

Andersen, T. (1987) “The Reflecting Team: Dialogue and Meta-Dialogue in Clinical Work,” Family Process, 26, 415-428. The late author and originator of the Reflecting Team outlines his approach of introducing different views to a stuck therapist-client system in order to create “enriched pictures” called “an ecology of ideas” which theoretically will help the therapist-client system see things differently enough to make a difference in what they do.

Anderson, H., Swim, S.(1995) “Supervision As Collaborative Conversation: Connecting the Voices of Supervisor and Supervisee,” Journal of Systemic Therapies, 14, 1-13. The authors talk about the “exploratory collaborative process” by using conversation to learn through the supervisor focusing on process, the “not knowing position,” and empowering the supervisee.


Berger, M., Damman, C. (1982) “Live Supervision as Context, Treatment, and Training,” Family Process, 21, 337-344. The authors discuss live supervision specifically the “bicameral format” with the therapist “processing and responding to the family’s emotional field” and the supervisor seeing the interactional patterns in the room from behind the mirror and how to use this in therapy and training.


Biever, J.L., Gardner, G.T. (1995) “The Use of Reflecting Teams in Social Constructionist Training,” Journal of Systemic Therapies, 14, 47-56. The authors outline how they use the reflecting team in group supervision to introduce the social constructivist concepts of multiple descriptions, ideas are changed through conversation and that clients know what’s helpful to them.

Bischoff, R.J. et al. (2002) “Events and Experiences Impacting the Development of Clinical Self Confidence: A Study of the First Year of Clinical Contact,” Journal of Marital and Family Therapy, 28, 371-382. The study says that mitigating the normal ups and downs in self-confidence of a first year student can be done with supportive supervision, contact with peers who are first year students and managing personal life stressors.

Bobelle, M., Gardener, G., Biever, J. (1995) “Supervision as Social Construction,” Journal of Systemic Therapy, 14 14-25. The authors outline (5) dilemmas for post-modern supervisors: (1.) using tenative language to flatten the hierarchy (2.) focus on the generation of ideas or brainstorming (3.) expand the different views of a case (4.) focus on the resources of the supervisee and (5.) evaluate the supervisee’s strengths and weaknesses.
Brashears, F. (1995) “Supervision as Social Work Practice: A Reconceptualization,” Social Work, 40, 692-699. The author states “In the mediation-mutual aid model, social work staff would be freed from traditional organizational constraints to increase their competencies and problem-solving abilities. Supervisors would collaborate with social work staff rather than direct and control them, an approach that fits better with social work practice and that is more comfortable for supervisor-social workers.”

Bray, S., Balkin, R.S. (2014) “Critical Incidents in Supervision Training: Doctoral Students’ Perspectives,” Journal of Professional Counseling: Practice, Theory and Research, 41 29-41. The authors used the critical incident technique (developmental turning points) with doctoral students in supervision training with (3) emerging themes from the data: support, parallel process, and gatekeeping.

Brown, Z. (2010) “Psychotherapy Integration: Systems Theory and Self-Psychology,” Journal of Marital & Family Therapy, 36, 472-485. The author discusses informed eclecticism i.e. using a specific model for a specific case, and integration i.e. using a meta-theory or integrative structure to incorporate different models for any case and then he applied a meta-model to a couples case.

Butler, M. et al. (2008) “Common Pitfalls of Beginning Therapists Utilizing Enactments,” Journal of Marital and Family Therapy, 34, 329-352. The authors state that enactments are core interventions with relational therapies and that “Failure of therapists who are nearing completion of their graduate training to effectively conduct enactments has potentially negative consequences” for example poor treatment outcomes and higher dropout rates.

Cantwell, P., Holmes, S. (1995) “Cumulative Process: A Collaborative Approach to Systemic Supervision,” Journal of Systemic Therapies, 14, 35-46. The authors present a collaborative supervision model experimenting with various forms of the reflecting team that challenges the thinking of supervisors and they state “The task for supervisors and participants is to create new options for the therapist.”

Chenail, R. (2009) “Learning Marriage and Family Therapy in the Time of Competencies,” Journal of Systemic Therapies, 28, 72-87. The key “is for all parties involved to stay focused assessing student learning performance and to connect the smallest learning outcome to the larger program outcomes and goals.”


de Barbaro, B., et al (2008) “Multi-Couple Reflecting Team: Preliminary Report,” Journal of Marital and Family Therapy, 34, 287-297. The authors, a group of therapists from Poland, review (1.) using a Multi-Couple Reflecting Team (MCRT) model with couples in relational crisis and (2.) the reflections of the couples and therapists in a follow-up after their experience with MCRT.

deShazer, S., Molnar, A. (1984) “Changing Teams/Changing Families,” Family Process, 23, 481-486. Two members of the BFTC team talk about how the team is part of the system under study and if you introduce “random” into the team process you also introduce “random’ into the therapeutic system i.e. wholism.

Dickerson, V. (2010) “Positioning Ourselves Within an Epistemology: Refining Our Thinking About Integrative Approaches,” Family Process, 49, 349-368. The author says that “the importance of being clear about one’s epistemological positioning is how it shows up in clinical practice” and whether or not it is helpful to our clients.

Therapies, 4, 55-59. In this brief article the authors discuss the risks and benefits of having the supervisor-in-training supervise the supervisor-of-supervision.

Flam, A. (2009) “I Need Your Eyes to See Myself: Multi-Agency Team Consultation as Reflecting Turn Taking,” Journal of Systemic Therapies, 28, 72-88. The approach presented fosters non-hierarchical collaborative processes and forms a “community of knowledge diversity” i.e. all agencies on the team have a view to share.

Gehart, D. (2011) “The Core Competencies and MFT Education: Practical Aspects of Transitioning to a Learning-Centered, Outcome–Based Pedagogy,” Journal of Marital & Family Therapy, 37, 344-354. The author outlines a method of measuring student’s progress in a training program and the need for faculty to change their pedagogy i.e. focus from content-based to learning-centered or outcome based teaching strategies.

Godfrey, K. et al. (2006) “Essential Training Components of Curricula for Preparing Therapists to Work with Lesbian, Gay, and Bisexual Clients: A Delphi Study,” Journal of Marital and Family Therapy, 32, 491-504. The authors make four recommendations for therapists who work with LGB clients and their support systems: (1.) pay attention to self-of-the-therapist issues (2.) use of a systemic perspective (3.) get to know LGB people and (4.) use supervisors LGB clinical experience.

Goodrich, Thelma Jean, Silverstein, Louise Bordeaux (2005) “Now You See It, Now You Don’t: Feminist Training in Family Therapy,” Family Process, 44, 267-281. The authors see Feminism diminishing in the MFT field and recommends (1.) addressing power differentials in therapy (2.) looking at “multiple domains of experience” of the client (3.) looking at all behavior in it’s cultural context (4.) having separate classes and encourage integration in other classes and supervision and (5.) training to help students look at their “social location” and how it influences their clinical work.
Gouze, K., Wendel, R. (2008) “Integrative Module-Based Family Therapy: Application and Training,” Journal of Marital and Family Therapy, 34, 269-286. The authors present the Integrative Module-Based Family Therapy (IMBFT) model of assessment and intervention for couples and families which combines the “art of therapy” and the “science of therapy.”

Graff, J. et al. (2010) “Doing Systemic Training Systemically: Evaluating, Responding, and Expanding,” Journal of Systemic Therapies, 29, 26-45. The authors describe the “dilemma” of systemic trainers and state “successful trainers will act into openings in such a way as to provide a ratio of support and challenge enabling trainees to achieve the paradoxical task of becoming able to act systemically when the fundamental definition of systemic action is that it differs in every context and that every context is different.”

Green, R-J., Herget, M.(1989) “Outcomes of Systemic/Strategic Team Consultation: I. Overview and One-Month Results,” Family Process, 28, 37-58. The authors study systemic,strategic team consultations and conclude “Significantly, the results show that only one systemic/strategic team consultation, in combination with regular therapy, has powerful effects in the area of problem resolution in cases that are perceived as difficult by their therapists.”

Green, S. et al.(2001) “When Approved is Not Enough: Development of a Supervision Consultation Model,” Journal of Marital and Family Therapy, 27, 515-525. The authors present a model of using co-worker’s and supervisee’s voices in supervision of supervision and stress the need for supervisors to be “learners.”

Haley, J. (1993) “How To Be A Therapy Supervisor Without Knowing How To Change Anyone,” Journal of Strategic Therapies, Winter, 41-52. Jay states “We have learned that parents will be firm with a violent child only if the therapist is firm with parents, and the therapist will only be firm if the supervisor is firm with the therapist” i.e. parallel process.

Heppner, P.P. et al. (1994) “Dimensions That Characterize Supervision Interventions Delivered in the Context of Live Supervision of Practicum Counselors,” Journal of Counseling Psychology, 4, 227-235. The authors conclude: (1.) that the interventions were multifaceted (2.) that live supervision is more complex then previously thought and (3.) that supervisory interventions should be further studied on” how they impact the counseling process.”


Hodgson, J. et al.,(2005) “Integrating Research and Clinical Training in Marriage and Family Therapy Training Programs,” Journal of Marital and Family Therapy, 31, 75-88. The authors encourage the use of the “scientist-practitioner model” i.e. integrating research and clinical work, in both master’s and doctoral programs.

Inman, A.(2006) “ Supervisor Multicultural Competence and It’s Relation to Supervisory Process and Outcome,” Journal of Marital and Family Therapy, 32, 73-85. The results of the study indicated “although supervisor multicultural competence was directly and positively associated with supervisory working alliance and supervision satisfaction, supervisor multicultural competence had a direct, but negative, relationship with trainee etiology conceptualization abilities.”

James, S. et al.((1996) “Using Reflecting Teams in Training Psychology Students in Systemic Therapy,” Journal of Systemic Therapies, 15, 46-58. The authors present their training model highlighting several areas: the experience was a gradual progression, all felt a sense of collaboration and support, and the process was experienced as self-corrective.


Koper, M. (2009) “The Effectiveness of Clinical Supervision,” MSW Thesis, 1-185. The author outlines the impact of good supervision on the worker/clinician such as decreasing burnout at an agency, increasing job satisfaction, increasing confidence, increasing motivation, decreasing stress, and increasing reflective clinical practice.

le Roux, P. et. al. (2011) “Developing an Outcome-Based Assessment for Family Therapy Training: The Rochester Objective Structured Clinical Evaluation (ROSCE),” 50, 544-560. The authors present a tool that can be used at any level of training to evaluate the core competencies of MFT’s and help develop an “individualized Action Plan” to help the trainee improve their skills.

Liddle, H., Halpin, R. (1978) “Family Therapy: Training and Supervision Literature: A Comparative Review,” Journal of Marriage and Family Counseling, October 1978, 77-98. Two points: (1.) therapist skills must be related to therapeutic outcome and (2.) “Research indicates that the quality of training is directly related to the trainer’s level of functioning.”


Lowe, R. (2000) “Supervising Self-Supervision: Constructive Inquiry and Embedded Narratives In Case Consultation,” Journal of Marital and Family Therapy, 26, 511-521. The author says that the goal of supervision should be to create a “self-sustaining therapist” where one asks for consultation on a case when needed.
Lowe, R., Guy, G. (1996) A Reflecting Team Format for Solution-Oriented Supervision: Practical Guidelines and Theoretical Distinctions,” Journal of Systemic Therapies, 15, 26-45. The authors present a three-stage reflecting team model integrating a pluralistic approach i.e. focus is on process and a theoretically aligned(solution-focused) approach.


McDaniel, S.H. et. al. (1983) “Multiple Theoretical Approaches to Supervision: Choices in Family Therapy Training,” Family Process, 22, 491-500. The authors make several observations about family therapy supervision and training: (1.) the developmental level of the supervisee should influence the supervision model used (2.) start family therapy training using a Structural model and then slowly help the supervisee integrate the techniques with the person-of-the-therapist and lastly (3.) after the supervisee has used the Structural/Strategic model for a time, the next step would be to expose the supervisee to a “consortium of purists” and then allow them to integrate different ideas into a model that fits for them.

McDowell, T. et. al. (2007) “Multiculturalism in Couple and Family Therapy Education: Revisiting Familiar Struggles and Facing New Complexities,” Journal of Systemic Therapies, 26, 75-94. The authors state “ We have found that the bridge from understanding to applying critical multiculturalism is, to a large degree, created in supervision.”

McGoldrick, M. et.al. (1999) “Efforts to Incorporate Social Justice Perspectives into a Family Therapy Training Program,” Journal of Marital and Family Therapy, 25, 191-209. The faculty of the Family Institute of New Jersey outline a collaborative family therapy training program with an emphasis on gender, race, culture, class and sexual orientation which hopefully stimulates more thinking and discussion about how social justice is incorporated into family therapy training.

Miller, J. et. al. (2010) “The Core Competency Movement in Marriage and Family Therapy: Key Considerations From Other Disciplines,” Journal of Marital and Family Therapy, 36, 59-70. The authors discuss using competency-based training in MFT and specifically point out a technique called OSCE (Objective Structured Clinical Exam) that could be used as a formative evaluation tool in MFT training.

Montalvo, B. (1973) “Aspects of Live Supervision,” Family Process, 12, 343-359. One of the early pioneers in live supervision says “Live supervision is, after all, only one more arrangement for guiding the therapeutic process. Its main asset, its capacity for getting closer to empirical happenings rather than self-reports about them, does not make it any more foolproof than any other arrangement involving humans.”

Morgan, M., Sprenkle, D. (2007) “Toward a Common-Factors approach to Supervision,” Journal of Marital and Family Therapy, 33, 1-17. The authors present a three-dimensional model (1.) emphasis on clinical competence or professional competence (2.) specificity (information) which could be idiosyncratic or general and (3.) supervisory relationship which could vary between collaborative and hierarchical.

Moorhouse, A., Carr, A. (2001) “A Study of Live Supervisory Phone-ins in Collaborative Family Therapy: Correlates of Client Cooperation,” Journal of Marital and Family Therapy, 27, 241-249. The authors state “that therapists who engage in collaborative therapy should aim to maximize collaborative positioning with clients because this, in turn, may maximize cooperation and minimize resistance” and that the “isomorphism between supervisor-to-therapist–to-client was not associated with client cooperation.”
Murphy, M., Wright, D. (2005) “Supervisees’ Perspectives of Power Use in Supervision” Journal of Marital and Family Therapy 31, 283-295. Supervisees are impacted by power in the supervisory relationship however supervisors can use their power constructively.

Nelson, T., Graves, T. (2011) “Core Competencies in Advanced Training: What Supervisors Say About Graduate Training,” Journal of Marital and Family Therapy, 37, 429-451. The authors say there is a gap between the approved supervisors “rated performance” of their new supervisees’ competencies and their “desired performance” for the new supervisees’ competencies and discussed the need to look at how competencies are addressed in classes and supervision.

Olson, U., Pegg P.F.(1979) “Direct Open Supervision: A Team Approach,” Family Process, 18, 463-469. The authors present their Direct Open Supervision Model for use with family therapy trainees where one-way mirrors and sound equipment are absent.


Palmer-Olsen, L. et al.(2011) “Supervising Emotionally Focused Therapists: A Systemic Research Based Model,” Journal of Marital and Family Therapy, 37, 411-426. The authors present an EFT supervision model with (6) key elements: secure supervisory alliance, processing self of the therapist issues, modeling and practicing EFT interventions, observe sessions with feedback, utilizing EFT workbook, and goal-setting and evaluation.

Pare, D.(2016) “Creating Space for Acknowledgement and Generativity in Reflective Group Practice,” Family Process, 55. The author outlines his group supervision model built on the concept of creating a context which generates multiples descriptions of events or “thick descriptions.”

Philp, K., et al. (2007) “Social Constructionist Supervision or Supervision as Social Construction? Some Dilemmas,” Journal of Systemic Therapies, 26, 51-62. The authors state “Our own experience 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 supervisees 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 process and content ethics.”

Protinsky, H. Coward, L. (2001) “Developmental Lessons of Seasoned Marital and Family Therapists: A Qualitative Investigation,” Journal of Marital and Family Therapy, 27, 375-384. The authors discuss the “synthesis of personal and professional selves as a highly significant developmental process for experienced MFT’s” and the need for supervisors to help MFT supervisees create clear boundaries around “gray ethical issues” that come up for them in the future.

Quinn, W. et al. (1995) “Utilizing Client’s Voices in Clinical Supervision,” AAMFT Supervision Bulletin, 9, 4-9. The authors present a feedback centered model of supervision which brings the client’s voice(feedback) into the supervisory dialogue in order to understand the impact of the therapist’s actions on the client which then helps the therapist in making adjustments in treatment planning.

Ratliff, D.A. et. al.(2000) “Lack of Consensus in Supervision” Journal of Marital and Family Therapy, 26, 373-384. The study discusses a “balance that supervisors must create between supporting trainees’ autonomy to make clinical judgements and asserting supervisors’ responsibility to ensure competent clinical practice.”
Rober, P., Seltzer, M. (2010) "Avoiding Colonizer Positions in the Therapy Room: Some Ideas About the Challenges of Dealing with the Dialectic of Misery and Resources in Families," Family Process, 49, 123-147. Unintentionally, family therapists will "assume a colonizing position as a professional solver of problems for families" and may need help from a supervisors or team to "relocate themselves in positions more helpful to the family."

Roberts, J. (1983) "Two Models of Live Supervision: Collaborative Team and Supervisor Guided," The Journal of Strategic and Systemic Therapies, 2, 68-84. The author compares two different approaches i.e. collaborative and supervisor-guided(hierarchical) on several variables like who does phone-ins, who does the videotaping, how are group meetings managed, how are pre and post-session discussions managed, etc. and concludes that we need to study how we train systemic therapists in order to improve our effectiveness in this critical area.

Roberts, J. (1981) "The Development of a Team Approach in Live Supervision," The Journal of Strategic and Systemic Therapies, 1, 24-35. The author describes a three stage process: (1.) stage 1 is primarily hierarchical with the supervisees dependent on the supervisor for direction (2.) stage 2 starts a shift where the supervisees become more active in the treatment process and the supervisor begins to step back some and (3.) stage 3 the team functions more like equals with the supervisor becoming less central and more a member of the team.

Russell, C. et al.(2007) "Responding to Remediation and Gatekeeping Challenges in Supervision," Journal of Marital and Family Therapy 33, 227-244. The authors state "Given the stressful nature of gatekeeping and the need to provide better training for supervisors in how to perform their gatekeeping responsibilities, it would be helpful to know more about the experience of gatekeeping from the perspective of both supervisors and the supervisee."

Sand-Pringle, C. et al (1995) “Swords into Plowshares: Supervisory Issues with Violent Families,” Journal of Systemic Therapies, 14, 34-46. The authors state in their conclusion “The planful involvement of the clinical supervisor enhances the supervisee’s ability to provide effective treatment in an area that can be frightening and overwhelming.”


Sheinberg, M., Brewster, M.K. (2014) “Thinking and Working Relationally: Interviewing and Constructing Hypotheses to Create Compassionate Understanding,” Family Process 53, 639. The authors discuss the Ackerman Relational Approach which focuses on relational interviewing which leads to a relational hypothesis which leads to possible relational interventions.

Silverthorn, B. et al. (2009) “Does Live Supervision Make a Difference? A Multilevel Analysis,” Journal of Marital and Family Therapy, 35, 406-414. After live supervision, therapist trainee ratings of progress increased but not clients so the authors suggest using live supervision more like an intervention such as a reflecting team.

Sparks, J. (2014) “Negotiating Power Relations on the Threshold of Supervision,” Journal of Systemic Therapies, 33, 16-29. The author stresses the need for supervisors to use more reflective, collaborative practices to reduce the impact of power on the supervisory process thus encouraging more student participation.

Sparks, J. et al. (2011) “Teaching Accountability: Using Client Feedback to Train Effective Family Therapists,” Journal of Marital and Family Therapy, 37, 452-467. The authors say MFT training has not focused on efficacy and client feedback and that it would be very useful in improving service delivery and treatment outcome.
Stinson, Morgan A. et al. (2013) “Finding Your Cadence: Introducing the Dynamic Developmental Framework of Supervision,” Journal of Systemic Therapies, 32, 19-32. The authors feel that supervision needs to be improved and offer an evolving developmental supervision model to assist the supervisor in providing competent supervision.

Storm, C. (2002) “Chapter 26: Teaching Therapists to Become Supervisors,” The Complete Systemic Supervisor, Todd/Storm. 363-372. The author encourages a supervisor-in-training to supervise supervisees at different developmental levels, supervise live sessions, review videotapes and supervise students who are wanting to be credentialed.

Storm, C. et al. (2002) “Chapter 27: Supervising Supervisors,” The Complete Systemic Supervisor, Storm, et al. 373-388. The authors say that supervisors-of-supervisors are “ready based on their interest in supervision as a distinct process in and of itself.”

Storm, C. et al. (2001) “Gaps Between MFT Supervision Assumptions and Common Practice: Suggested Best Practices,” Journal of Marital and Family Therapy, 27, 227-239. The authors outline suggestions for best practice of supervision: modesty regarding the effectiveness of supervision, organizing supervisors to be more effective gatekeepers, clear supervision contracts which are reviewed, frequency of supervision needed to provide responsible oversight, practice settings influence supervision, supervisors are gatekeepers for the profession, multiple relationships by supervisors are discouraged, supervisory philosophy, the difference between supervision and therapy, individualize supervision to meet supervisee's needs, how privacy is handled in the supervisory relationship, “advocate making power issues transparent,” supervisors respond to supervisee's feedback, how supervision is structured depends on the needs of the supervisee and both raw data and self-report are useful in supervision.

Stride, S., et al. (2010) “Collaboration: Teaching Graduate Students Postmodern Psychotherapy,” Journal of Systemic Therapies, 29, 1-17. The authors discuss “co-creating” a “collaborative learning environment” which poses challenges for both teachers and students who are used to a modern(hierarchical) learning environment.
Taylor, L. et al. (2010) “Introducing Brief Therapy Into a Community Mental Health Service,” Journal of Systemic Therapies, 29, 15-25. The authors discuss how they started a pilot project using the SFBT model in a community mental health center in Canada emphasizing the need for support from management, an on-site clinician to take the lead in training, introductory and follow-up training, periodic mentoring, and a plan to introduce new staff to the clinical and team training model.

Todd, T., Storm, C. (2002) “Chapter 2: Self-Supervision as a Universal Supervisory Goal,” The Complete Systemic Supervisor, New York, Lincoln, Shanghai: Authors Choice Press. The authors review some general guidelines for supervisors in preparing supervisees for self-supervision: (1.) make self-supervision the goal (2.) assess skills of supervisee (3.) assess supervisee’s learning style (4.) assess coherence of theoretical model of supervisee (5.) encourage clear goals and questions by the supervisee (6.) keep supervisee focused (7.) use of client feedback (8.) encourage supervisee to ask questions of the supervisor (9.) encourage brainstorming with supervisee (10.) encourage generalization to other cases and (11.) regularly evaluate the current supervisory process.

Turner, J., Fine, M. (1995) “Postmodern Evaluation in Family Therapy Supervision,” Journal of Systemic Therapies, 14, 57-69. The authors challenge traditional ideas about supervision like redefining supervision, locating evaluation reality sets, being transparent about the evaluation process, challenging and disputing evaluation realities, writing reports, and evaluating the supervisor.

Triantafillou, N. (1997) “A Solution-Focused Approach to Mental Health Supervision,” Journal of Systemic Therapies, 16, 305-328. The author says that this model represents a “proactive shift” in that “The supervisory skill of being solution oriented and maintaining a client focus ensure a supervision process that helps supervisees better understand and evaluate their helping behavior in terms of what their clients define as goals and solutions.”

Ungar, M. (2006) “Practicing as a Postmodern Supervisor,” Journal of Marital and Family Therapy, 32, 59-72. The author states that a Postmodern supervisor is both centered and decentered and “that our roles are fluid, constructed, and based on negotiations for power.”
Ungar, M., Costanzo, L. (2007) “Supervision When Supervisors are Outside Supervisee’s Agencies,” Journal of Systemic Therapies, 26, 69-83. The use of embedded or outside supervision in agencies is increasing and it’s critical for the supervisor to communicate with the agency manager in order to make the new supervisory arrangement work for all parties including the client system.

Watts-Jones, D. et al. (2007) “The Role of a Mentoring Group for Family Therapy Trainees and Therapists of Color,” Family Process, 46, 437-450. The authors state “Over the 7 years of the group’s existence, the focus of the mentoring included support and validation, empowerment of the voice, collective action to create change within the institute and the field at large, to collaboration on writing a professional article.”

Wright, L.M., Imber Coppersmith, E. (1983) “Supervision of Supervision: How To Be “Meta” To A Metaposition,” Journal of Strategic and Systemic Therapies, 2, 40-50. The authors (1.) define different levels of the system i.e. family system, therapist family system, supervisor-therapist-family system (2.) discuss common problems for example triagulation (3.) provide a case study with comments and then conclude that there needs to be focus on training and evaluating supervisors.