member make sense of their own telling?

It has been a long-standing tradition in several family therapy models that in live supervision the supervisor calls-in (Colapinto, 1988; Montalbo & Storm, 1997; Pirrotta & Cecchin, 1988; Schwartz, Liddle, & Breunlin, 1988; Todd, 1997b). Juan and I experimented with the idea of having him call me rather than having me interrupt him, changing the traditional call-in into a more flexible tool that later on some families found they could try. We both found out that this way of communicating during live supervision fostered a better alliance and a productive reflecting process. Soon, we agreed that we could both "call each other." On several occasions, I went inside the therapy room and carried on live case consultations in the presence of the family. Most of the time, I talked with him using the reflecting team format. After the reflections, I left or stayed with the family to ask questions.

Let Me Think

As in the cases of many Latino therapists working in community mental health agencies, many of Juan's clients were court-referred families. I provided him with feedback concerning his wish to engage clients quickly in an assessment of the situation without letting the clients fully express their concerns. Sometimes, his eagerness to "fix the case" interfered with progress because he could not think of new

ideas. I suggested that he refrain from saying anything by telling the family: "I'm going to think for a couple of minutes." He described the experience of staying silent as feeling like he was carrying out a "reflecting team conversation within himself." Then, he shared his thoughts with his clients, or he phoned me to share his ideas and questions in front of the family. He repeated this exercise many times and found that clients also started to utilize his behavior. We called this the *Let Me Think Exercise*. This process was effective at empowering both Juan and his clients to think anew in the context of highly complex situations, including the diffusion of potentially violent interactions in the session.

Sensitivity to Multisystemic Perspectives

A strong sensitivity toward the larger system and how it intertwines with the family's concerns was also a subject to which I paid special attention. Making a larger system analysis brought him to reconsider the question of who is the client (Imber-Black, 1988). To answer that question, Juan needed to engage as many participants as possible in the conversations. Aware of the larger system includes discussion of the way Juan addressed family members during the interviews. Since my approach also focuses on how we script the therapeutic events, I suggested a review of the clinical files to check on what would be the reaction of the clients and other potential constituencies to the notes (insurance companies, attorneys, courts, etc.). This activity was helpful in bringing forth issues of liability and accountability.

Latino immigrants are highly sensitive to issues of social class, race, ethnicity, gender, and sexual orientation. Supervisors need to help supervisees become aware of how these issues affect their work. I provided feedback concerning three ways in which Juan was recreating traditional gender stereotypes. First, he spoke and listened more often to men than women in families and couples' sessions. Second, he often treated women in families as if their only role was to be mothers by calling them "mom" or by asking questions that only privileged that role. Finally, he also thought of girls as fragile and in need of protection, less able than boys to behave actively, or described them using only traditional stereotypes of how a woman should look or behave. He explained this bias as part of what he considered nor-

mal cultural values, but he started to recognize the disempowering effect of a belief that defines women solely in the role of mothers.

We explored alternative ways of conceptualizing women's work by discussing the fact that most women without income work at home without pay. Specific, concrete, and timely feedback was given during live supervision, tape reviews, and case consultations; at times ironic remarks or predictions were made regarding what other patriarchal practices could emerge in a family therapy session or in supervision. Juan was able to observe the way his own socialization as a male kept him and indeed all of us, from looking at those issues critically. My own supervisor at that time mentioned to me the occasions in which I may have inadvertently acted in the traditional stereotypical way, a behavior that could undermine a positive supervisory relationship when the supervisor is a woman and the supervisee is a man, or vice versa. The same process can be applied when we address issues of racial or ethnic diversity and social injustice.

Juan and I evaluated his clinical work using a format developed in the context of a training institution (Flemons, Green, & Rambo, 1996) to evaluate advances and potential areas in need of development. Before we discussed the evaluation and the sharing of my opinion as a supervisor, I asked Juan to self-evaluate and to fill out the form, too. Later, we discussed his self-evaluation and my evaluation. Juan wanted to continue in supervision with me, but I encouraged him to find another supervisor to solidify the skills he had learned and to observe from another perspective his accomplishments during the time I supervised him. Overall, Juan became confident working in situations with high levels of ambiguity. He was also able to listen to his clients more carefully without having to intervene until they were prepared to listen to new ideas or until after a thorough exploration led to an understanding of his clients' perspective.

SUPERVISION AND CONSULTATION WITH EXPERIENCED SUPERVISORS

Marta is an experienced Latina therapist who has been working toward becoming an approved supervisor (American Association of Marital and Family Therapy, 1997). She works in a multicultural

community mental health agency within an African American and Latino community while continuously attending trainings on different theoretical orientations. Supervision sessions with Marta are a combination of theoretical conversations, review of specific interventions, use of self and self-disclosure, and the search for universal aspects in work with highly complex situations that frequently involve drug addiction, poverty, trauma, and clients' interaction with protective and/or judicial systems. Several supervision sessions incorporate the use of videotape and audiotape. I am frequently invited to consult with her and her clients, which gives me the opportunity to use collaborative reflecting techniques within different variations: reflecting team and reflexive conversations, documentation, and ethnographic questioning. Through careful planning on her part, all of these tools are used, depending on the client's situation. For instance, we always evaluate if it is appropriate to have me as a guest of her clinical and supervisory work. The following are excerpts of conversations addressing different dilemmas that she faces as an experienced supervisor who is focusing on developing her own unique supervisory and therapeutic approach.

Marta's Developmental Dilemmas

While Marta was writing a brief philosophy statement as required by AAMFT, we had an opportunity to reflect on the connection between theory and practice.

S: If you were to watch a tape of your supervision with the eyes of someone who knew about writing, do you think that you would be able to see and describe what it is that you're doing?

M: I have difficulties reproducing this nice lavish description. You know, when I read these descriptions in the literature . . .

S: Can you give me an example of a lavish description?

M: There is an example in the book that describes, mentions all these models, all these influences, different concepts and models . . .

S: So, you mean, to integrate different concepts and models . . .

M: Yeah, these models have been described and I have such an intuitive way of working that sometimes I don't know where it all comes from. Sometimes, really, I can't tell where it comes from. That's how it feels.

S: When you check the videotape afterwards, do they still remain in that—quote—"intuitive stage"?

M: There are pieces like that.

S: There are moments when you're observing yourself doing that work in which you go beyond that intuitive here and . . .

M: Do you mean after?

S: Yeah, when you're observing the tape.

M: No. I could say, "Well that was successful or helpful" or "That wasn't helpful," and I could see how it began and could see how it was helpful and where it was going and . . .

S: So you can make a description after all, "this is this and that is that . . ."

Language Hurdles

Capturing the experience and the theory emerging from practical work in the context of English as a second language is difficult; Latino supervisees, for whom English is not their first language, confront serious challenges, believing in their capacity to create theory in connection with their clinical experience.

M: It's acceptable and meets the criteria for a beginning supervisor . . . But I don't think that gives justice to who I am. I always feel like I am not there.

S: In between . . . Who you are feels much more complex than the way you describe it . . .

M: What you just said sounds like the best suggestion because that would describe my work. I have these sayings and things when I am working with clients that look very simple but they have tremendous meaning . . . They cannot realize that they have all this knowledge,

because it was put there in such a simple way. I will tell my clients the work they have done is like books and books and books. And how they make progress—they overcome the problem but they have been very concrete.

S: . . . your experience tells you that there are clients who tell their stories or their experiences in such a rich way, in comparison to the words you find in chapters in books or in papers . . . and at the same time you want for your own writing to be very "complex."

M: Yeah, because I never see, in all the things I read, I never see this trouble that I have, or this way of reading or working. There isn't a piece that describes what I do.

S: That's it, that's how you start—there is some need for it.

Encouraging New Stories

Stories evoke stories. I would tell a story about my daughter, and that would evoke the telling of a story about Marta's daughter and the development of a metaphor that could lead her out of a theoretical or practical muddle, our muddle. Mirroring through our own personal stories as we relate with clients' stories is a common feature in my work with advanced Latino therapists. This sharing allows the more pragmatic aspects of the supervision to resolve quickly and problems to dissolve without much discussion as new possibilities emerge in the sharing of stories embedded in the process of discussing complex problems. This sharing highlights the importance of listening, listening to their stories, to your stories, and realizing their interconnectedness. Thus, the relevance of silence as an important part of the therapeutic tool box.

Listening to the client after exploring an idea is harder for less experienced clinicians who may desire observable results despite the complexity of clients' stories and the linkage to larger systems. Sometimes they expect results from a particular question as suggested by the team or the supervisor. Similarly, supervisees may sometimes insist too much on the supervisor's idea, losing track of the clients' needs. Supervisors can encourage supervisees to ignore a supervisor's directive if a client seems to reject it. More experienced clinicians may be willing to experiment with a more intensive use of the self rather than a particular technique. When working with clinicians

with diverse experiences in training contexts, trying new ways of using the self requires protecting supervisees from destructive interactions emerging from team members. In agency contexts, safety precautions should be taken to protect Latino supervisees from destructive forms of marginalization when they try new ways of connecting and listening to clients. For instance, clinicians' ability to disclose without fear their stream of thoughts to clients may require more experience in trusting a reflexive stance. It may also mean acknowledging how "wrong" we could be at different moments.

CONCLUSIONS

My supervisory role provides me with a surprising amount of influence on the work of clinical practitioners. Besides listening attentively, supporting, and validating, I am always confronting and deconstructing. How can I use this influence that is inherent to the supervisory relationship and combine it with the creation of a dialogical interaction? Through focused and tentative questions that test the limits of any taken-for-granted assumption in the clinical context, supervisees' knowledge is shaped, mobilized, and given credit within a frame that is respectful of the clients' needs. In a collaborative postmodern framework, ideas about social justice and care are to be dialectically incorporated. Incorporating justice and care is needed to prevent us from embracing a skeptical postmodern posture that abandons the potential for making clients and supervisees the participants of knowledge creation through committed conversations.

In this chapter, I have outlined a series of experiences and concepts that were helpful in the work with Latino therapists. I have used a collaborative-reflexive approach that distances itself from attempts at defining the identity of Latino supervisees or Latino families as fixed and monolithic. Several family therapy ideas can serve the purpose of deconstructing a monolithic view and aid in embracing a complex and evolving one if supervision becomes a more exploratory, curious, and collaborative enterprise. Latino supervisees and their clients are in a continuously evolving process of self-definition. Supervision is an opportunity to help shape clients' and practitioners' Latino identities through professional and personal self-definition. Structuring the lives of Latinos without engaging

them in dialogue will help only to continue their colonization and to inhibit self-determination as individuals, families, and communities.

REFERENCES

- Agar, M. H. (1986). *Speaking of ethnography*. Beverly Hills, CA: Sage.
- American Association of Marital and Family Therapy. (1997). *Approved supervisor designation*. Washington, DC: Author.
- Andersen, T. (1992). Relationship, language and pre-understanding in the reflecting processes. *Australian & New Zealand Journal of Family Therapy*, 13, 87-91.
- Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. New York: Basic Books.
- Anderson, H., & Goolishian, H. A. (1988). Human system as linguistic systems: Preliminary and evolving ideas about the implications. *Family Process*, 27, 371-393.
- Anderson, H., & Swim, S. (1995). Supervision as collaborative conversation: Connecting the voices of supervisor and supervisee. *Journal of Systemic Therapies*, 14(2), 1-13.
- Bacigalupe, G. (1996). Writing in therapy: A participatory approach. *Journal of Family Therapy*, 18(4), 361-375.
- Bacigalupe, G. (1998). Cross-cultural systemic therapy training and consultation: A postcolonial view. *Journal of Systemic Therapies*, 17(1), 31-44.
- Biever, J. L., & Gardner, G. T. (1995). The use of the reflecting team in social constructionist training. *Journal of Systemic Therapies*, 14(3), 14-25.
- Boszormenyi-Nagy, I. (1987). *Foundations of contextual therapy*. New York: Brunner/Mazel.
- Bushe, G. R. (1995). Advances in appreciative inquiry as an organization development intervention. *Organization Development Journal* (Fall), 13(3), 14-22.
- Clifford, J., & Marcus, G. E. (Eds.). (1986). *Writing culture: The poetics and politics of ethnography*. Berkeley: University of California Press.
- Colapinto, J. (1988). Teaching the structural way. In H. A. Liddle, D. C. Breunlin, & R. C. Schwartz (Eds.), *Handbook of family therapy training and supervision* (pp. 17-37). New York: Guilford Press.
- Dyche, L., & Zayas, L. H. (1995). The value of curiosity and naivete for the cross-cultural psychotherapist. *Family Process*, 34(4), 389-399.
- Echeverria, R. (1994). *La ontologia del lenguaje [Ontology of language]*. Santiago, Chile: Dolmen Ediciones.
- Erickson, G. (1988). Against the grain: Decentering family therapy. *Journal of Marital and Family Therapy*, 14(3), 225-236.
- Fine, M., & Turner, J. (1997). Collaborative supervision: Minding the power. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 1-16). Boston: Allyn & Bacon.
- Flemons, D., Green, S., & Rambo, A. (1996). Evaluating therapists' practices in a postmodern world: A discussion and a scheme. *Family Process*, 35, 43-56.
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: Norton.
- Gale, J., & Newfield, N. (1992). A conversation analysis of a solution-focused marital therapy session. *Journal of Marital and Family Therapy*, 18, 153-165.
- Gardner, G., Bobele, M., & Biever, J. L. (1997). Postmodern models of family therapy supervision. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 217-228). Boston: Allyn & Bacon.
- Golann, D. (1988). On second-order family therapy. *Family Process*, 27, 51-64.
- Gonzalez, R. C. (1996). Postmodern supervision: A multicultural perspective. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies* (pp. 350-386). Thousand Oaks, CA: Sage.
- Gurman, A. S., & Kniskern, D. P. (Eds.). (1991). *The handbook of family therapy* (Vol. II). New York: Brunner/Mazel.
- Hammond, S. A. (1996). *The thin book of appreciative inquiry*. Plano, TX: CSS Publishing.
- Hardy, K. V., & Laszloffy, T. A. (1995). The cultural genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy*, 21(3), 227-237.
- Hoffman, L. (1993). *Exchanging voices: A collaborative approach to family therapy*. London: Karnac Books.
- Hoffman, L. (1998). Setting aside the model in family therapy. *Journal of Marital and Family Therapy*, 24(3), 145-156.
- Imber-Black, E. (1988). *Families and larger systems: A family therapist's guide through the labyrinth*. New York: Guilford Press.
- Kelly, G. (1990). The cultural family of origin: A description of a training strategy. *Counselor Education and Supervision*, 30, 77-84.
- Lal, J. (1996). Situating locations: The politics of self, identity, and "other" in living and writing the text. In D. L. Wolf (Ed.), *Feminist dilemmas in fieldwork* (pp. 185-214). Boulder, CO: Westview Press.
- Lather, P. (1991). *Getting smart: Feminist research and pedagogy with/in the postmodern*. New York: Routledge.
- McGoldrick, M., & Gerson, R. (1985). *Genograms in family assessment*. New York: Norton.
- McGoldrick, M., Giordano, J., & Pearce, J. K. (Eds.). (1996). *Ethnicity & family therapy* (2nd ed.). New York: Guilford Press.

- McLean, A. (1986). Family therapy workshops in the United States: Potential abuses in the production of therapy in an advanced capitalist society. *Social Science Medicine*, 23, 179-189.
- Mignolo, W. D. (1995). *The darker side of the Renaissance: Literacy, territoriality, and colonization*. Ann Arbor: University of Michigan Press.
- Minuchin, S. (1978). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Montalbo, B., & Storm, C. L. (1997). Live supervision revolutionizes the supervision process. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 283-297). Boston: Allyn & Bacon.
- Piercy, F. P., & Sprenkle, D. H. (1986). Supervision and training. In F. P. Piercy, D. Sprenkle, & Associates (Eds.), *Family therapy sourcebook* (pp. 288-321). New York: Guilford Press.
- Piercy, F., & Thomas, V. (1998). Participatory evaluation research: An introduction for family therapists. *Journal of Marital and Family Therapy*, 24(2), 165-176.
- Pirrotta, S., & Cecchin, G. (1988). The Milan training program. In H. A. Liddle, D. C. Breunlin, & R. C. Schwartz (Eds.), *Handbook of family therapy training and supervision* (pp. 38-61). New York: Guilford Press.
- Prest, L. A., Darden, E. C., & Keller, J. (1990). "The fly on the wall" reflecting team supervision. *Journal of Marital and Family Therapy*, 16, 265-273.
- Reynolds, J. F., Mair, D. C., & Fisher, P. C. (1992). *Writing and reading mental health records*. Newbury Park, CA: Sage.
- Roberto, L. G. (1997). Supervision: The transgenerational models. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 156-172). Boston: Allyn & Bacon.
- Roberts, J. (1994). *Tales and transformations: Stories in families and family therapy*. New York: Norton.
- Sand-Pringle, C., Zarski, J. J., & Wendling, K. E. (1995). Swords into plowshares: Supervisory issues with violent families. *Journal of Systemic Therapies*, 14(3), 34-46.
- Schon, D. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Schwartz, R. C., Liddle, H. A., & Breunlin, D. C. (1988). Muddles in live supervision. In H. A. Liddle, D. C. Breunlin, & R. C. Schwartz (Eds.), *The handbook of family therapy training and supervision* (pp. 183-193). New York: Guilford Press.
- Shotter, J. (In press). The social construction of our "inner" lives. *Journal of Constructivist Psychology*.
- Stewart, K., & Amudson, J. (1995). The ethical postmodernist: Or not everything is relative all at once. *Journal of Systemic Therapies*, 14(2), 70-78.
- Storm, C. L., & Haug, I. E. (1997). Ethical issues: Where do you draw the line? In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 26-40). Boston: Allyn & Bacon.
- Todd, T. C. (1997a). Privately contracted supervision. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 125-134). Boston: Allyn & Bacon.
- Todd, T. C. (1997b). Purposive systemic supervision models. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 173-194). Boston: Allyn & Bacon.
- Tomms, K. (1988). Interventive interviewing: Part III. Intending to ask lineal, circular, strategic or reflexive questions? *Family Process*, 27, 1-15.
- Weingarten, K. (1998). The small and the ordinary: The daily practice of a postmodern narrative therapy. *Family Process*, 37, 3-15.
- White, M. (1997). *Narratives of therapists' lives*. Adelaide, South Australia: Dulwich Centre Publications.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- Wynne, L., McDaniel, S., & Weber, T. (1989). Professional politics and the concepts of family therapy, family consultation, and systems consultation. *Family Process*, 26, 153-166.