FAMILY PROCESS

Behind the (Virtual) Mirror: Online Live Supervision in Couple and Family Therapy

YOCHAY NADAN*,†
RAZI SHACHAR*
DANIELLA CRAMER*
TALI LESHEM*
DARYLLE LEVENBACH*
RINAT ROZEN*
NURIT SALTON*
SAVIONA CRAMER*

Online therapy and supervision, a rapidly rising practice in couple and family therapy, has been the subject of a growing body of literature. From its early days, family therapy training has included live supervision, which has typically been conducted by a supervisor and a team of trainees situated on the other side of a one-way mirror. With the outbreak of the COVID-19 global pandemic, we—the staff of supervisors at the Barcai Institute in Tel Aviv, Israel—were compelled to find solutions to continue meeting with clients and to provide supervision for family therapy trainees. To this end, we have shifted our live supervision courses ("practicums") to the virtual arena, adapting the popular application "Zoom" into what we call "PractiZoom." Based on over 100 PractiZoom sessions conducted between March and May 2020, involving 14 supervisors and 28 therapists-in-training and their clients, the article reflects on this pioneering online practicum for the online live supervision of therapists with geographically distributed participants. In this article, we outline our operational methods and adaptations for conducting live behind-the-mirror supervision online. Following a short theoretical background, we outline the process of online live supervision, discuss our reflections and those of our trainees on the challenges and possibilities it poses, and offer a number of preliminary conclusions and recommendations.

Keywords: Live Supervision; Online Therapy; Technology-Assisted Counseling; Cyber Supervision; Outsider Witness Group

Fam Proc x:1–10, 2020

With the outbreak of the COVID-19 global pandemic—we, the staff of supervisors at the Barcai Institute in Tel Aviv, Israel—were compelled to find solutions for continuing to meet with clients and to provide supervision for family therapy trainees. To this end, we have shifted our live supervision courses (practicums) to the virtual arena, adapting the popular application "Zoom" into what we refer to as "PractiZoom." However, when clients, therapists, supervisors, and the team of trainees are only connected online, new challenges, pitfalls, and opportunities arise. In this article, we outline our operational

*Barcai Institute of Family, Couple, and Narrative Therapy, Tel Aviv, Israel.
†The Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem, Jerusalem, Israel.
Correspondence concerning this article should be addressed to Yochay Nadan, Barcai Institute for the Family, 35 She'erit Yisra'el St., Tel Aviv, 6816521, Israel. E-mail: yochay.nadan@mail.huji.ac.il.

Family Process, Vol. x, No. x, 2020 © 2020 Family Process Institute
doi: 10.1111/famp.12573

methods and adaptations for conducting live behind-the-mirror supervision online. Following a short theoretical background, we outline the process of online live supervision, discuss our reflections on the challenges and possibilities it poses, and offer a number of preliminary conclusions and recommendations.

Until recently, couple and family therapists' perception of cyber therapy has generally been one of suspicion with regard to the effectiveness (and perhaps appropriateness) of this form of treatment delivery for relational cases, particularly in terms of its perceived detrimental impact on the therapeutic relationship (Hertlein & Earl, 2019). The American Association for Marriage and Family Therapy (AAMFT) issued its first cyber supervision documents in 2001, in the early days of the movement for online therapy (Pennington, Patton & Katafiasz, 2019). More recently, this field has developed based on a growing body of research (e.g., Blumer, Hertlein, Smith & Harrison, 2014), workshops and reports recommending regulations and best practices for online couple and family therapy (e.g., Caldwell, Bischoff, Derrig-Palumbo & Liebert, 2017). In a content analysis of journal articles addressing online couple and family therapy (Blumer et al., 2014), scholars found that in terms of clinical practice, online therapy can be effective for couples, parents, and families. For some problems, they argue, Internet-delivered outcomes and face-to-face interventions resulted in the same outcomes. But scholars have also pointed out the challenges, such as ethical concerns regarding confidentiality, emergency situations, therapist credentialing, and the importance of online counseling guidelines (Blumer et al., 2014). A recent study explores the experience of relational therapists who are new to online work and provides insight into the additional associated challenges and barriers (Springer, Bischoff, Kohel, Taylor & Farero, 2020). As reported by the therapists who participated in the study, the challenges include difficulty with verbal and nonverbal cues, limitations on spontaneity, inconsistencies in technology, limited control of end-user site environment, and the overall task of maximizing client experience in light of the physical separation (Springer et al., 2020).

Cyber supervision can be defined as the clinical supervision of psychological services using digital tools through a synchronous audio–video format in which the supervisor is not located in the same physical location as the trainee (Pennington et al., 2019). In remote live supervision, a supervisor watches a live psychotherapy session via the Internet and gives guidance to the therapist in real time (Rousmaniere, 2014). Professional interest in the online supervision of couple and family therapy appears to be rapidly increasing, as couple and family therapists express mounting interest in learning about its effectiveness in comparison to offline supervision (Borcsa & Pomini, 2019).

Cyber supervision has advantages such as convenient scheduling and more effective use of time. Moreover, it allows supervisees to work with supervisors from different geographic locations based on other criteria, such as expertise in a specific therapeutic approach or model or with a specific population (Pennington et al., 2019). The limitations of cyber supervision require that both supervisor and supervisee be skilled in the use of technology, as inadequate training in this realm can result in breaches of confidentiality (Vaccaro & Lambie, 2007). Moreover, the absence of physical or face-to-face interaction between the parties has the potential to detrimentally impact the process, especially in light of the challenge of sensing and processing nonverbal cues in this context. This can lead to miscommunication and misunderstanding that prevents both parties from enhancing and deepening their communication with one another (Bender & Dykeman, 2016). Pennington et al. (2019) notes that we as supervisors must see ourselves as innovators and explorers of the new frontier in technology and that we should push ourselves to see the bigger picture of Internet technologies and not allow ourselves to be limited solely by geography.

From its early days, family therapy training has included live supervision, which has most often been conducted in training institutions. Live supervision involves the video broadcast of therapy sessions as a primary form of synchronous supervision, providing immediate feedback to therapists learning how to engage with clients (Bernard & Goodyear, 2014). Live supervision is typically conducted from behind a one-way mirror, where a supervisor (and a team of trainees) situated on the other side of the mirror can use phone calls, known as "phone-ins," to provide a trainee with immediate feedback or a series of brief recommendations. Different institutions use alternative styles and formats, such as a bug-in-the-ear enabling direct supervisor-trainee communication without interrupting the flow of the session; calling the trainee out of the therapy room to discuss different issues and offer more extensive suggestions; or the supervisor's entry into the therapy room to demonstrate a technique, discuss relevant matters with the trainee, or change the direction of the session (Lebensohn-Chialvo & Kogan, 2019).

To the best of our knowledge, and despite the growing body of literature on cyber supervision in general (e.g., Pennington, Patton, & Katafiasz, 2019) and the supervision of couple and family therapy (Lebensohn-Chialvo & Kogan, 2019) in particular, no literature has thus far addressed online live supervision with a family, a therapist, a supervisor, and a team all online. Based on our recent experience during the COVID-19 pandemic, this article seeks to begin filling this gap.

THE PROCESS OF ONLINE LIVE SUPERVISION

At the Barcai Institute of Family, Couple, and Narrative Therapy in Tel Aviv, Israel—an independent clinical and training center directed by Saviona Cramer—we established a family therapy program. As early as 1977, this program engaged in practical training through group live supervision of trainee certification by the Israeli Association for Couple and Family Therapy. The three-year training program combines theoretical and practical courses, and one of its main components is a live clinical supervision course (practicum) in which trainees are given the opportunity to actively participate in a treatment team and to work with families using a one-way mirror with live supervision. During their first year in the program, trainees serve as part of the treatment team. During their second and third years, trainees participate in treating families while receiving live supervision from behind the mirror. The practicum courses consist of 22 meetings for a total of six academic credit hours each. Most of the families observed during the practicum are referred by Israel's social services (primarily by family social workers) and education system (mostly by school counselors). The families are reflective of the diversity of Israeli society.

Our model of supervision can be located at the philosophical and theoretical junction of postmodernism and poststructuralism and is highly influenced by social constructionism (Gergen, 1985), narrative (Behan, 2003; White, 2007), and collaborative (Anderson, 1997; Anderson & Swim, 1995) approaches to therapy and supervision. In our supervision, we aspire to find ways to challenge our position of authority and expertise and to develop collaborative relationships with our supervisees (Anderson & Swim, 1995). We prefer polyvocality over singularity (or singular truth), and therefore in our supervision, we seek ways to explore multiple realities (Gergen, 1985) that are enhanced in the supervisor-supervisee relationship, while trainees are empowered to acknowledge their own expertise (Shachar, Nasim, Leshem, Rosenberg, Schmidt, & Schmuely, 2012). We prefer to position ourselves in what White (2006) defined as a "decentered but influential" position, where the supervisor's expertise consists of facilitating a collaborative learning environment (Behan, 2003). We encourage group discussions that incorporate ideas of social justice and the deconstruction of dominant societal discourses (Kahn & Monk, 2017).

Each practicum is conducted by two senior supervisors from the staff and includes up to eight trainees: four therapists-in-training and four observers. Each meeting begins with a group discussion in which the trainees bring up their dilemmas, concerns, and questions. The supervisors facilitate a reflexive group discussion and aspire to have a multiplicity of ideas and opinions raised by the group members and the supervisors. Moreover, the discussions in the group aim to explore the trainees own values and ethical principles, and their own preferred stories as therapists, utilizing re-authoring conversations (Gershoni & Cramer, 2002; White, 1997). This discussion is followed by the therapy sessions, which are typically conducted three sessions in a row. During the therapy sessions, each therapist-in-training works with a family or couple in one room while two supervisors and an additional team of trainees observe the session through a one-way mirror from an adjacent room. During the session, the supervisors may assist the therapist via phone-ins, offering ideas, asking all kinds of questions, directing the therapist's attention to aspects he or she appears to have overlooked, conveying messages from the team, and more. Instead of bug-in-the-ear, we use phone-ins. In addition, the therapist can enter the viewing room during the session and a supervisor can enter the therapy room, and the supervisors can activate the group through different kinds of teamwork. After the session, each trainee views his or her video-recorded session at home and writes a short reflection which is then emailed to the supervisors.

We began the 2019/2020 academic year with seven different practicums that met weekly, each with different supervisors, trainees, and clients. In March 2020, due to the COVID-19 pandemic and the enforced social distancing that was implemented in Israel, we transitioned to a routine of conducting all the practicums for cyber therapy and supervision via the "Zoom" video communication application, with each participant (clients, trainees, and supervisors) taking part from home. Like the American Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), which relaxed its rules regarding face-to-face supervision for the present period, the Israeli Association for Couple and Family Therapy also demonstrated flexibility in accrediting online live supervision sessions for the period of enforced social distancing. Based on over 100 PractiZoom sessions conducted between March and May 2020, involving 14 supervisors and 28 therapists-in-training and their clients, the article reflects on this pioneering online practicum for the online live supervision of therapists with geographically distributed participants.

Before transitioning to cyber therapy and cyber supervision, each therapist spoke with the family under treatment to explain the need to shift to cyber media. During these conversations, they offered a transparent detailed explanation of the fact that during the cyber session, the therapist and the family would typically see and hear one another but would also be seen and heard by the supervisors and the training team. The rest of the group, which had previously observed from behind the mirror, would mute their mics and disable their cameras, allowing them to see and hear the session without being seen or heard by the family or therapist. The supervisors, they explained, would be able to communicate with the therapist through WhatsApp text messages or phone calls. In addition, one supervisor at times would be able to enter the "cyber therapy room" by activating his or her camera and microphone, making them seen and heard by everyone. The families were told that, in order to protect their privacy, the sessions would not be recorded. The family could ask about issues or dilemmas that caused them to feel uncomfortable and receive precise answers with full transparency. Sessions would take place only with the family's consent. As we transitioned to cyber practicums in the middle of the training year, the families and couples were familiar with the group members, were typically fond of them, and felt that they received a richer therapy experience because of their presence.

The online PractiZoom meetings were conducted in the following manner. The day and time of the session remained the same as before, with some flexibility demonstrated to

meet the needs of most people who were staying at home with their children. Each group meeting began with a Zoom meeting of the supervisors and the group members in which they discussed and prepared for the impending therapy sessions. A few moments before the first session was slated to begin, the therapist or one of the supervisors would send an invitation to the family, by email or WhatsApp, containing a link to join the Zoom meeting. The family would then use the link they received to access a cyber "waiting room," which was a sign for all the group members to deactivate their cameras and mute their microphones. One of the supervisors, who held the position of Zoom meeting "host," would then admit the family to the cyber "therapy room." The family members sat in front of one camera and saw only their therapist once they entered the "therapy room," and the therapist saw only the family sitting together.

During the therapy session, the two supervisors could communicate with one another via phone calls or text messages. The group members could communicate thoughts and suggestions via private text messages to the supervisors, who communicated directly with the therapist. The group members could also communicate with one another either privately or via group text messages; in addition, there was a diversity of communication modes selected based on the personal preferences of the supervisors. Some supervisors remained "behind the virtual mirror" and either phoned the therapist or sent him or her a text message via WhatsApp. Other supervisors occasionally "entered" the cyber "therapy room" only when they thought it was necessary and then "left" the room—meaning, deactivated their camera, and muted their microphone. One supervisor left her camera and microphone on during the entire session, thus remaining present in the cyber "therapy room." When she thought it necessary, she conversed with the therapist and or the family.

Since we began our PractiZoom meetings, we have incorporated additional practices into the process. One is White's (2007) outsider witnesses group (OWG), which is frequently used in our regular practicum at the Institute. OWG is the narrative and more structured version of Tom Andersen's (1987) reflecting team. In some sessions, we offered the families in therapy the opportunity to experience OWG by listening to the reflections of the group of trainees regarding what they have just witnessed, in accordance with White's (2007) structured "map." During the session, the team is instructed to listen carefully to both the dominant problem-saturated stories and to "exceptions" or "unique outcomes," including incidental remarks that reflect the family's values, hopes, and intentions (Carey & Russell, 2003; White, 2007). Toward the end of the session, the team switches rooms with the family, as the team members are now interviewed and the family listens to their conversation. As the practice is implemented during training, it is typically the supervisor who interviews the team members, with the aim of echoing and acknowledging what is precious or valuable to the family while relating to aspects to which the listener is drawn, especially points that touch and resonate with the listener (Nadan, 2020).

In its PractiZoom incarnation, OWG was conducted in the following manner. When the time was right, one supervisor and two-to-three team members would "enter" the cyber therapy room by activating their cameras and microphones, making themselves visible and audible by everyone. At the same time, the therapist and the family members would deactivate their cameras and mute their microphones, enabling them to see and hear without being seen and heard—as if they had switched rooms. The supervisor would then interview each of the visible team members, according to the OWG protocol (White, 2007). They would all then "switch rooms" again, and the therapist would interview family members about their experience and what they found meaningful in the OWG discussion. The family would then leave the meeting, all cameras and microphones would be activated, and the group members would discuss the entire process.

REFLECTING ON ONLINE LIVE SUPERVISION

As part of the process of developing and implementing the PractiZoom, we, the staff of supervisors at the Barcai Institute, have shared our experiences with the different groups, exploring our experiences and those of our trainees as communicated to us through group discussions and written post-session reflections. We now consider the major themes that emerged from these discussions and reflections.

The Supervisory Relationship

We (the supervisors) sensed that after a brief adaptation period during the transition from in-person live supervision practicums to PractiZooms, our supervisory relationships with our trainees remained more or less unchanged. The trainees also stated that the experience of the supervisory relationships in the PractiZooms felt the same as in the practicums and that they felt safe and contained in the sessions.

A significant change in the transition from in-person live supervision to PractiZooms was the shift from using phone calls or phone-ins, during the regular session to using WhatsApp text messages while using Zoom. This shift appears to have influenced both the therapy experience of the trainees and that of the supervisors. From the perspective of the trainees, the receipt of text messages from the supervisors was described as empowering, as the trainee decided when to implement the supervisor's suggestions and when to weave them into the dialogue. Moreover, receiving text messages during the session felt less intrusive than phone-ins and was characterized by almost all the supervisees as a preferred mode of live supervision that enabled them a sense of flow, more effective self-expression, and better focus. Most of the supervisees felt that this helped them remain attentive to what was occurring in the therapy, which felt more continuous, harmonious, and effective. The trainees contrasted this experience to that of live in-person supervision, during which the ringing of phone-ins required them to pause the session and interrupted the session's flow and the concentration of the family and the supervisee. The text messages were also perceived as preferable because they relieved trainees of the burden of writing down or attempting to memorize the supervisor's message. Some supervisees emphasized the improved joining and better relationship this afforded them and the family in therapy, as opposed to phone calls, which they felt disrupted this process. Some supervisees, however, still preferred the previous method of phone calls, possibly due to the challenge of simultaneously reading the text messages and conducting the session. On the whole, PractiZoom appears to enable greater flexibility and more effective adjustment to the preferences of the supervisee.

For the supervisors, this transition was more complex. Some viewed it as a positive experience, describing it as a new platform that facilitates growth experiences and a better connection to the trainees in the supervisory relationship. Most supervisors also recognized the benefits of using written messages as described by the supervisees. According to their reflections, using written messages enabled them to express their thoughts and suggestions in a freer, richer, and fuller manner. Still, a minority of the supervisors described the transition to written messages as slowing the process, narrowing the suggestions, and blocking their flow of thought, hence limiting their supervisory experience. This difference in assessment, we hypothesized, stemmed from differences in experience and supervision style.

Another interesting difference resulting from the transition to PractiZoom is the point of view it facilitates for both the therapist and the family. During the live in-person supervision employed prior to the pandemic, trainees usually sat with their backs to the mirror, denying the team a frontal view of their faces, while the family sat facing the team. PractiZoom, in contrast, provides the entire team with a close-up view of both the supervisee

and the family, allowing team members to carefully observe the nuances and facial expressions of both. The supervisors noted this as contributing to a better connection with and sense of closeness to the supervisee. Another aspect to which we paid attention was the fact that using Zoom enables everyone involved – therapist, supervisor, team, and family alike—to see everything from the same point of view and the same camera angle. Zoom-based live supervision precluded one major element of the previous method: effective perception of the many different aspects of family members' nonverbal cues, body language, and behavior. This shortcoming of PractiZoom limited the repertoire of interventions by both the therapists and the supervisors. The same disadvantage was mentioned in the supervisees' reflections and is also documented in the literature (Hennigan & Goss, 2016; Springer et al., 2020). Interestingly, in their reflections on their experience with PractiZoom, some supervisees stated that they felt more secure receiving supervision online, as only their upper torso and above was seen by the supervisors and the team members. They contrasted this experience to sitting in the therapy room with the family as the supervisor and team observe the entire scene from behind a mirror, which causes them to feel more exposed and even vulnerable. In the PractiZoom, they felt calmer, more secure, and better able to concentrate on the session and connect with the family.

The Relationship and Communication between the Two Supervisors

At the Barcai Institute, live supervision is conducted by co-supervisors, one of which is sometimes a supervisor-in-training. In in-person live supervision, the supervisors sit together with the group behind the one-way mirror, allowing them to speak freely to one another before and during the therapy session and making communication between the co-supervisors a simple matter. Collaborative supervision (Anderson & Swim, 1995) is our preferred stance, as it enables the gathering of ideas and opinions from all group members and their integration into a coherent line of thought for the supervisee, who plays an active role in the process. Communication behind the mirror during the session can be verbal or gesture-based. In the PractiZoom, we developed two primary methods of communication between the co-supervisors: the use of WhatsApp text messages, and an open telephone line for discussion. Both methods require split attention.

When the supervisors wanted to convey a message to the supervisee during a session, some first texted or spoke to each other in an effort to ensure equal footing in the decision and the conveyed message. This, however, takes time and can end up causing supervisors to miss the right moment for intervention. Other supervisors established a WhatsApp group with each of the trainees, allowing both supervisors to text directly with the trainee (and to one another) during the session. Still other supervisors maintained a WhatsApp group with the team and discussed such issues between them "in front of" the entire group of trainees, allowing all parties to view the message and be "on the same page." Co-supervisors need to decide on their preferred method of communication ahead of time in order to prevent a narrowing of communication and of their contribution to the therapy.

A PractiZoom can maintain the same hierarchy between the co-supervisors as a practicum. To this end, they need to decide ahead of time who conveys messages to the trainee and how this can be changed during the session. From our experience, this process is easier during in-person live supervision. In one PractiZoom meeting, only the lead supervisor communicated directly with the supervisee, either by phone or by sending a private text message, which could not be viewed by the other supervisor or the group members.

Communication with and within the Team

As described above, the supervisors' discussions with the group during in-person live supervision occur before, during, and after the therapy session. This remained unchanged

during the Zoom-based live supervision. Most supervisors and trainees felt comfortable with the experience of group supervision, except for in cases of technical problems. In the group discussions before and after PractiZoom sessions, the trainees reported that participants had to speak one at a time, which seemed to increase responsibility when delivering messages to one another and to cause the group members to listen more carefully. During sessions, the trainees reflected on the contribution of the PractiZoom: the ability to watch and listen to the session while simultaneously reading the text messages in the WhatsApp group. This, they reflected, enabled them to be more involved as observers, which enhanced their learning experience, especially due to the fact that they did not need to remain quiet behind the mirror. Both supervisors and supervisees reflected that the online live supervision enriched the group discussions.

Yet, PractiZoom has its drawbacks. One is that there is no "sideways talk." In the in-person practicum, people sometimes whisper to one another about the therapy session they are watching or approach supervisors to propose ideas, and in the few minutes between sessions, people smile at each other. Such interaction is less present during a PractiZoom, resulting in a focused and intense experience that many find tiring. Also, in comparison with in-person live supervision, it is not as easy to sense the atmosphere and the dynamics of the group. In some cases, there was a sense of distance that was difficult to interpret. Another challenge for some supervisors was to maintain their leadership of the group discussions, as participants could not tell who was looking at whom and could not have real eye contact, although these feelings subsided with time and experience.

CONCLUDING REMARKS

The COVID-19 pandemic has challenged us, the supervisors of the Barcai Institute, to replace our regular course platform with one of remote teaching. Reflecting upon our experience in over 100 therapy sessions over the past two months, we can conclude that, overall, after a short period of adaptation during the transition phase, our experience and that of our trainees have been very positive. We have been especially enthusiastic about being able to continue providing therapy to the couples and families we serve, many of whom have needed us even more during these challenging times. Our general feeling has been that the quality of the therapy provided to families and the supervision provided to trainees have not been negatively impacted. Nevertheless, as this paper is based on our experiences and perceptions alone, a more systemic and empirical exploration is needed.

One intriguing outcome of the transition to online live supervision has been the change in the mode of communication with the trainees during the session—from phone calls, or phone-ins, to online WhatsApp text messages. We discovered that the latter form of communication was preferred by most of the trainees and supervisors due to its empowering impact on the trainees, its contribution to maintaining flow and focus, and the fact that it was not experienced as intrusive, in contrast to the in-person practicum. In this way, we have learned the extent to which the phone-ins we have been using for years have been experienced by trainees as interruptive and even intrusive. Another interesting point pertains to the different point of view provided by the online PractiZoom in comparison with the in-person practicum. Whereas Zoom's close-up view allows supervisors and team members to carefully observe the nuances and facial expressions of the supervisee as well as the family, it also limited their ability to observe family members' nonverbal cues, body language, and behavior, which, in turn, limited the repertoire of intervention.

The transition to online live supervision was more challenging for the supervisors in terms of their communication and relationship with one another during the session. Open communication between co-supervisors during the session was difficult to facilitate due to the complexity of the PractiZoom. This was compounded by power imbalances in cases

when one supervisor was senior and the other was in-training. As for the group dimension, most supervisors and trainees felt comfortable with the experience of group supervision. Interestingly, both supervisors and supervisees reported that the PractiZoom enriched the group discussions before, during, and after the session and increased the team's involvement, primarily through the reading and writing of text messages during the session.

Nevertheless, a number of general challenges have emerged during our online live supervision. One has been the helplessness and frustration stemming from technical problems such as slow Internet connections and interrupted transmissions that can lead to being cut-off or disconnected. Another challenge for supervisors has been the split attention required by the new system—that is, the need to be attentive to the session and, simultaneously, to communication with the co-supervisor, the supervisee, and the group. For some of us, this situation was overly challenging and extremely tiring. In addition, the ability to remain focused on the screen for such a long time has also been challenging and exhausting. It is therefore recommended that, when conducting online live supervision, supervisors add breaks between sessions in order to refresh those involved and help them continue focusing and concentrating.

To conclude, we believe there is no replacement for direct, in-person interaction, and we continue to regard the in-person live supervision practicum as our preferred way of conducting therapy and supervision. Having said that, we have been pleasantly surprised by the effectiveness and the advantages of online live supervision, and we therefore believe that this practice might be a good alternative in cases where families, trainees, and supervisors are limited in their ability or unable to meet in the same place for different reasons.

REFERENCES

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process*, *26*, 415–428. https://doi.org/10.1111/j.1545-5300.1987.00415.x

Anderson, H. (1997). *Conversation, language, and possibilities. A postmodern approach to therapy*. New York: Basic Books.

Anderson, H., & Swim, S. (1995). Supervision as collaborative conversation: Connecting the voices of supervisor and supervisee. *Journal of systemic therapies*, *14*(2), 1–13. https://doi.org/10.1521/jsyt.1995.14.2.1

Behan, C. P. (2003). Some ground to stand on: Narrative supervision. *Journal of Systemic Therapies*, *22*(4), 29–42. https://doi.org/10.1521/jsyt.22.4.29.25325

Bender, S., & Dykeman, C. (2016). Supervisees' perceptions of effective supervision: A comparison of fully synchronous cybersupervision to traditional methods. *Journal of Technology in Human Services*, *34*(4), 326–337. https://doi.org/10.1080/15228835.2016.1250026

Bernard, J. M., & Goodyear, R. G. (2014). *Fundamentals of clinical supervision* (5th ed.). Upper Saddle River, NJ: Pearson.

Blumer, M., Hertlein, K., Smith, J., & Harrison, A. (2014). How many bytes does it take? A content analysis of cyber issues in couple and family therapy journals. *Journal of Marital and Family Therapy*, *40*(1), 34–48. https://doi.org/10.1111/j.1752-0606.2012.00332.x

Borcsa, M., & Pomini, V. (2019). Couple and family therapy in the digital era. In J. L. Lebow, A. L. Chambers & D. C. Breunlin (Eds.), *Encyclopedia of Couple And Family Therapy* (pp. 627–635). Cham, Switzerland: Springer.

Caldwell, B. E., Bischoff, R. J., Derrig-Palumbo, K. A., & Liebert, J. D. (2017). *Best practices in the online practice of couple and family therapy [PDF file]*. Retrieved May 1, 2020, from https://www.aamft.org/Documents/Products/AAMFT_Best_Practices_for_Online_MFT.pdf

Carey, M., & Russell, S. (2003). Outsider-witness practices: Some answers to commonly asked questions. *The International Journal of Narrative Therapy and Community Work*, *1*, 12–29.

Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, *40*(3), 266–275. https://doi.org/10.1037/10112-044

Gershoni, Y., & Cramer, S. (2002). Starting with values. *International Journal of Narrative Therapy & Community Work*, *2002*(4), 39–41.

Hennigan, J., & Goss, S. P. (2016). UK secondary school therapists' online communication with their clients and future intentions. *Counselling and Psychotherapy Research*, *16*(3), 149–160. https://doi.org/10.1002/capr.12082

Hertlein, K. M., & Earl, R. M. (2019). Internet-delivered therapy in couple and family work. In H. Weinberg & A. Rolnick (Eds.), *Theory and practice of online therapy* (pp. 123–136). New-York: Routledge.

Kahn, S. Z., & Monk, G. (2017). Narrative supervision as a social justice practice. *Journal of Systemic Therapies*, *36*(1), 7–25. https://doi.org/10.1521/jsyt.2017.36.1.7

Lebensohn-Chialvo, F., & Kogan, A. (2019). Live supervision in couple and family therapy. In J. L. Lebow, A. L. Chambers & D. C. Breunlin (Eds.), *Encyclopedia of couple and family therapy* (pp. 1716–1719). Cham, Switzerland: Springer.

Nadan, Y. (2020). Outsider witness groups as a means of professional growth in family therapy training: An exploratory qualitative study. *Family Process*, *59*(2), 509–524. https://doi.org/10.1111/famp.12452

Pennington, M., Patton, R., & Katafiasz, H. (2019). Cybersupervision in psychotherapy. In H. Weinberg & A. Rolnick (Eds.), *Theory and practice of online therapy* (pp. 79–95). New York: Routledge.

Rousmaniere, T. (2014). Using technology to enhance clinical supervision and training. In C. E. Watkins & D. Milne (Eds.), *Wiley-Blackwell international handbook of clinical supervision* (pp. 204–237). Chichester, UK: Wiley Publishers.

Shachar, R., Nasim, R., Leshem, T., Rosenberg, J., Schmidt, A., & Schmuely, V. (2012). Power hierarchy, multiple truth, and innovations in narrative supervision. *Journal of Systemic Therapies*, *31*(4), 34–48. https://doi.org/10.1521/jsyt.2012.31.4.34

Springer, P., Bischoff, R. J., Kohel, K., Taylor, N. C., & Farero, A. (2020). Collaborative care at a distance: Student therapists' experiences of learning and delivering relationally focused telemental health. *Journal of Marital and Family Therapy*, *46*(2), 201–217. https://doi.org/10.1111/jmft.12431

Vaccaro, N., & Lambie, G. W. (2007). Computer-based counselor-in-training supervision: Ethical and practical implications for counselor educators and supervisors. *Counselor Education and Supervision*, *47*(1), 46–58. https://doi.org/10.1002/j.1556-6978.2007.tb00037.x

White, M. (1997). *Narratives of therapists' lives*. Adelaide, SA: Dulwich Centre Publications.

White, M. (2006). *Narrative therapy with children and their families*. Adelaide, SA: Dulwich Centre Publications.

White, M. (2007). *Maps of narrative practice*. New York: W.W. Norton.