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**Social constructionist supervision or supervision as social construction?:
Some dilemmas.**

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Abstract

In teaching and supervising postmodern approaches to therapy we face a number of dilemmas. Supervisees and supervisors may be confronted with ethical issues which challenge their consistent application of postmodern therapies. These challenges have the potential to limit discursive options by drawing us into either defending or abandoning particular therapeutic and supervisory models. This paper identifies several ideas which help us move more fluidly between discourses in order to maintain a collaborative supervisory space with room for multiple perspectives regardless of the supervisee's clinical model. These ideas include aligning with the concept of supervision as social construction; meta-positioning in order to deconstruct all aspects of our work; remaining aware of the inherent power imbalances in the construct of supervision; and exploring ethical ideas through multiple lenses.

An increasing interest in the application of postmodern* ideas to counseling has developed in the past 10 years as an alternative to the certainties of modernism (Mills & Sprenkle, 1995; Neimeyer & Stewart, 2000; Pare & Lerner, 2004). However, a similar level of attention has not been paid to the impact of these ideas on the practice of counselor supervision, particularly for supervisors who work with students who have been influenced by both modern and postmodern orientations and work across competing discourses.

This paper proposes that social constructionist supervision has had difficulty in freeing itself from realist thinking because of its attempts to align with, and advocate the use of, particular models of social constructionism (e.g. narrative or solution-focused) or particular models of supervision (e.g. developmental or isomorphic). These models present pressures and influences which have caused us to defend particular ideas or abandon them when they appear contextually inappropriate or inadequate. For example, when supervisees exclusively embrace a particular approach, do we abandon our orientation? Do we advocate particular ways of thinking about the therapeutic process? Generally, how do we maintain our collaborative, inclusive supervisory practices?

Competing Epistemologies

Social constructionist ideas are derived from the broader postmodern movement and propose that social contexts give rise to multiple realities. Understandings, concepts and ways of thinking are understood to arise from social interchange and are therefore, constructed via

*We acknowledge that various terminologies are used to describe different aspects of the modernist/postmodernist debate. We have chosen to use the terms social constructionism and realism to represent divergent knowledge systems which we might use in supervision and the terms modernism and postmodernism when referring to broader epistemological paradigms.

language (Gergen, 1985). The world is shaped by the meanings we impose upon it and these meanings are derived from social, historical and cultural contexts which are mediated by language. They are constructed over time, subject to change and constitutive of particular futures. A social constructionist perspective then, would view supervision, not as a definitive model, a quest for objective truth about clients or the finding of appropriate, corrective interventions, but as the co-creation and development of new meanings through conversation.

These ideas challenge the notion of realism, which springs from a modernist epistemology, and argues that abstract concepts have a coherent real existence and are thus subject to empirical study (Reber, 1995). This perspective would tend to view supervision as a hierarchical experience where a supervisor with expertise is monitoring and guiding a counselor with less experience in order to discover and refine the most appropriate methods for working with clients.

According to Downing (2004) even psychotherapists who espouse philosophical or theoretical positions such as social constructionism inevitably revert to the definitive meaning of realism when they are engaged in actual interaction with clients. Carlson and Erickson (2001) believe that therapist training and supervision have remained largely aligned to realist perspectives and practices, despite an increasing interest in the ideas of social constructionist counseling models. Some writers have explored supervision through the lens of social constructionism and have begun to broaden the dialogue about its processes, however, few have examined the impact of moving between discourses in supervision. Those writers who have influenced our thinking include Behan (2003) who investigated the impact of unequal supervisory power relationships in a process which is supposedly collaborative; Speedy (2000) who explored ways in which narrative ideas and practices can influence supervisory relationships and highlighted a move towards pluralistic ethics which might help clarify such approaches; Lowe (2000) who gave attention to self-supervision practices guided by a process of constructive enquiry; Carlson & Erickson (2001) who discussed ways to incorporate narrative therapy ideas in the training and supervision of new therapists; and White (1997) who critically examined supervision as a process.

Practice Dilemmas

The authors of this article supervise Master of Counseling students in a university-based training clinic. This clinic has provided counseling services to the general public for nine years and during that time we have increasingly developed and implemented approaches and practices informed by social constructionist ideas. We have applied these principles in counseling, groupwork, teaching, reflecting team processes, supervision and administration and it has been this work which has alerted us to the difficulties experienced by both supervisors and counsellors when attempting to work within and between realist frameworks and constructionist principles.

Students trying to work in a way which embodies social constructionist ideas are confused when they are simultaneously drawn into realist ideas about uncovering “the truth” about clients, finding expert prescriptions for client change and uncritically accepting and aligning with theoretical perspectives. Students who have training and experience in realist-influenced therapy models are similarly confused when they are asked to think about the possibility of multiple perspectives and the creation of meaning via language. They can be drawn into understanding social constructionism as another prescriptive process to be modeled and perfected. Making these philosophically divergent tensions overt and holding this ongoing awareness has become an important feature in our practice of supervision.

Whilst our ideal position, as supervisors, would be to monitor shifts between discourses and/or position ourselves in relation to associated ideas and language (meta-positioning), we have noticed that certain experiences and dialogic modes transport us (unintentionally) into a realist mode of thinking and responding. Here we look at four ideas which have helped us remain intentionally connected to a social constructionist philosophy without having to judge and reject conversations which draw on other ways of knowing.

Supervision as Social Construction

Supervisory conversations which are guided by social constructionist ideas do not always fit well with ideas from more traditional educative and developmental models. Nor do they always fit with the models of therapy to which many social constructionists align e.g. narrative or solution-focused. For example, urgent considerations of safety for a suicidal client who is in crisis may over-ride particular therapeutic ideas. This kind of experience drew us to the work of Sheila McNamee and her ideas of therapy as social construction (McNamee, 1996; McNamee & Shawver, 2004). In her writing McNamee addresses what it means to approach therapy from a constructionist stance. She suggests that:

Therapy as social construction centers attention not on any particular form of practice, nor on any specific activity a therapist might bring into therapeutic context. Instead, therapy as social construction centers on *how* a therapist might bring particular forms of practice or conceptual bases into conversation. In short, it is an issue of *how* not (necessarily) *what*. (2004:p. 254)

She also uses the concept of therapists being “relationally engaged” with their clients when they are able to remain open and responsive to the interactive moments which occur when conversations are treated as opportunities for invitation and construction.

This understanding has allowed us to conceptualize supervision as social construction and released us from the need to align with a particular model of supervision or therapy. It has made all models and ideas potentially useful in a supervisory relationship while allowing us to uphold our own frames of practice. Indeed, it became an issue of *how* the supervisee and supervisor talk about therapy not (necessarily) *what* ideas were being developed. For example, in Carroll's (1999) supervision model, supervision is essentially viewed as an educative process. Carroll's seven "tasks of supervision" include a "teaching task" involving instructing, demonstrating, lecturing and coaching; an "evaluation task" involving feedback giving and report writing; and a "monitoring task" which ensures that supervisees are working ethically. Whilst this approach can certainly be useful in analyzing supervision, in particular circumstances it also focuses the assumption of expertise on to the supervisor which potentially limits relational engagement and discursive possibilities. For example when a counsellor comes to supervision wanting a fresh perspective on their work with a client, too much supervisory "expertise" can inhibit supervisee creativity and critical awareness and too little "expertise" might leave the counsellor feeling deskilled.

Other models emphasize developmental stages of supervision in which the earlier supervisory stages require consideration of instruction, modeling and structure (Stoltenberg & Delworth, 1987). It is evident that these ideas could also be useful if they are not held as a prescriptive method of supervision.

Counseling-bound or isomorphic models of supervision are of particular interest to us because they raise the question: "Should trainees developing social constructionist therapy understandings be supervised exclusively with social constructionist supervision models or does this also limit discursive possibilities?" In our training context, students who are being taught narrative or solution-focused therapy have generally been supervised using the same model. In this process, a supervisor uses the principles and approaches of a particular therapeutic theory to inform and guide his or her supervision to influence change in the supervisee-client subsystem. According to Behan (2003), "Ideally, sticking to one worldview gives practitioners a frame of intelligibility, a way to make sense of all the information coming at them." (p. 30). Isomorphism has therefore been used in the training clinic to describe a concordance in which approaches to supervision are "internally consistent with the paradigm in which we think about therapy" (Behan, 2003, p. 30), or "the replication of similar patterns at different levels of a system" (Lowe, 2000, p. 512).

Consider a counselor who generally uses a particular therapeutic model and comes to supervision looking for help to work with a client who is being "resistant" to the counselor's ideas of change. An isomorphic supervision stance could explore practices and understandings drawn from the supervisor/supervisee's model and would replicate similar processes during supervision. Models which tend to pathologise might see resistance as a problem related to the client's issues. A supervisor working from a narrative therapy model might deconstruct the therapist's notion of resistance and explore other meanings for what is happening between client and therapist. Alternatively, as we attempt to participate in supervision as social construction, we increasingly position ourselves (the supervisor) as contributor to a conversation from which ideas from any and all models might have the potential to add richness to the dialogue.

Meta-positioning

We believe that supervision as social construction is possible if we continually attempt to deconstruct the supervisees' and our own preferred ways of working. This goes beyond mere reproduction of techniques, and attempts to encourage the supervisee to take a meta-position in relation to all aspects of the meanings they attach to their work. This can result in the creation of new meanings. We tend to conceptualize these as related to a number of interactive concentric circles which represent the universe of deconstructive possibilities including, but certainly not limited to, ideas about socio-cultural-historical context, ethical frames, supervisor, counsellor and client roles and responsibilities and models of change. In this way, supervisees are invited to explore the assumptions behind their beliefs and actions in their work with their clients. Gilbert and Evans (2000) have taken a similar multi-layered perspective in which the supervisor is invited into a "participant-observer" role both inside and outside of the supervisory system. Whilst this is a similar process, it tends to posit the systems perspective with its attendant realist ideas of certainty. Our understandings are guided by social constructionist ideas concerning multiple realities which continually invite self challenge and allow for the unique meaning making of all participants.

Ideally, supervision as social construction offers both supervisors and supervisees an opportunity to step back from the constraints of any particular discourse in order to find new meanings and other possible ways of working. For example, a student works in an agency where Bowen therapy is used and also works in the university clinic which favors social constructionist ideas. They are seeing a client in the clinic whom they have decided is repeating a response pattern derived from their family of origin. They come to supervision to ask whether it is "within the social constructionist model" to undertake a genogram to uncover multi-generational patterns. In this case the supervisor might raise questions about this perspective, its influence on the supervisee, its relationship to their work with the client and how the perspective might broaden or limit their client's possibilities for change. This could be understood as a continual process of meta-positioning and an invitation to deconstruct. Some questions which may facilitate this process include: What ideas are you using to understand the client's concerns? Would you want to explore other conceptualizations? In what ways are those ideas helpful or limiting for your client? What specific counseling approaches come from these ideas? Are these thoughts informed by your own way of understanding the world? How do you think your client understands the world and change?

Obviously, it could be argued that social constructionist supervisors working with counselors who already hold a social constructionist perspective are engaged in a counseling-bound model of supervision. That is, the supervision reproduces the techniques and approaches used in the actual counseling process. However, this article challenges that idea by proposing that supervisees are also encouraged to deconstruct the ideas of social constructionism to which they might be attached. Indeed, if we fail to critique and analyze our own preferred way of knowing we would be falling into what Larner (2004) describes as the postmodern fallacy of totalizing postmodern discourse. One of the central premises of social constructionist philosophy is the acknowledgement of multiple perspectives. Such an acknowledgement will therefore guide our understanding of supervision as social

construction. The supervisor tries to remain detached from a particular view about what might be effective in therapy in order to generate new meanings and understandings, even though these meanings may not align with how we (the supervisors) might dialogue with the client. In other words, social constructionist supervisors are not advocates for the application of their principles to the supervisees' work.

Power Dynamics

In order to maintain a perspective of supervision as social construction it has been important for us to understand some of the things which draw us away from meta-positioning and into finding “real” answers to our supervisee’s concerns. In our experiences, these pressures are often connected to the operation of traditional power structures. These power structures often become internalized and are expressed as unquestioned norms of personal thinking, behaving and evaluation and are embedded in the discourses of counseling and supervision. When our supervisees’ understandings are influenced by these dominant ideas, they can connect with our own similar beliefs and distract us from maintaining inclusive, collaborative supervisory stance. We have noticed that when these powerful ideas take over the primary space in supervision they impede the development and construction of other ideas. Some examples are outlined in Table 1 where the power structures and associated dominant beliefs are identified and the right hand column gives specific examples of supervisee responses or requests which might invite realist responses.

Table 1 Traditional power structures and dominant beliefs

Dominant Belief	Possible supervisee responses or requests
Power structures embedded in the supervision process	
The supervisor is the expert and has superior knowledge. (Beliefs about supervisory expert power)	“I’m confused about what to do with this client and I know you’ve had a lot of experience in this area. What do you think I should do?”
Supervision is essentially about case analysis. (Beliefs affected by the history of supervision)	“My first client was a 27 year-old white female who presented with.....”
Power structures embedded in the counseling process	
Counsellors should not give advice. (Beliefs about power and influence)	“My client wanted some practical information and I didn’t think I should give them advice.”

The counselor is the expert and will tell the client what to do. (Beliefs about counselor expert power)	“Yes, but my client wants to know exactly how to be a good parent when this happens. What do you think?”
Power structures embedded in the dominant culture	
Medical considerations should be given precedence over context in understanding clients. (Beliefs about the power of the medical model)	“My client told me she had a diagnosis of bipolar disorder and she seemed a bit manic in the session.”
The quality of counseling skills can be quantified and evaluated. (Beliefs about the power of the education system)	“Is my clinical work of distinction standard at this point?”
Power structures embedded in professionalism	
Ethical codes or guidelines should be strictly adhered to. (Beliefs about what constitutes ethical conduct)	“Do I have to write detailed case notes? I never seem to use them and I can’t see what it is so useful anyway?”
There is a best approach to most counseling situations. (Beliefs about evidence-based practice)	“What do you think is the best way to work with someone who is depressed and anxious?”

Ethical Considerations

For us, many of these pressures are linked to considerations of ethical practice - a construct which can have an unquestioned dominance over our supervision. Codified ideas about what is ethical tend to define how counselors and supervisors should function. In this way ethics are viewed as depoliticised concepts which produce a strong attachment to such abstract ideals as “respect” and “duty”. These concepts are derived from a taken-for-granted, quasi-legal framework and have become standardised in codes of ethics such as those offered by the Australian Psychological Society (2001) and other psychotherapeutic organisations

(Donovan, 2003). Swim, George and Wulff's (2001) paper refers to these codes as "content" ethics and describes them as general formulations of conduct common across all therapeutic frameworks which attempt to protect clients and therapists with broad, abstract pre-set codes of correct conduct.

We have noticed that this discourse has the power to divert our attention away from supervision as social construction, towards what is viewed as objectively "right", "moral" or "correct". Whilst this understanding of what is ethical is widely accepted and often useful, the meta-narratives which inform these ideas have been relatively safe from analysis and challenge. We propose that supervision can be one forum for deconstructing these ideas and thus contribute to a more creative and informed supervisory conversation. The philosophical, social, and political underpinnings of the meaning of what is "good" in our ethical decision-making can be scrutinized, re-linguaged, understood and critiqued in supervision rather than simply accepted as the benchmark standard for practice in all contexts. Indeed, the creation of professional ethical codes and their contents might also be examined and understood as mirroring a wider social-cultural context.

Donovan (2003) argues that the dominant modernist perspective on ethics continues to influence therapists (and supervisors), even those who align with postmodernism. Indeed, we have often found it reassuring to revert to the seemingly solid ground of modernist certainty in our thinking and decision-making. How could we not be influenced by a paradigm which has enough power to define the "good" from the "bad"? How do we hold our moral ground, respect our supervisee's and their clients' moral ground and understand each other's value systems enough to truly develop a new collaborative story? It takes courage to deconstruct these dominant paradigms with our supervisees.

Consequently, discussions regarding child safety, the use of alcohol and the practice of violence, for example, might include an exploration of the balance between the advocacy of individuals and the interests of society. It might explore the impact that ethical codification has had on the restriction of new thoughts and ideas and/or the security that such a platform of certainty can bring. For example: Supervisee: I'm seeing a woman who mentioned that her husband pushes and shoves her. He leaves bruises. She doesn't seem to think this is a problem. I think this is domestic violence and I'm wondering what I should do?

Supervisory responses using realist ideas might include considerations of safety and safety plans, likelihood of reoccurrence, resources such as Domestic Violence Orders, police and shelter contacts, rights of client, support networks and specialized counseling referrals.

These responses would be based on the ideas that pushing and shoving which left bruising is violence; counselors have a duty to assess the likelihood of domestic violence and take action; a real definition of domestic violence exists; the woman should not have to live in a violent relationship and possibly should bring legal action; and safety means the same thing to the counselor and the client.

A supervisory response using social constructionist ideas could also include attempts to understand the counselor's beliefs about the constructs of domestic violence and safety and the counselor's understanding of the client's beliefs about these constructs; explore how dominant professional, societal, cultural and familial influences might have framed the

counselor's and client's beliefs; understand how these ideas might be impacting on the counselor's responses to their client and their client's response to the issue; negotiate a shift from narratives of impossibility and blame to narratives of agency and strengths and use these ideas to make decisions which more clearly reflect the client's preferred way of living.

These responses would be based on the ideas that our beliefs about appropriate ways of living are constructed via language and are therefore able to be reviewed and reconstructed; meanings are constitutive of the actions that we take in all areas of our lives; a counselor's role is to assist clients to uncover the beliefs which constrain them in particular ways and to fully explore their past, present and future actions outside of these beliefs and our intentions and actions should not run counter to the client's ideas about the way they want to live their lives.

One of the ways that we are able to reorient ourselves toward supervision as social construction is to be aware of the idea of "process" ethics (Swim, St George & Wulff, 2001). Process ethics are seen as a co-creation of ethics that occur within relational opportunities. They are immediate and protective as client and therapist, and supervisee and supervisor, continually reflect on therapist, client, supervisor and societal values and morals. Thus, each individual is engaged in finding mutually acceptable ways to operationalize issues of trust, respect and power. The challenge comes when the client and/or supervisee holds ideas which are counter to the supervisor.

In the previous example, after exploring the meanings of violence in relationships, the client is clear that pushing and shoving is not a problem for her. She is more concerned about other goals. If the supervisor applies only realist ideas he or she might be drawn away from a collaborative stance and be influenced to focus on professional responsibilities and more normative views of what constitutes safety. By maintaining a social constructionist position the counselor might be able to remain interested in broadening the client's perspective of what "violence" means, work with her to select a perspective which was most useful for the client to have an effective life and continue to respond to the client's goals for therapy.

Swim, St George and Wulff (2001) see process ethics as supporting and reinforcing the general principles upheld by content ethics. This approach enables therapists to have a supporting framework which introduces the constructs of respect, morality and power but also allows for the exploration of those ideas with therapists and the co-construction of ways in which to deal with them. From a social constructionist perspective, ethical decisions are made collaboratively between the client and counselor, and if necessary the supervisor, in order to create solutions which best reflect each person's unique story.

Conclusion

It is clear that social constructionist ideas are having an impact on psychotherapeutic practices, including training and supervision. Whilst highlighting some of these ideas this article has also attempted to identify some of the difficulties which social constructionist supervisors experience when traveling the landscape of power, responsibility and expertise. Our own experiences of being unintentionally drawn into a realist position are ameliorated by

aligning with the concept of supervision as social construction rather than aligning with specific models of supervision or therapy; meta-positioning or inviting the supervisee to examine the layers of assumptions which surround their work; recognizing the inherent power dynamics which accompany the construct of supervision and exploring ethical issues through the lenses of both process and content ethics.

Perhaps the idea of moving within and between discourses in supervision can be extended to help counsellors who are working in multidisciplinary teams or who are working in agencies with a hierarchical organisational structure or realist counseling model. More specifically it has the potential to help supervisors move between and within learning and evaluation conversations with their supervisees and aid in communication between referral bodies, clients, counsellors and supervisors.

Whilst it is our intention in training and supervision to be guided by social constructionist ideas and move purposefully between discourses, we are not always able to identify when this happens and consequently can limit discursive options by maintaining an either/or epistemological position. Our preferred way of working opens up at least three possibilities for supervision. We can engage with supervisees using different frameworks and/or invite deconstruction of those frameworks and/or invite the possibility of supervisees working deconstructively with their own clients. By highlighting some of the pressures which draw us into unquestioned assumptions, we hope to continue to develop our own ability to practice as social constructionists and to provide further ideas about supervision as social construction.

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