

Clinical Supervision for Family Therapy: The Ackerman Approach

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As Hong Kong teaching faculties of the Ackerman Institute for the Family, the authors share their experience and reflection on the Ackerman Approach of clinical supervision. The aims of this article are to inform those who are interested in systematic and intensive family therapy training an approach that is available in Hong Kong, and to invite exchange among different family therapy approaches on their training models.

The Ackerman Approach developed four guiding principles of practice: both-and, relational, transparency, and collaboration. Under these principles, a unique model of clinical supervision — transparent, collaborative, gender, power, and culture-sensitive — was developed. The model actively develops a trainee's ability to understand and intervene at multiple levels of the family's experience and the personhood of the therapist.

Since the inception of the Yang–Ackerman Advanced Study of Family Therapy in 1997, a collaboration project between Yang Memorial Methodist Social Service and the Ackerman Institute for the Family, at the core of the project is the three-year Clinical Externship in Family Therapy (a post-graduate diploma in family therapy) that is

offered every two years to senior counseling practitioners in Hong Kong. The goal of the project is to train qualified family therapists and local family therapy faculties through systematic and affordable family therapy training for selective senior practitioners, so as to support continuous quality family therapy service in Hong Kong (So & Mak, 1999; Yang Memorial Methodist Social Service, 2002a).

As a group of family therapists who had gone through the Ackerman Approach of clinical supervision and later became Hong Kong teaching faculties of the Ackerman Institute for the Family, the authors intend to familiarize readers with the Ackerman Approach in teaching family therapy, and to share with fellow teaching faculties a way of integrating system thinking, postmodern thinking, training of family therapy skills, and development of the personhood of therapists, so as to build a good foundation for beginning family therapists.

About the Ackerman Institute for the Family

Founded by Dr. Nathan W. Ackerman in 1960, the Ackerman Institute for the Family (hereafter referred to as “Ackerman Institute”) is the oldest such institute in the United States and enjoys a pre-eminent reputation among helping professionals for the excellence of its education programs, scholarly contribution and research, and innovation in family therapy techniques. Through numerous clinical projects, the Ackerman Approach is adapted to solve a range of current social problems, such as divorce, substance abuse, domestic violence, child abuse, incest, chronic medical illness, specific learning disabilities, depression, homeless families, and so on.

Currently the Ackerman Institute has 38 teaching faculties/faculty emeriti and 28 clinical project associates. Among them are many world-renowned scholars and clinicians, such as Evan Imber-Black, Peggy Papp, Peggy Penn, Lynn Hoffman, Olga Silverstein, Arthur Maslow,

Peter Steinglass, Jorge Colapinto, and Marcia Steinberg (see Ackerman Institute for the Family, 2000; True, 2000).

About Yang–Ackerman Advanced Study of Family Therapy

Starting from 1997, faculties of the Ackerman Institute in New York fly to Hong Kong four times a year to provide clinical supervision on family therapy directly to seasoned social workers, clinical psychologists and counselors who joined the three-year Clinical Externship in Family Therapy in a small group of about 10. In three years, externs (family therapists-in-training) of Yang–Ackerman Advanced Study of Family Therapy receive 58 hours of lecture in theories and concepts of systemic family therapy, 6–12 workshop days on specific family problems, and 300 hours of intensive clinical supervision; they also participate in about 300 hours of hands-on family interviews and monthly journal clubs (So & Mak, 1999; Yang Memorial Methodist Social Service, 2002b).

Since the graduation of the first class of Clinical Externship in 2000, a group of selected graduates has been appointed as Hong Kong teaching faculties of the Ackerman Institute and started to employ the Ackerman Approach to provide six-session clinical supervision on family therapy from October to December every year and teach half-year “Certificate Course on Theory and Practice of Systemic Family Therapy: The Ackerman Approach” that runs from January to July each year. Starting from 2003, a 10-session brief course on application of systemic concepts to conduct family counseling is available to counseling teachers and junior social workers. Yang–Ackerman Advanced Study of Family Therapy also operates a family therapy service, to offer low-price family therapy to the community in two to three evenings a week (Yang Memorial Methodist Social Service, 1998, 2003a, 2003b, 2003c).

Ackerman Model of Clinical Supervision

Clinical Supervision Model for an Integrative Family Therapy Approach

Coming from a multi-theoretical tradition and with the keen interest to adapt innovations in family therapy to community problems, one of the distinguishing features of the Ackerman Institute has been the involvement of the staff in clinical projects with specific populations to develop specific knowledge on identified community problems, rather than the promotion of a method or a theory to apply to many problems or to families in general.

The Ackerman Institute teaches an integrative family therapy approach that ties together a family's past, present, and its imagined future. The approach considers both the inner life of the individual as well as the relationships and interactions between the family and its social context (such as social institutions, diversity of culture), within which the family lives. The emphasis of the approach is on helping externs (family therapists-in-training) to understand and intervene at multiple levels of the family's experience: from micro interactional sequences and relational patterns, to family values and belief system, as well as to the context of family-of-origin.

The Ackerman Institute places equal emphasis on theories and clinical supervision. Within an integrated framework, externs will learn how to practice interventions from structural, strategic, post-Milan models, as well as intergenerational and newer meaning-centered approaches such as narrative and social constructionist approaches (Ackerman Institute for the Family, 2003; Sheinberg & Fraenkel, 2001). Besides reading articles and attending lectures and workshops, clinical supervision is an important vehicle that helps externs to develop practical clinical skills to apply various family therapy theories and systemic concepts to families with diversified problems.

Systemic Family Therapy Supervision in the Postmodern Era

Three waves of thinking in culture and the academic world — namely feminism, postmodernism and social constructionism, and diversity — have shaped much of the thinking and practice at the Ackerman Institute since the mid-1980s (Ackerman Institute for the Family, 2003).

Influence of Feminism

Three Ackerman associates, Peggy Papp, Olga Silverstein and Betty Carter (then Director of Westchester Family Institute), joined Marianne Walter (Washington, DC) to discuss how assumptions of early “systems” theories that elements of family constellation were all of equal weight and valence affected their lives and work. Their discussion and reflection were published as *The Invisible Web* (Walters, Carter, Papp, & Silverstein. 1998), the first feminist family therapy book.

The recognition of unequal burden that our culture places on women, especially the burden of maintaining relationships and initiatives within the family, urged the Ackerman faculties to look at power issues, starting with male dominance, to review family therapy practices with gender sensitivity, and to raise questions about the power of therapist.

Postmodernism and Social Constructionism

Postmodern and social constructionist ideas from Michael Foucault, Humberto Maturana and Donald Spence provided Ackerman faculties a new understanding about family experiences and a set of ideas that helped therapists consider how the family as a whole as well as each individual constructs both their collective and individual identities out of their experiences with each other. Coupled with the influence of Michael White and David Epston, the Ackerman Institute took these ideas to develop four principles of practice and developed the Gender

and Violence Project (Ackerman Institute for the Family, 1997), combining feminism and postmodernism in deconstructing assumptions about gender.

Diversity

Starting from the early 1990s, Ackerman faculties became conscious of how power of society permeated the life of families, through differences in color, race, sexual identity, and class. The Ackerman Institute began to engage more actively with agencies that were already deeply involved with the power structure of race, class, economic and educational exclusion, and developed projects like the “Family and Schools Project.”

In sum, out of these reflections, the Ackerman Institute developed four guiding principles of practice, namely both-and, relational, transparency, and collaboration (Ackerman Institute for the Family, 2003; Sheinberg & Fraenkel, 2001). These principles guide the thinking and practice of therapists and dominate the therapist stance.

Besides requiring externs to read and reflect on feminism, postmodernism, constructionism, and diversity, clinical supervision is an important vehicle to help externs to understand and practice Ackerman’s guiding principles in conducting family therapy.

Integration of Thinking, Practice & Personhood of Therapist

While some schools of family therapy training focus on external and technical skills, such as Haley (1976), Minuchin (Minuchin & Fishmen, 1981), and Falloon (1991), others argue the vital role of internal and personal skills, such as Bowen (1972) and Satir (1987). According to Haley, Minuchin, and Falloon, the trainer/supervisor should focus on the actual therapy behaviors displayed by practitioners and help them acquire the necessary direction and effective therapy responses; the

practitioner's personal life is not the object of change or discussion in training. On the other hand, Bowen and Satir argued that a fundamental task of a systems training program should help therapists resolve personal conflicts and address their own problems and blind spots to enhance therapeutic outcome.

The Ackerman Institute agrees with Satir and Baldwin (1983) that "... the therapist's ability to check on his own internal manifestation is one of the most important therapeutic tools he has" (p. 233). Therefore, before embarking on intervention, Ackerman's externs are facilitated to explore their own internal processes, and to be more aware of how social institutions affect families and of the pervasive power of culture.

Aponte and Winter (1987) opined that there are aspects of the therapist's personhood that are specifically, and often only, revealed to the therapist through the unique experience of conducting treatment to families. Aponte and Winter argued that family therapy is a catalyst for practitioner to change. The Ackerman Approach also sees family therapy practice as valuable opportunities to assist externs to incorporate their personal qualities and unique experience with technical interventions with families, through good use of clinical supervision.

Goal of Clinical Supervision

In the Ackerman Approach of clinical supervision, the primary target is the family therapist-in-training. The goals of supervision are skill development, expansion of clinical repertoire, examination of issues pertinent to oneself (both strength and vulnerabilities), and exposure to a wide variety of clinical issues.

Role of Clinical Supervisor

Like other systemic models, Ackerman's clinical supervisors assume an active role in training and full responsibility for effectiveness

of intervention. Except in dealing with critical clinical issues that conflict with postmodern values or beliefs, a clinical supervisor is generally non-directive, allows room for collaboration with externs, and is transparent in discussing clinical or personal issues with the extern group.

Format of Clinical Supervision

Clinical supervision is conducted in Hong Kong in a small group of about 10. Ackerman faculties from New York fly to Hong Kong four times a year and directly supervise externs for a week at a three-month interval.

For the first year, local faculties support externs to see families every week. From the second year onward, externs shall turn to their small team in which they see families together every week for peer supervision or shall consult local faculties in charge of Yang–Ackerman Family Therapy Service for advice in between supervisions from New York faculties. Externs also make use of their monthly journal clubs to discuss difficult cases.

When New York faculties are in Hong Kong, externs take turn to present cases they are handling in the Yang–Ackerman Family Therapy Clinic and seek consultation for each case. Externs are responsible to review case materials (notes and tapes) before supervision, plan the goal of consultation, and report case progress from last supervision.

During clinical supervision, clinical supervisors lead the discussion of each case being seen by the extern group, by asking purposive questions, using role-play or exercises, whenever appropriate, to help the extern in particular to understand the complexity of the family, reviewing old hypothesis and implementing new hypothesis as well as exploring any personal issue of the therapist that may contribute to the current situation.

To plan for live supervision, clinical supervisors lead the extern group to develop useful hypothesis, plan the goal of the session, and develop some initial questions for the session. During the family interview, clinical supervisors will observe the extern's style of doing therapy. When an extern has difficulties in implementing the plan or misses significant clinical information offered by the family, clinical supervisors will phone to suggest questions for the extern. During consultation break held after 45 minutes of an interview, clinical supervisors draw on the group's observation to develop a message for the family. The content as well as the presentation of the message is carefully planned and delivered by the responsible extern.

Clinical supervisors seldom walk in the session. If there is such a need (e.g., the family is extremely rigid and the extern has great difficulties in delivering the message), a clinical supervisor will use the consultation break to discuss whether he or she or someone from the team shall join the session. Sometimes, the supervisor will request an earlier consultation break or have two breaks.

Debriefing is very important in clinical supervision. Clinical supervisors will lead the extern group to discuss every case based on new information gathered, family's response to intervention, and internal processes of the extern, if any. Then, clinical supervisors will plan direction for future sessions.

Ackerman faculties do not favor live supervision over tape review between sessions. Rather they prefer a combination of both. While live supervision gives clinical supervisors the privilege of learning about the family in person and provides opportunities for supervisors to help extern develop questioning and other skills "in the room," tape review gives clinical supervisors a taste of how externs think about the big picture of the family, decide on what level to intervene, and make clinical decisions in the process of therapy.

Uniqueness of Ackerman Model of Clinical Supervision

Goal-directed Guidance in Understanding and Intervening at Multiple Levels of Family's Experience

Ackerman's clinical supervisors take the lead in the skill development of externs by using a systemic framework. It includes tracking of interaction, gathering a history of the problem over time, connecting the past (the history of family-of-origin) to problems in the present, balancing in couple work, bringing forth complexity in family's experience, avoiding pathologizing, designing interventions to interrupt patterns, helping families to entertain new meanings, and constructing new ways to understand behavior.

Clinical supervisors are active to expand the clinical repertoire of externs by helping them to manage a range of emotions and different behaviors (like silence, anger, aggression, dependency, strong emotional reaction) in the interview room respectfully, working appropriately with different populations (like the chronically ill, the mentally ill, families with extra marital affairs and intense conflict) and different developmental groupings (children, adolescents, couple, elderly).

Active Collaboration Between Clinical Supervisors and Externs

Ackerman supervisors aim to reduce the hierarchical relationship with the extern by constantly inviting multiple views from the team, allowing mutual generation of ideas, using tentative language to present ideas unless it involves critical clinical issues, and inviting the extern's participation in defining learning goals and periodic self-assessment. Clinical supervision is regarded as a joint venture between supervisor and externs, rather than a powerful supervisor showing his or her competence in front of the therapist-in-training.

Attainment of Multiple Perspectives

Going along with the belief of no absolute truth, Ackerman faculties fully respect and treasure the generation of useful ideas among extern group members. To help externs accommodate conflicting views or emotional responses among family members behind the mirror, supervisors may assign different roles to extern members so that externs can see and feel through the lenses and experience of different family members.

Resource Mode of Training

Rather than seeing the past experience of externs as blocks for growth, Ackerman supervisors adopt an “add-on” approach to understand and expand the personhood of externs through working on externs’ genogram, tracking themes of their family-of-origin, structured exercises that enhance understanding of self, and group sharing.

Ackerman supervisors place strong emphasis on building a supportive team with direct and honest communication so as to create a safe environment for externs to explore their personal issues that limit the effectiveness in therapy and to help them go through struggles in transforming from a linear to a systemic thinker.

Strong Emphasis on Values and Thinking

Compared to other systemic models of training, the Ackerman Institute places values and thinking over clinical skills. Clinical supervision then becomes an important vehicle to transmit postmodern values and transform systemic thinking, rather than to purely develop clinical skills.

Sensitivity to Gender, Power, Diversity and Pathologizing

Heavily influenced by postmodern thinking, Ackerman supervisors

are sensitive to issues like gender, power, diversity, and classification that may lead to pathologizing.

Transparency in Supervision

Postmodern thinking transforms the persona of family therapists from wizards into sympathetic questioners who value curiosity and reflection. Respect to families can only be learned if clinical supervisors demonstrate the same level of respect to externs.

Dealing with externs' personal issues relevant to current clinical issue is an important element of supervision and it has to be done in a transparent way. Clinical supervisors will also share their personal struggle in learning and practicing systemic family therapy when appropriate.

Utilize Teams

Besides group supervision and seeing families in small teams, the Ackerman Approach also frequently employs reflecting team to enable a number of voices to be heard by both the family and the extern group and to open new possibilities for making meaning.

Cultural Challenges

Apart from being new to Hong Kong's culture, which is a mixture of traditional Chinese culture and Western culture, the Ackerman Institute has to face the challenges of inter-cultural differences in learning and teaching family therapy.

Hong Kong's Culture in Learning and Teaching Counseling

Building upon a medical model, many popular counseling approaches in Hong Kong still operate in a modernism paradigm. Clients are seen as helpless victims or someone in troubles and

counselors are regarded as experts that provide the “right” answers to clients’ problems or “cure” clients’ illness. In this paradigm, helping professionals are mystified by lots of professional jargons and clients are disempowered. In Hong Kong, many counselors still adopt this one-up position and clients are deterred to participate in the helping process actively. This is especially serious when clients disagree with their counselors as the power dynamics in the helping process subtly tells clients that their subjective experience is less important than the counselor’s professional view.

Complicated with the influence of the Chinese culture of “obey your teachers and follow the Confucius philosophy (尊師重道),” family therapists-in-training in Hong Kong tend to regard their teachers as authority figures and look up to them for approval. Generally speaking, family therapists-in-training dare not confront their teacher’s authority. When they disagree with their teacher, they will gently voice out their opinion. When their opinion is not supported by their teacher, family therapists-in-training mostly will drop their opinion and seldom argue with their teacher. On the other hand, many Chinese teachers feel challenged or “loosing face” if their students suggest something smarter than themselves. Some teachers may even humiliate their students in class to demonstrate that they have a better answer.

Most family therapists-in-training, who are experienced counselors in their 30s or 40s, learnt in their childhood that adults (parents and teachers) only care about their academic results and no one cares about how they feel in the learning process. If they get bad grades, they are the one to blame and teachers are not interested in getting feedback to adjust their teaching to suit students’ needs. Bringing up in this “teacher-focused” education mode, many family therapists-in-training learnt to neglect rather than to attend to their internal processes in conducting therapy.

Generally speaking, Hong Kong's culture in learning is very achievement-oriented and built on competition and weakness correction. Parents are not satisfied with classes that just grade their children's performance; rather, they like classes that rank the performance of each student through many examinations and tests. To many parents, it is very important for their children to be number one in the class or get 100 marks; they continuously pursue teachers to point out their children's weaknesses. Parents are also keen to help their children learn new skills or attain more knowledge, but not interested in their children's thinking. They are not interested in teaching their children to be analytical or to have original or independent thinking.

Ackerman's Response

Committed to postmodern belief in diversity and being sensitive to cultural differences between Hong Kong and the United States, Ackerman faculties are sensitive to local norms and culture in learning family therapy. They quickly felt that externs (family therapists-in-training) regard them as authority figures and this trainer-trainee relationship further reinforced the impasse in learning — fear of making mistakes.

Coming from a postmodern stance in practicing family therapy, faculties of the Ackerman Institute adopt a collaborative approach in family therapy that highly treasures the family's input in therapy. In their approach, the family is seen as resource, not problems. Success in therapy is built on a joint journey between the family and the therapist. Furthermore, the therapist takes the stance of a curious and sympathetic questioner rather than the expert providing solutions to the family.

The struggle of externs to adopt a collaborative stance in family therapy was obvious. As all externs are experienced counselors, their previous experience as “experts” hindered them to take up a different

therapist stance. Ackerman faculties helped externs learn a different therapist stance by their own modeling in clinical supervision. Under the leadership of Ackerman faculties, externs witnessed again and again how their teachers utilize and assimilate the views (of someone who are new to family therapy) to build useful hypothesis and make plans in family interview. This parallel experience in clinical supervision helps externs to use a resource lens to see families and gradually drop their mask of “experts” to practice transparency in the room — that is, to explain to families where the knowledge and interpretation about the families come from when appropriate.

It will not take long for Ackerman faculties to find that externs in Hong Kong are keen to know more about their weaknesses, rather than building on their strengths. In accordance with Ackerman faculties’ belief that people will change only when they feel good about themselves, Ackerman faculties always point out the strengths of externs and help them develop their own style in interviewing. On top of it, Fiona True, Associate Director of International Training, built up a curriculum for clinical supervision for the Hong Kong program so that externs can monitor their progress in learning family therapy. Later this curriculum is also used in the New York program.

Interest and awareness of the therapist’s internal process is an important aspect in training mature family therapists. As externs have seldom been encouraged to notice their feelings in their previous experience in learning counseling, Ackerman faculties always catch the moments when an extern’s effectiveness in therapy is hindered by his or her internal processes to teach them how to make use of their internal processes to understand families as well as themselves as a person. Exploration of their own genogram is also commonly used to teach externs to pay attention to how their history affects the process of therapy, and then to build learning teams that are supportive, trustworthy,

frank, and direct in helping each other develop competence as family therapists.

Another hallmark of Ackerman's supervision practice is respect and trust. These are essential elements to build a safe environment that allows externs to freely explore how their internal process affects the therapeutic process. High trust between supervisor and supervisee and among supervisees also enhances mutual support in making the jump from linear to systemic thinking. It also facilitates mutual learning among externs in the process of developing their own style of conducting therapy.

The exposure to various cultures through regular clinical supervision with supervisors of different colors helps externs challenge the status quo of Hong Kong's mass culture and be more sensitive to the subcultures of minority groups in Hong Kong. After some repeated discussion and reflection on Hong Kong's culture and extensive cross-cultural sharing with Ackerman faculties, externs are helped to reflect more on issues like gender, sexual identity, class, and experience of minorities like immigrants from China and South Asia. As a result, externs' sensitivity to those issues is heightened.

Being sensitive to cultural differences between Hong Kong and the United States, Ackerman faculties are always humble to enquire local norms and culture and do not assume normative behaviors in families. To our surprise, families in Hong Kong are not too different from those in New York. With high involvement with community agencies, the Ackerman Institute has extensive experience in applying its approach in a variety of families coming from a diversified background of class, race, sexual identity, and economic status. The only thing that externs have to be careful is the differences in families' ability/pace to understand popular psychology. With a general low level of knowledge on popular

psychology, externs have to slow down their pace in helping families for making new meaning.

Strengths and Limitation of the Ackerman Approach to Clinical Supervision

There are a number of strengths of the Ackerman Approach:

1. *Balanced development of therapists' competence* — The Ackerman Institute's multi-theoretical tradition and its keen interest to adapt cutting-edge knowledge and innovations free the Institute from defending a specific school of family therapy and allow it to take full advantage of integrating innovations in family therapy to apply in various community problems. Being heavily influenced by postmodern thinking, the Ackerman Institute teaches a postmodern version of systemic family therapy that develops extern's competence both as a skilful systemic family therapist and a postmodern thinker.

The Ackerman Institute agrees with many postmodern writings that family therapy is a joint journey between the family and the therapist. Instead of taking an expert position as earlier approaches, postmodern family therapists adopt a "... position of not knowing ... which requires attending to the clients' stories in a distinct way, immersing oneself in clients' conversations.... Conversational questions are, therefore, not generated by techniques, method.... Each questions ... comes from an honest, continuous therapeutic posture of not understanding too quickly, of not knowing" (Anderson, 1993, pp. 330–331).

Ackerman Institute thinks that it is difficult to separate clinical skills from the personhood of the therapist. Unlike many systemic family therapy training models, the Ackerman Approach develops

clinical knowledge and skills hand in hand with the personhood of the therapist.

2. *Balance between building therapists' confidence and examination of personal issues that block effective intervention* — With special emphasis on building a supportive and safe environment, the Ackerman Approach is effective in supporting externs to walk through the hard journey in transforming from linear to systemic thinkers with sensitivity to personal issues.
3. *Allowing for personal style* — With keen interest in externs as unique persons with own history, externs do not just model clinical skills of their clinical supervisors, but are helped to develop their own style of therapy that matches their temperament, personality, and life experience.

The major limitation of the Ackerman Approach of family therapy training is the extensive time required in training. Throughout three years, externs have to put a total of about 700 hours into lectures, hands-on experience with families, intensive clinical supervision, topical workshops, and journal clubs. Only those who are very dedicated to learn family therapy will join this training program. However, we believe that extensive reading and practice with intensive clinical supervision will help externs gain considerable flexibility and resourcefulness in treating a diversity of family problems.

Conclusion

Compared to the United States, systematic clinical training in family therapy in Hong Kong has a very short history. Many who are interested in family counseling training are not very knowledgeable about their possible choices and the pros and cons of each training approach. As family problems has become more complicated during the last ten years

and advance family counseling skills are commonly needed, it is worthwhile to draw on the experience of the United States and to explore more in this area. This article only serves as an in-depth exploration of one approach to clinical supervision in family therapy. The authors hope that there can be more documentation on the philosophy and operation of various approaches, so that cross-comparison can be drawn to facilitate mutual learning from each other.

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艾克文家庭治療臨床督導模式

過去七年，楊震一艾克文進深家庭治療課程訓練了一批本地家庭治療師及家庭治療本地導師。數位本地導師透過本文章，分享她們在艾克文臨床督導模式中的經驗及反思。

艾克文家庭治療有四項介入原則：「容納矛盾」、「重視關係互動」、「治療過程具透明度」及「與家庭並肩」。根據這四項原則，發展出一套獨特的臨床督導方法，特點包括：「高透明度」、「容納學生個人特性」及「醒覺多元文化、性別角色及社會權力不均對家庭產生的影響」。訓練的目的一方面是發展學生了解及以多角度介入家庭經驗的能力，另一方面是增加學生在輔導過程的洞察力，從而加強家庭治療的效能。