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Solution-oriented inquiry for ongoing supervision: Expanding the horizon of change

ROGER LOWE AND GLEN GUY

In this chapter, we outline an approach to supervision which draws its concepts and methods from the broad umbrella of solution-oriented therapies. It features a collaborative process of inquiry that is well suited to both individual and group supervision (Lowe & Guy, 1996, 1999). The specific contribution of this chapter, however, is to expand the horizon of solution oriented inquiry by including the potential for utilising developmental themes and narratives emerging from *ongoing* supervision relationships. By analogy, this is similar to adapting the conventional brief applications of solution-oriented therapy to the context of longer term therapeutic work and relationships. The chapter outlines the characteristic assumptions and priorities of solution-oriented approaches, discusses our point of departure from previous literature, develops an integrative map for practice, and provides practical guidelines and examples of useful practice questions.

We will use 'solution oriented' as an umbrella term for integrating ideas from a number of contemporary 'strength-based' models of change, including solution focused therapy, possibility therapy, time-effective therapy, constructive therapy and appreciative inquiry. Axten, Guy and Lowe (1999) have identified four common characteristics of these approaches: change oriented, constructionist, competency based and collaborative. For an additional overview of this general perspective and of specific models and methods, we recommend Friedman (1997) or Hoyt (1998).

Super-vision: Above, beyond or besides?

In deconstructing the term *supervision*, Roberts (1997) points to three dictionary definitions of *super*: above, beyond and besides. Many approaches to supervision employ an explicit or implicit assumption of vision from above: the supervisor's vision is assumed to be more profound, informed or complete than that of the

supervisee. It is super-vision or super-ior vision. By contrast, strength-based approaches tend to emphasise the two definitions. Supervisors position themselves beside their supervisees and invite them to look beyond the horizon of their current perceptions, to an appreciation of competence, change and possibilities. Expertise is coaxed (rather than coached) from the life experience, education and training of supervisees who are viewed as being 'incomplete and imperfect, yet competent, colleagues who seek out the consultant in order to bring about progress towards their goal' (Thomas, 1994, p. 17). The approach requires us to believe that 'each supervisee has the ability and potential to be an effective therapist, according to that person's own style' (Pond, 1997, p. 167) and that supervisors can define their own expertise as the ability to facilitate this process.

The supervisor's expertise, therefore, consists largely of developing a conversation which calls forth and expands the therapist's expertise. As in solution-oriented therapy it is important that the process is collaborative, credible and unforced. The supervisor uses a process of inquiry which does not diminish the complexity or difficulty of the issue at hand, but focuses attention on the therapist's future hopes and goals and connects these with examples of past and present competencies and resourcefulness. From the solution-oriented perspective, affirmative narratives about competence, skills and personal qualities are viewed as most likely to support and motivate a person through periods of change (O'Connell, 1998). Such narratives can act as self-fulfilling prophecies which are subsequently performed by the therapist. A related concept is the 'heliotropic' principle mentioned in the appreciative inquiry literature. In the same way that plants grow toward the light, it is assumed that 'human systems grow toward what they persistently ask questions about' (Cooperrider & Whitney, 1999, p. 248). The process and direction of inquiry acts not to uncover or discover a reality but to evoke a reality.

There are two other relevant aspects of the supervisor's expertise. First, as in therapy, it is important to be expert in self-awareness: to monitor one's own concerns, anxieties, desire to be respected and liked, and temptations to offer advice, solve the problem, and correct the therapist's work. This allows us to avoid engaging in patterns of interaction which undermine the principles of the approach. Secondly, we believe there is a legitimate place for input from the supervisor's perspective and professional experience. Supervisees are entitled to expect alternative suggestions, possibilities and feedback from a supervisor. Also, supervisors have obligations in relation to standards and ethics of a supervisee's practice. The key point, however, is that the supervisor's input occurs through interactions which are consistent with solution-oriented principles. Thus, the input may be offered as a potential contribution or raised as an issue for discussion, rather than being imposed as a

definitive pronouncement. It is expertise without 'The Expert'. It is not a matter of rejecting the notion of expertise, but of using it differently.

Expanding the frame: Developmental themes and 'embedded narratives'

Though a substantial literature on solution-oriented and strength-based approaches to supervision is available (e.g. Edwards & Chen, 1999; Lowe, 2000; Lowe & Guy, 1996, 1999; O'Connell, 1998; Santa Rita, 1998; Selekman & Todd, 1995; Thomas, 1994, 1996; Wetchler, 1990), its emphasis tends to fall on individual sessions and cases rather than on ongoing supervision relationships and developments. This may reflect the tendency for the solution-oriented philosophy to be historically identified with brief therapy in which each session is viewed as potentially the last. However supervision arrangements tend to be more enduring either through choice or by necessity in meeting professional requirements. This being the case, we believe that the coaxing and extending of expertise can be enriched by expanding the horizon of change to include important themes of continuity, discontinuity and development, as the practitioner's professional identity is continuously co-constructed in supervision. Interestingly, in one of the few publications connecting solutionoriented ideas with longer term therapy, Kreider (1998) makes a similar suggestion in relation to linking clients' specific therapy goals with major life goals and ongoing issues of developmental mastery.

Like therapy, supervision can be viewed as a multifaceted narrative event, in which numerous layers of 'embedded narrative' can be identified (Stewart, 1997). In other words, though a supervision session might have a particular focus (such as a concern with an ongoing case), this does not constitute an isolated event but is embedded within the broader context of other ongoing narratives. We have found it useful to listen and look not only for signs of expertise in relation to the specific focus of the discussion (the Focus Story), but also for connections to two broader embedded narratives: the Therapist Story and the Supervision Story. The Therapist Story charts an individual's developing sense of professional competence and autonomy as a practitioner in a particular context, while the Supervision Story attends to changes in the supervisory relationship as the practitioner assumes greater responsibility for defining and meeting his/her own supervision needs. While the Focus Story may remain at the centre of the discussion, it is viewed as embedded within the broader context of the Therapist and Supervision stories. As supervision relationships evolve over time, these developmental narratives will come into greater prominence. In listening with a constructive ear and looking with an appreciative eye, the supervisor remains alert to possible connections

between the Focus, Therapist and Supervision stories. The intention is to coax an additional form of expertise: the ability to plot specific events and experiences into narratives of professional development, so that these narratives of competence may also be performed.

Major areas of inquiry: An integrative map

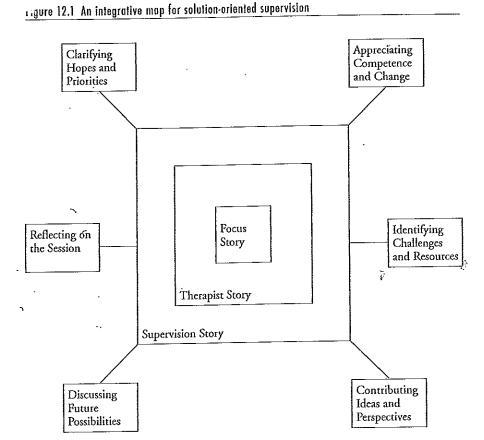
We have found it useful to identify six major areas of inquiry which occur in a typical supervision session. These are:

- clarifying hopes and priorities for the session;
- appreciating competence and change;
- identifying challenges and resources;
- contributing ideas and perspectives;
- · discussing future possibilities; and
- reflecting on the session.

Although there is a logical sense of progress from one to the next, it is important to emphasise that they are not intended as fixed sequential stages or phases. The flow of conversation tends to shift back and forth between the areas as new information, priorities and developments emerge. Figure 12.1 connects these areas of inquiry with the embedded narratives of the Focus, Therapist and Supervision Stories.

The periphery of the figure consists of the six major areas of inquiry in a supervision session. Each is linked to the embedded narratives which constitute a central thematic core. The figure provides an orientation map for a supervisor. While pursuing the different phases of inquiry and orienting initially to the Focus Story, the supervisor looks for suitable opportunities to widen the lens to incorporate the broader narratives. It has been suggested that constructive therapeutic conversation consists of alternatively widening the lens and sharpening the focus (Friedman, 1997). Similarly, the approach outlined in Figure 12.1 offers a way of widening the lens to incorporate broader professional themes and developments before focusing once more on immediate goals, concerns and possible plans.

We will examine each of the major areas of inquiry, looking at aims and typical questions. In each area we begin with questions asked at the level of the Focus Story. We then include a section called 'Widening the Lens' which provides some examples of how, at appropriate times, the focus of inquiry can be widened to invite connections with the embedded narratives of the Therapist and Supervision



stories. For the purpose of demonstration we will assume that the Focus Story relates to case consultation—though the process is just as relevant for other kinds of supervision issues such as personal concerns, ethical dilemmas or organisational conflict. We will also assume that a conventional dyadic supervision format is being used. However the approach can easily be adapted for ongoing group supervision. In fact, much of our own work has involved the training of peer supervision groups using solution-oriented approaches together with a creative reflecting team process (Lowe & Guy, 1996, 1999).

Clarifying hopes and priorities

In solution-oriented frameworks, a session typically begins with clarification of the therapist's hopes and priorities for the meeting. This initial focus begins the process of positioning the therapist as taking major responsibility for deciding the agenda of the meeting. Typical orienting questions might be:

- How would you like to use our meeting? How are you hoping it will be helpful?
- What are you most wanting to focus upon today?
- What will tell you that we have done some good work together?

It is important for the supervisor to revisit the clarification of hopes and priorities when new issues emerge or the session changes direction. It is an ongoing process rather than a set phase. For example:

• As we've been talking, a number of different issues have come up, so I need to check whether your priorities have also changed. I'm wondering what you most want to focus on at this point?

Widening the lens

Therapist Story

- How did you decide to seek consultation on this particular case at this
 particular time? What makes it stand out in the context of your career so far?
- Are there any other important developments in your work which will help me understand its significance in your professional journey?

Supervision story

3

- This seems to be a departure from the kinds of dilemmas you've raised with me up to now. I'm wondering if this is simply because it hasn't occurred before, or whether you feel more confident about raising an issue like this?
- How would you say your goals and priorities have changed since we began working together? Does this represent a change in your sense of what you are most wanting from supervision?

Appreciating competence and change

An important part of the supervisor's expertise is to listen and look for examples of constructive change that have already occurred, and to build on these. This is akin to asking pre-session change questions in therapy, where clients are asked about changes that may have already occurred before the session:

 What has most satisfied you so far about your work with this client? How would he/she say you have been most helpful? What changes have you already started to implement? How did you work out how to make these changes?

Widening the lens

Therapist story

- Was this step a new direction for your work? How did you decide you were ready to embark upon it? Have any other interesting changes occurred for you recently?
- What are you learning with regard to your best ways of working? If you
 had seen this same client a year ago, how would your work have been
 different? How have you changed as a therapist since then?

Supervision story

- What decisions have you already made about how to proceed?
- Six months ago would you have had the confidence to trust your own judgment? What has helped you to gain more confidence in supervising
- your work?
- How are you learning to decide which issues you can work out for yourself?
 Which ones is it best to raise with me? What changes have occurred in how you perceive supervision?

Identifying challenges and resources

An important part of supervision consists of negotiating both the challenges facing therapists and the personal and professional resources available to them. Solution-oriented supervisors don't ignore or gloss over the difficulties facing therapists, but invite a way of talking which moves beyond deficit language to a focus on future-oriented change. Rather than working out what is wrong with, or missing from the therapist's work, the supervisor is more likely to be curious about the therapist's own ideas, particularly in relation to what might be helpful and how this could be brought about. For example:

- As we've been talking have you become any clearer about what new steps or directions might be helpful?
- What do you suppose would have to happen for you to tell me at our next session that things were going better?

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• What would be some signs to your client and yourself that change was happening? On a scale of 0–10, how confident are you of being able to make these desired changes? How would you go about putting them into practice? What might be the first step?

Hand in hand with a focus on challenges goes a search for resources which the therapist is already using or may choose to use. As in therapy, this may include an emphasis on coping or endurance in periods of uncertainty or self-doubt:

- Have you noticed that you have already started to prepare for any of these changes? How did you go about doing this?
- It seems like a very complicated case and I'm wondering what you have done to protect yourself from losing hope. How have you managed to maintain your determination to work with this client?

Widening the lens

Therapist story

- This situation seems to be a real challenge to your usual way of working.
 How might it affect the way you think about your approach to therapy?
 Have there been other times when you have had to make similar shifts and take entirely new directions in your work?
- How have you learned to expand your usual comfort zone to accommodate new experiences? How have you learned to persevere in times of great uncertainty and confusion?
- What have you learned to do in order to maintain your sense of being a competent therapist? What has been the most important thing you have learned about your own resilience?

Supervision story

- In situations like this, when immediate supervision isn't available, how have you learned to supervise yourself?
- How do you go about reminding yourself of your growing ability to think through difficulties and cope under pressure? For example, how have you learned to decide when you need extra assistance before proceeding with the next session?

 Have any memories of our work together been useful when working on your own? How have we been able to work through similar difficulties in the past? What aspects of our supervision relationship could be useful in approaching this dilemma?

Contributing ideas and perspectives

Though the supervisor's role tends to be largely that of initiating inquiry, we believe it is not inconsistent with the model to offer relevant ideas, reactions, comments and suggestions. Indeed, many supervisees explicitly request this kind of input and would be disappointed if a supervisor did not share the benefit of his or her experience. The important consideration is that the supervisor's contribution should be offered in a way which is consistent with an ethos of curiosity and speculative inquiry:

- Might this be a useful idea?
- Is it possible that you might be working too hard?
- Could there be a parallel between the client's experience of therapy and your experience of supervision?
- Your experience reminds me of a similar situation in my own work—
 Would you be interested in hearing about it?
- How would you feel about doing something like this?

Widening the lens

Therapist story

- How have you learned to accommodate other people's ideas and
 perspectives into your sense of identity as a therapist? For example, when
 we first started working together you used to write down many of my
 suggestions, whereas now you tend to think about them rather than write.
- How are you learning to work out what fits for you as a therapist, and what doesn't?

Supervision story

• Knowing how we work together, what did you think I would say about this situation? Have you been surprised?

- Do you think you are doing supervision differently now? Six months ago
 you tended to come for ideas, whereas now you tend to come with ideas
 which you want to share with me.
- How do you see our roles changing over time? How can I be most helpful to you now?

Discussing future possibilities

This area of inquiry connects the major themes of the conversation to potential future actions:

- Given what we have talked about today, have you had any particular thoughts about what you might do in the next session? Has our discussion triggered any specific ideas or plans?
- If you were working more effectively with this case or issue, what would be happening? What would you client/colleagues see you doing?
- What will be a sign to you that you are ready to approach the next session?

Widening the lens

Therapist story

- How can you plot this new experience—your story as a therapist? Have there been any new insights or directions?
- How do you want to be seen as a therapist? What is the next step towards being the therapist you want to be?
- When you look back on this case in a few years time, what do you think you will remember about it? What might be its most important learning?

Supervision story

- What will tell you that you no longer need to bring this case to our meetings?
- What is a typical sign that the case has moved from the 'I need ongoing supervision' category to the 'I am comfortable working on my own' category? Where would you place the case right now?
- If this experience were to bring about a change in our work together, what would it be?

Reflecting on the session

The final phase focuses on the usefulness of the session and its potential contribution not only to the specific case or other focus, but also to the evolving Therapist and Supervision stories:

- Looking back on your hopes for our session, how helpful has it been?
- What will you take from this session that might be helpful in working with this client? How will the client know that you have been to a useful supervision session?
- If there are still issues to be addressed, or areas of confusion, what can we do next time to make sure these are addressed?

Widening the lens

Therapist story

- What questions or comments have helped you reconnect with a positive sense of identity as a therapist? What difference has this made? What has emerged in our conversation that might help to sustain this vision of your work?
- What has been the impact of our session on your sense of where you are heading as a therapist? How did we achieve this?

Supervision story

- What questions have I asked that might be worth adding to your own 'collection' for reflecting on your work?
- What's different about the kinds of questions I ask compared to those that others ask? How are they helpful? Have I asked any questions that have been unhelpful?
- Has our session been different today from previous sessions?
- When you are supervising people a few years from now, in what way do you think your style will be similar to, or different from, mine?
- Can we learn anything from today's session about how to structure future sessions so that they meet your current needs?

6.

Discussion

The examples above have been used to convey a sense of both direction and flexibility in the use of solution-oriented inquiry. As suggested in Figure 12.1, the particular contribution we have made is to provide a map for moving the process of inquiry beyond single sessions and issues to evoke ongoing developmental connections between the embedded narratives of the Focus, Therapist and Supervision stories. In ongoing supervisory relationships, this provides a broader horizon for the coaxing, co-creation and 'storying' of expertise, as therapists are invited to reflect upon and participate in the shaping of their own professional narratives. However, we wish to make two cautionary points, one theoretical and one practical. At a theoretical level the Focus, Therapist and Supervision stories should not be reified as fixed entities or deep structures which are objectively 'there' to be analysed. Rather, they are evolving developmental themes which act as major reference points for the supervisor's process of inquiry. The emphasis is on the collaborative and creative process of storying, not the analysis of objective stories. Also, at a practice level, it is important to reiterate that the examples given are intended to be suggestive not prescriptive. It is neither credible nor desirable to connect the levels of embedded narrative at every available opportunity in every session. The broader themes of the Therapist and Supervision stories tend to be more effective when used as an occasional but significant backdrop to the main focus of the session. The supervisor listens and looks for possible connections but does not impose this process in a routine or mechanical way. It takes time for significant changes to occur and for therapists to be ready to notice them. Just as the highlighting of competencies, differences and exceptions in solution-oriented therapy should not be rushed or forced, the connection between embedded narratives in supervision should be used as an occasional invitation rather than a constant refrain. Widening the lens requires smooth and unobtrusive camera work, rather than a forced and mechanical process.

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12 Solution-oriented inquiry for ongoing supervision

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