

## Training Marriage and Family Therapists as Family Business Advisors: A Supervisory Model

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### **Abstract:**

Family business advisors play a crucial role in assisting family businesses on issues surrounding the business, the family, and both. One issue that has not been addressed is the ideal supervision modality while training marriage and family therapists as family business advisors. Using a modified Delphi method, ten marriage and family therapists experts in consulting family businesses were asked about the best way to supervise therapists being trained as family business consultants. The findings suggest a supervisory model which combines supervisors from the same and different field of expertise as the supervisee. The authors apply these results and suggest a supervisory model that could be implemented by the Family Firm Institute's certificate program which could include a generalist and specialist certificate to train specialized family business advisors.

**Keywords:** Marriage counseling | Ethics | Family business | Consulting | Management

### **Article:**

#### CURRENT SUPERVISION MODELS IN TRAINING FAMILY BUSINESS ADVISORS

Family businesses have always been the dominant form of business enterprises around the world and play a major role in economic, social, and political well-being of free world countries today. It is estimated that 95% of the world's businesses are family businesses; approximately 90% of all business establishments in the United States (Beckhard & Dyer, 1983), 80% in South Africa (Venter, Boshoff, & Maas, 2005), and 98% in the Gulf States (Welsh & Raven, 2006).

Family business advisors play a crucial role in assisting family businesses on issues as wide-ranging as the two ends of the spectrum—family to business and the intersection of both. Marriage and family therapists (MFTs) are not trained as family business advisors and those that have been trained on the business side as financial and legal advisors lack training on the family side.

In order for advisors to obtain an interdisciplinary understanding of family businesses, the Family Firm Institute (FFI), an international association devoted to the education and professional development of family business owners and advisors, created a certificate program. Such a program requires that advisors be supervised by mentors from a different discipline. This supervision model differs from that used in mental health professions. The rationale underlying such a model is the importance for advisors to have an interdisciplinary understanding of family businesses it, however, leaves aside specialization in one particular discipline.

A larger study on the creation of a curriculum to train MFTs in family business consulting shed light into the importance of supervision. Ten MFTs experts in consulting family businesses were asked about their perception of the best way to supervise marriage and family therapists being trained as family business consultants. The authors apply these findings to the actual training model provided by the FFI and suggest that the FFI's certificate program include a generalist certificate in family business advising and a higher level specialist certificate as an alternative to train effective family business advisors.

#### CROSS-DISCIPLINARY TRAINING FOR FAMILY BUSINESS CONSULTANTS

While the importance of family business in the global economy has been well established, formal education and research programs that specifically focus on family businesses have appeared in the last twenty years. Interest in family business studies began escalating in the 1990s. In 1998, Nation 's Business magazine identified 20 universities in the U.S. that had established some form of family business program within or affiliated to their business schools. In the last ten years, doctoral education in family firms emerged and rigorous empirical studies on family business have taken place (Hoy & Sharma, 2006).

The complexities of the family business system require the integration of insights from a variety of disciplines. Therefore, family business consultants, regardless of their specialized background, should have awareness and exposure to concepts, skills and techniques in legal, financial, management, and behavioral aspects of family businesses (FFI, 2008). There are currently no cross-disciplinary graduate programs to train family business consultants. Family business programs primarily focus on preparing future business owners or managers. A standardized cross-disciplinary program for each specialization within family business consulting is nonexistent.

The Family Firm Institute (FFI) provides its members with certifications in advising family businesses. The Book of Knowledge, an information guide published by the Family Firm Institute, is organized around four core areas in family business consulting: legal, financial, management science, and behavioral science. Due to the complexity of family businesses, professional advisors are required to have a certain level of familiarity with all four areas involved in order to better assist family businesses.

Applicants must first determine the areas they wish to improve on by doing a "Self Assessment Matrix" which consists of a list of topics on the four core areas (behavioral sciences, management sciences, finance, and law) and a matrix showing the current level of knowledge and the desired level of knowledge. Once this has been filled out, the applicants must select a mentor. Mentors are experienced members who already hold a certificate. The applicant then completes a "Self- Assessment Activity" which consists of determining those areas he/she needs to develop in the following two years and how he/she will attain the goals set. The applicant then develops a "Learning Contract." This contract consists of the formulation of specific learning objectives, plans for achieving these objectives (specific activities, readings, etc.) and the date of completion. In addition to this, the applicant must attend a "Launching Pad" which is a seminar for professionals new to interdisciplinary family business advising, to a Family Firm Institute seminar or course, and to two annual Family Firm Institute conferences (Family Firm Institute, 2009).

The FFI provides an important starting point and standardization process through their certificate program for professionals to improve their skills and knowledge and assures a minimum level of expertise of family business consultants. However, there is not a standard curriculum for the different areas of knowledge. The areas of knowledge are broad (for example, psychologists and MFTs fall in the behavioral sciences area, disregarding their essential differences which lead to distinct approaches, understanding and interventions of family businesses), and the applicant determines what core knowledge is lacking and self-evaluates their level of knowledge. Further, the mentors are volunteers that come from diverse disciplines and are not classified by professions but rather divided into the four broad categories mentioned (legal, financial, management, and behavioral). Even though the Family Firm Institute promotes a crossdisciplinary approach, each consultant necessarily has an area of expertise that is much more narrowly defined than the broad category under which they fall. For example, psychologists have been trained from an individual perspective while MFTs are trained from a systems perspective. Psychologists focus on issues such as motivation and leadership, while MFTs concentrate on aspects such as structure, boundaries, and differentiation.

## SUPERVISION IN MENTAL HEALTH PROFESSIONS AND FAMILY BUSINESS ADVISING

Supervision is a core element in the programs training mental health professionals. Supervisors are the gatekeepers to the mental health profession since they are in charge of assessing the supervisee's knowledge and application of theory, their clinical skills, adherence to ethical standards, and personal characteristics as they relate to professional practice (Brady, Guy, & Norcross, 1995; Lumadue & Duffey, 1999). Supervisors have the responsibility to assess how much supervision each supervisee needs in terms of theoretical knowledge and must identify any aspects (both in terms of knowledge and emotional behavior) that might jeopardize ethical MFT standards. Lamb et al. (1987) define professional impairment in the context of clinical training as meeting with one or more of the following conditions: (1) demonstrate professional behavior that

does not integrate professional standards into one's repertoire (ethics); or (2) be unable to obtain adequate professional skills to offer clients an acceptable level of competency (theories and techniques); or (3) be unable to control personal stress, have any psychological dysfunctions and / or excessive emotional reactions that interfere with professional functioning. Any of these conditions interfere with professional performance and must be addressed in supervision (Aponte, 1994, 2003). The importance on reflecting on personal issues as well as in best ways to apply theories into practice requires a supervisor with certain skills and knowledge in the same field as the supervisee.

## SUPERVISORY NEEDS FOR ADVISORS IN TRAINING

Family business advisors come from a variety of disciplines and need to have a multidisciplinary perspective to better serve their clients (FFI, 2009). This interdisciplinary context brings certain challenges in terms of training and supervision such as which would be the best supervisory model to train effective family business advisors and if there is one model that can fit all disciplines.

Mental health programs (with the exception of Industrial/Organizational psychology) focus on practice targeted to a clinical setting, not an organizational one. Even those targeted to organizations lack a specialized training in family businesses which consist of a more complex dynamic due to the interaction of the family and the business systems. This leads to few mental health professionals, particularly MFTs, specialized in family business consulting who can offer supervision. For this reason, most mental health professionals obtain their expertise through experience without the required supervision (Sperry, 1996). Further, there is not a determined model of supervision to MFTs working as family business consultants taking into consideration the importance of having a multidisciplinary knowledge.

## METHODOLOGY

The present study stems from a larger study to create a model curriculum for MFTs to work as family business consultants. One of the main areas in this model curriculum was supervision. In this study we use the data gathered for this larger study to propose a supervisory model for MFTs and other professionals dealing with family businesses.

MFTs experts in the family business advising were contacted to give their input on supervision in family business consulting. The Delphi method was used to achieve consensus among these experts. This method appeared to be the best since the study dealt with issues that had not previously been focused on (Keeney, Hasson, & Mckenna, 2006). The Delphi method also allowed these experts who were dispersed throughout the country to exchange their thoughts and experiences.

Only focusing on consensus can eliminate different viewpoint which can enrich the data collected (Linstone & Turoff, 1975). To overcome this limitation, a qualitative aspect to the

Delphi method can be added. Since this study was exploratory, qualitative methods seemed well suited (Gilgun, 1992).

### Sampling Procedures

This study focused on MFTs experts in family business consulting, thus the participant's knowledge was a fundamental element to guarantee a high quality outcome in the Delphi method (Keeney et. al, 2005). Participants were purposefully selected according to their expertise and knowledge in family business consulting and MFT. Participants needed to have specialized training in MFT (determined by either having graduated from an MFT program or being a mental health professional (i.e. psychology or social work) licensed in MFT (LMFT). In addition, participants were required to have at least 5 years of experience providing consulting services to family business.

Since there is no database of marriage and family therapists (MFTs) who work as family business consultants, we selected the participants by identifying MFTs who had published articles or book chapters related with family business consulting. We searched the internet for family business consultants and selected those that fit the selection criteria. We also contacted professionals with this background referred by the consultants of the Family Business Forum at Virginia Tech and used the snowball technique by asking interested participants to give referrals.

Twenty-five potential participants were contacted by e-mail and fourteen responded to the invitation to participate. Of those fourteen, three said they did not meet the criteria because they did not do family business consultation and one declined the invitation to leave ten participants. Given the small scope of the respondents, ten participants is reasonable to address the research question guiding the present study. Table 1 shows the demographics of the final ten panelists.

### Data Collection and Analysis Procedures

This Delphi study consisted of three consecutive phases. The first phase was a semi-structured phone interview, the second phase consisted on an on-line questionnaire, and the last phase consisted of a wiki. Each phase provided data that were used to create an instrument to collect data from the subsequent phase.

**Table 1.** Expert Panelist Demographics

1. Gender of Expert Panelists		
	Male (N=5)	Female (N=5)
2. Years of Experience Providing Consultation to Family Business		
5-10 Years (N=1)	10-20 Years (N=3)	More than 20 Years (N=6)
3. Training/Education in MFT		
	MA or PhD MFT Program (N=9)	LMFT (N=7)
4. Primary Setting for Practice		
	Business Consultation (N=7)	University (N=3)

The final product of the data analysis was a model course content for family business consultation. One of the courses discussed by participants as important to consider while training MFTs in family business consultation was supervision. In this paper, we focus on supervision and its relationship with other main topics to consider in a model curriculum. Table 2 summarizes how these three phases interrelate in their data collection and analysis procedures leading to the creation of the course content which was the main purpose of this study.

Phase I: Semi-Structured Interview

Data collection procedures.

As in a traditional Delphi study (Linstone & Turoff, 1975), the first phase of this study was exploratory in nature. This initial phase consisted of a semi-structured interview. The objective of this interview was to explore the participants' perceptions of the core areas of a training program in family business consultation for marriage and family therapists.

**Table 2.** Data Collection And Analysis In The Three Delphi Phases

Delphi Phase	Data Collection Instrument	Type Of Data Collected	Data Analysis		Product
Phase I	Semi-structured interview	Qualitative	Summarization and categorization		On-line questionnaire
Phase II	On-line questionnaire	Quantitative	IQR and Median	Merge qualitative and quantitative datasets	Wiki
		Qualitative	Summarization, categorization, and comparison with data from previous phase.		
Phase III	Wiki	Qualitative	Summarization, categorization, and comparison with data from previous phases.		Model Course Contents

A review of the existent literature allowed to predetermine nine areas to consider including in a curriculum for MFTs in family business consultation: specific issues faced by family businesses, MFT theories that guide consultant's work, other aspects (disciplines or specific areas) consultants should be knowledgeable of, differences between consultation and therapy, ethical

issues consultants tend to face, research (specific issues, topics or methodologies), practicum, supervision, and bibliography. Participants were asked to comment about these areas and say if they thought they were important or not, and /or if they would add or eliminate any. Participants were free to contribute any additional information they felt pertinent. The final areas served as sensitive concepts for the questions used in the second phase of the study.

#### Data analysis procedures.

The outcome of this first phase was the creation of an on-line questionnaire. Therefore we focused the data analysis on the participant's feedback regarding the importance of the selected areas to consider in a model curriculum for MFTs in family business consultation and any content for each area that they might provide. The responses to the interview main question were short and concise (e.g., important area to consider in a model curriculum: yes/no). However, some panelists developed each area further providing emergent data (themes not found in the literature review) to include in the construction of the final questionnaire. The data was summarized and redundancy was eliminated by clustering similar responses into one theme. All the possible aspects within an area proposed by all of the panelists were included in the on line questionnaire to allow these ideas to be considered by the panelists and explore the degrees of consensus regarding these specific themes. Not all the participants commented beyond the main question asked (which required a yes/no answer) and not all the participants commented and amplified on the same areas.

#### Phase II: On-Line Questionnaire

##### Data collection

The on-line questionnaire was created based on the data gathered in Phase I (the semi structured phone interview) and that obtained from a review of the literature on family business consultation from a MFT perspective. The questionnaire consisted of nine general questions (one regarding each area). Each question was composed of several alternative answers, each to be answered in a 7 point Likert scale. Participants also had space to make comments on each question. This space allowed participants to either elaborate on their responses or to add any other alternative answers that were not included. These additional spaces allowed participants to expand on their ideas about the content areas that should be included in the model curriculum. For example, one of the nine core areas was supervision. Participants were asked their opinion about what supervision should include and how it should be imparted. Participants were given the following alternatives to rate in a scale from 1 to 7 (1 being strongly disagree and 7 strongly agree):

1. It should be done as a coconsultation.
2. Help supervisees reflect on their motives to be a consultant.

3. Help supervisees reflect on their skills and assets.
4. Supervisees should reflect on messages from their own family of origin regarding money and power.
5. Supervisees should reflect on messages from their own family of origin regarding authority figure issues.
6. Supervisees should be required to reflect on transference issues (e.g. they could be required to write a paper and evaluate the effects of transference).
7. Supervisees should look for a supervisor who is an expert on an area in which he or she feels needs more support (e.g. an accountant).
8. Supervision would be ideal, but is unrealistic due to the few experts in the area (MFT FB consultants).

### Data analysis

An analysis of this phase allowed determining emergent themes, the degree to which the participants agreed and disagreed on the different topics, and topics which had a wide range of opinions. The data analysis threw both qualitative and quantitative data which were first analyzed separately and then merged to determine the contents for the third phase, the wiki.

### Quantitative data analysis

The quantitative part of the questionnaire was analyzed by calculating medians and interquartile ranges (IQR) for each item. Medians provide information on the central tendency of the responses, showing where most of the items fall on the agreement-disagreement scale. Medians also inform about the type of distribution. A median of 4, for example, would show a skewed distribution towards the high end of the scale. This is important information in analyzing the degree of consensus in each item. The IQR provides information about the range of scores that lie in the middle, 50% of the cases, thus it informs the reader about the consensus of the responses on a particular item. The IQR reflects the variability in the data without being affected by extreme scores. Generally, the level of consensus is determined according to that established by Binning, Cochran, and Donatelli (1972) to ensure that the items that formed part of the final profile are those considered most important by the participants. The items selected are usually those that receive a median of 6.00 or more and an IQR of 1.5 or less. Because of the infancy of the field, we wanted to be more inclusive in our final profile, thus selected those items which received a median of 5 or more and an IQR of 2 or less. It was also important to learn about the items in which panelists' opinions were controversial, thus the items that had an IQR of 3 or more were also selected.

### Qualitative data analysis.



The comments made by the panelists were summarized to eliminate redundancies and to create themes. These themes were then compared with those found on the first phase to detect any patterns. This comparison allowed a clearer understanding of the final profile provided by the quantitative analysis.

Merging qualitative and quantitative analyses.

The analysis of the quantitative data allowed us to detect the level of consensus among panelists regarding the content areas. The qualitative data provided content areas that were not present on the questionnaire. The combination of both sets of data provided information about elements to include in final profile, elements where no consensus was reached and new elements to take into consideration. The final analysis of this phase provided the main topics to be posted on the wiki (third and last phase). There were several aspects that met the criteria to be included on the wiki (controversial opinions and/or need for further information). However, not all could be selected because, on one hand, the wiki could not be too long since it would take too much time from the participants and, on another hand, the selected aspects had to be of interest to the participants. Selecting few and interesting topics would increase the participation rate.

### Phase III (Wiki)

#### Data collection

A wiki is an online database that allows users to create and edit the content of a web page. Wikis are used to create collaborative websites where users can write documents in collaboration with one another. Wikis can be open to the general public or made private (ct., Wikipedia). This last phase consisted of the use of a private wiki space to support and encourage an interaction of ideas and discussion between the participants around issues that were controversial or that needed more in-depth information to better understand. The wiki consisted of seven themes for discussion: Structural therapy, therapy and consultation, ethics, assessments, supervision, getting started as a consultant, and bibliography. Participants received a link to a wiki and were asked to comment on each question posted and/or to comment on comments posted by other panelists. Panelists were free to respond to as many questions or comments and as many times as they wished. After a week had passed without any new postings, the wiki was closed and the data collected for analysis. Table 3 shows the summarized questions posted on the wiki and its rationale.

**Table 3.** Selected Questions and Rationale

Summarized Wiki Question	Rationale
Importance of structural family therapy theory in family business consultation	The quantitative analysis showed low consensus among panelists in regards to the importance of structural family therapy theory. This information is contradictory with the literature which reveals this theory as

	important to the understanding of family businesses.
Difference between therapy and consultation: Depth of work and therapy outsource.	There was disagreement among panelists about the depth of work a consultant should do. This theme seems important to better understand the differences between therapy and consultation.
Examples of dual relationships as ethical issues.	Panelists agreed that this was an important aspect to consider. Since the objective of this study is the creation of course content, examples of this important issue can provide material to create case studies.
Assessment tools	Panelists agreed on the importance of using assessment tools in their work. However, they did not mention which were used. In order to create the content for a course, this information seems important.
Supervision	Panelists agreed that supervision was ideal but unrealistic. Because it would be ideal, a model curriculum should include supervision. Allowing a discussion on this topic might raise interesting alternatives and ways to provide supervision to students.
Challenges and learned lessons in the creation and administration of their family business consulting business.	Creating and managing a business as a family business consultant was an emergent theme from the qualitative data of the second Phase. Asking panelists to share their experiences will provide information to consider as content of a course in this subject.
Bibliographical suggestions on finance and law.	Finance and law were detected as important areas a consultant should be knowledgeable of. However, information about resources and specific aspects of disciplines to include was lacking.

## Data analysis

The data gathered in this phase were qualitative. The nature of the wiki allowed participants to elaborate on the topics presented providing more in depth data in relation to the previous phases. The data was first synthesized into manageable elements according to the selected categories (the main areas considered: theoretical understanding of family businesses, consultation vs. therapy, ethical issues, assessment tools, supervision, managing your own business, and bibliography). These categories guided the exploration of data and the analysis of emergent themes that was performed. The discussions were coded and themes were identified by analyzing recurrent ideas

and looking for patterns in the data. Finally, the interrelation between themes was analyzed to have a clearer idea of the content of the areas in question. The last step of data analysis consisted on merging the results obtained from both the qualitative and quantitative datasets in order to develop a complete picture of themes to include in a model course components for MFTs in family business consulting.

## RESULTS

Participants responded that besides the theoretical content that a training program for MFTs who specialize in family business consultation should have, (which includes other disciplines besides marriage and family therapy), practicum and supervision would be ideal components. However, participants hesitated on its feasibility. The following comment reflects this point:

"Supervision and internships would be nice, but there are very few opportunities for this in the real world. . . but having it as a requirement may not be possible."

The combination of theory, practice and supervision adheres to the training model of marriage and family therapists as set by the American Association of Marriage and Family Therapy (AAMFT). The issue is how to impart and who should impart supervision for consultation to family businesses. The analysis of the quantitative data (See Table 4) shows that there are several aspects related to the self of the supervisee that should ideally be worked on in supervision. Panelists agreed that in supervision, supervisors should help supervisees reflect on the following aspects: messages from their own family of origin regarding money, power, and authority figure issues, their skills and assets, on transference issues (e.g. they could be required to write a paper and evaluate the effects of transference), and on their motives to be a consultant. In regards as to how it should ideally be done, panelists agreed that a co-consultation model would be ideal. Panelists also agreed, however, that although supervision would be ideal it is unrealistic due to the few experts in the area (MFT family business consultants).

**Table 4.** Items on Supervision That Met the Criteria for Inclusion on Final Profile

Supervision Should Include:	Median	IQTR
Supervisees should reflect on messages from their own family of origin regarding money, power, and authority figure issues.	7.00	1.00
Supervisors should help supervisees reflect on their skills and assets.	6.00	1.00
Supervisees should be required to reflect on transference issues (e.g. they could be required to write a paper and evaluate the effects of transference).	6.00	2.00
Supervisors should help supervisees reflect on their motives to be a consultant.	5.00	1.00
It should be done as a co-consultation.	5.00	1.00
Would be ideal, but is unrealistic due to the few experts in the area (MFT FB consultants).	5.00	2.00

*(Median = 5 or greater; IQR = 2 or Less)*

Supervision implies practicum. In regards to this latter topic (See Table 5), participants agreed that students should attend to network groups of family business, should have exposure to meetings with business people, In terms of techniques important to use, participants agreed on the importance to have students practice and be proficient in group facilitation and group dynamics. Co-consultation with senior consultants was also mentioned in this area which reinforces the data found in supervision. Panelists also agreed that other ways of gaining practice in this new arena is for students to interview family business consultants, and shadow an experienced consultant. In this particular area, participants agreed that it should be a requirement because of the importance of having hands-on experience.

**Table 5.** Items on Practicum That Met the Criteria for Inclusion on Final Profile

Practicum Should Include:	Median	IQTRr
Students should attend to network groups of family business; they should have exposure to meetings with business people.	7.00	1.00
Students should be proficient in group facilitation and group dynamics.	7.00	1.00
Students should co-consult with senior consultants	6.00	0.00
Be a requirement: hands on experience.	6.00	1.00
Students should interview family business consultants. 6.00 1.00		
Students should shadow an experienced consultant.	6.00	2.00

*(Median = 5 or greater; IQR = 2 or Less)*

The analysis of the data showed important interrelation among all the areas. Supervision was a core element. There were several ethical issues that apparently MFTs doing family business consultation tend to face. Some of these issues are related with the differences participants perceive between therapy and consultation. The analysis of the quantitative data (See Table 6) shows that participants agreed that some common ethical issues that should be discussed with trainees in their relationship with their clients as consultants are dual relationships, confidentiality, differentiation, neutrality (taking a neutral position regardless of who hired you and who is paying you), and boundary management. Participants also agreed on the importance of taking a multidisciplinary approach by knowing when to collaborate with other professionals and being cautious of taking the position of the expert. Participants agreed that providing consultation along with consultants of different professions implies learning about ethical codes of the different disciplines involved (e.g., business, legal, financial).

**Table 6.** Items on Ethical Issues That Met the Criteria for Inclusion on Final Profile

Ethical Issues to Consider:	Median	IQTR
Dual relationships	7.00	1.00
Confidentiality.	7.00	1.00
Managing boundaries between consultant and client.	6.00	1.00
Taking the position of the expert: Knowing when to collaborate with other professionals.	6.00	1.00
Ethical codes of the different disciplines involved (e.g., business, legal,	6.00	2.00

financial).		
Differentiation	6.00	1.00
Neutrality: Taking a neutral position regardless of who hired you and who is paying you.	5.00	2.00

*(Median = 5 or greater; IQR = 2 or Less)*

The qualitative data reflects that the quality of relationships between a consultant and his/her client differs from that of a therapist with his/her clients. The relationships that a consultant established with his/her clients appear to be closer and in a different context than the relationships that a therapist tends to establish with his/her clients.

"...we often operate in the context of the clients' environment (even staying at their homes from time to time) and it would be difficult to maintain the therapeutic "posture" in these contexts. I believe there are different ways in which we use our "selves" as consultants and as therapists."

The type of relationship established between a consultant and his/her clients appears to bring up ethical issues addressed in the AAMFT code of ethics. One such issue involves dual relationships. Apparently, to be able to relate with clients in a close way requires for the therapist to have a different professional identity, then a different code would apply.

"...since boundaries are a major issue in this work, it is difficult to call what we do therapy because therapy requires a stricter reliance on therapeutic boundaries. . . . I've done things in this work that I would never do as "therapist" like go to a company dinner, or golfing with a client. These actions seem to be important in this work, but are shunned in therapy. But the purpose is to gain trust and buy in, just like a therapist might allow a client to tell their story and empathize with them to get that client to buy in to the process. So calling what we do "Therapy" may limit our ability to use tools that work in family businesses, and may create legal action against us."

The consultant-client relationships established also seem to be related to the role of the consultant being different from that of a therapist. Although participants agreed that the roles of a therapist differ from that of a consultant, participants seemed to have difficulty defining those roles and their differences beyond the more informal role of the consultant mentioned above. This theme was not easy to define for consultants. However, participants seemed to agree that the roles they have tend to fluctuate according to the situation and established goals with the family business. The following comment is an example of this fluctuation:

"I have sometimes thought of my "shape shifting" being among the roles of advisor to the leadership - facilitator of process-and, the voice of the business."

Panelists tend to agree that there is a difference between the role of a therapist and the role of a family business consultant. However, there was disagreement regarding the depth of the work a

family business consultant should do with families. I asked participants if they believed a family business consultant should provide therapy to family members as part of his or her consultation or if they should outsource therapy.

This was the most controversial and discussed topic of the wiki. Apparently, it is an issue that MFTs working as family business consultants face constantly. The discussion focused mainly in trying to determine the differences between therapy and consulting. The differentiation of both does not seem to be an easy one to determine. However, participants agreed on the importance of its differentiation and definition since this is a new field and what the client can expect from a MFT doing family business consultation is still being defined.

The data suggest that there are some similarities between therapy and consulting. It appears to be that both deal with the same relational dynamics and also both are considered by panelists as agents of change. An important theme emerged regarding the definition of the client. This appears to be a central issue since it defines the scope and depth of the work of the consultant. Participants had different ways of defining the client. While some participants defined the client to be the business, others defined the client as the families that own the business. These differences appeared to give consultants different ways of approaching and understanding the work they do with their clients. Participants agreed, however, that their therapeutic skills helped them understand relational issues and intervene in ways that are beneficial to both, the business and the family members. The following comments can help summarize this discussion:

"I think of the essence of our work being the facilitation of differentiation of both individuals and sub-systems (shareholder group, a real Board of Directors, a Family Council)."

"As a therapist my contract was focused on the individual in whatever system they came within to my office. As a family business consultant my client is the larger system and I work primary in the family business system. The clients expect that I will help the individuals and subsystems to be more effective and help them remove obstacles to enhancing harmony in the family and sustained prosperity in the business. If the issues are severe and require in-depth therapy, that is not our contract and I refer them elsewhere. So I guess to me it is not so much our impact that is defining as our contract with the client and boundaries that we establish."

Another interesting theme was the punctuation of different professional identities of consultants and therapists. Participants tended to refer to their previous work and life as therapists as their "former identity". The participants refer to themselves and identify themselves as primarily being consultants, not therapists. Professional identity seems to be related to several interconnected themes: quality of relationship established with client, ethics, roles, and depth of work. Participants agreed that it is not easy to differentiate between therapy and consultation because there is always some overlap. Therapeutic behaviors tend to remain in the consultant's repertoire

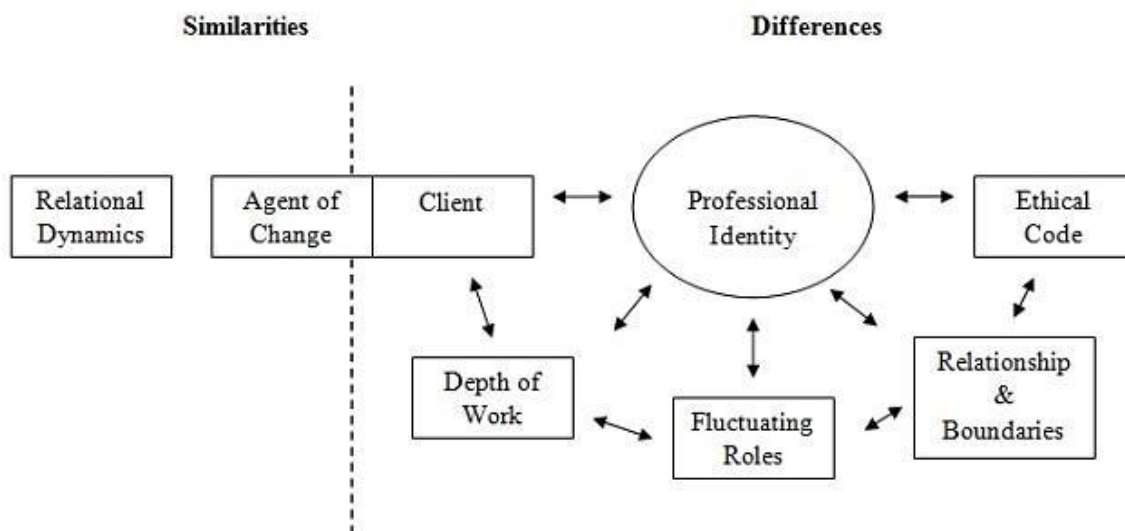
and participants perceive them as important for their work. The difference, in part, appears to be the depth of the work done. Some participants' reflections on this topic include:

"I think a lot of family business consultants are engaging in therapeutic behaviors whether they call themselves a therapist or not. I use lots of the techniques I used as an LMFT."

"How deep do we go. If my focus begins to be one person and the work is extensive, then that changes the nature of the relationship."

Figure 1 shows a thematic map illustrating the results of this analysis. All of these ethical issues should be discussed in supervision. These issues imply more than theoretical knowledge of techniques used in consulting. They imply deeper work with the self of the consultant and/or the therapist. Working with the self requires a supervisor who is knowledgeable to go in this arena without bridging the gap between supervision and therapy.

According to the data analysis from the first two phases of the study, there was a high level of consensus among panelists regarding supervision being ideal but unrealistic due to the few MFTs who do family business consultation. For this reason, in the wiki, I asked participants how this issue might be addressed and their thoughts of alternative ways of providing supervision (e.g. use of technology) and/or having supervisors from a different field (e.g. a family business consultant expert in finance). This topic appears to be an important issue. There were several comments and discussions around it. There seem to be different approaches to the conceptualization of supervision (hierarchical or equal relationship) and different ideas as to who should provide it (MFTs or other professionals). However, participants tended to agree that the goal of supervision should be to help and guide the consultants find his or her own voice.



## **Figure 1.** Thematic Map Showing Final Themes to Consider in Consultation vs. Therapy

While some panelists agreed that it is important to be supervised by an MFT because being supervised by professionals from other fields is essentially different, other panelists stated that they have had good learning experiences from professionals from other professions. Part of the difficulty in finding consensus among panelists appeared to be related to different conceptualizations of the nature of the supervisory relationship. According to some participants, being supervised by professionals from other disciplines implies an equal relationship. For other participants, supervision implies a hierarchical position. The following comments can help exemplify this controversial theme:

"Supervision" as I have received it, and delivered it, only happens on a peer level with a whole host of colleagues: other MFTs, accountants, lawyers, marketing people... leaders in any and all the disciplines that I frequent."

"By virtue of the word, supervision, there is an implicit hierarchy where someone with more of something works with another person who has less of that something. . ."

Other panelists integrated the two previous positions in regards as to who should supervise (and MFT supervisor vs. supervisors from other professions) and the nature of supervision (hierarchical vs. peer level). Participants seemed to associate supervision ideally with an MFT and complement it with consultation or mentoring with experts from other disciplines. One of the participants summarizes these themes in one of his comments:

"At the very least an MFT doing this work has to have a good MFT supervisor who gets family businesses. It is also best to have a mentor who has done this family business work. I agree with Andy. . .professionals need multiple mentors and supervisors for this work. Human Resource, accounting, business, lawyers all have great advice to give, and one should look around for FFI groups or other FOB groups and get involved for the purpose of learning how to work together. And to echo Joe, an MFT doing this work is not the same as an accountant doing this work."

An aspect that was briefly discussed as an alternative way for students to receive supervision from an MFT family business consultant is through the phone or internet. Apparently, there is such a service offered by The Couples Institute ([www.couplesinstitute.com](http://www.couplesinstitute.com)).

### **LIMITATIONS OF THE STUDY**

A limitation inherent to the Delphi consists on that the results reflect the ideas and experiences of a particular group of knowledgeable panelists (Fish & Busby, 2005). For this reason, they cannot be generalized. Also, the size of the group was relatively small. However, the universe of MFTs who do business consultation also appears to be small.



The first two phases of this Delphi study maintained the panelists' confidentiality. However, in the third phase confidentiality was an issue. Participants were asked to sign up with a pseudonym and only one did. The other participants signed up with their full names. They all knew each other. The potential risk of having the names exposed is that comments posted by experts with more experience and/or recognition could have impacted the ideas and comments of those with less experience.

In the wiki phase, some technical issues arose. Three of the nine participants enrolled reported to me that they were not able to post their comments because their browser was incompatible. This problem was easily resolvable with the aid of a technician (we provided the technician's phone number). This did not require more than a 3 minute phone call. Two of the participants solved their problem and participated fully in the wiki. One did not. It may be that this participant did not participate in this phase for this reason. There was another participant who signed in to the wiki but never posted a comment.

## IMPLICATIONS FOR FUTURE PRACTICE AND RESEARCH

Supervision appears to be a key element in the training of family business consultants. The study could be replicated to the other three FFI areas: operations, finance, and law to see if the results would be similar. These results could be extended to other disciplines that offer consulting to family businesses. It would be interesting to hear what their experience has been regarding supervision, if they felt they grew with the mentoring received and if they would prefer to have a mentor from a different discipline, from their own discipline, or if a combination of both would be ideal.

The lack of guidelines for MFTs entering the field of family business consultation is evident. The creation of such guidelines is fundamental for education and training purposes, as well as for determining the scope of practice. It would be ideal to establish guidelines that could be recognized by the AAMFT. These guidelines could contain the following aspects:

1. Determination of family business consultation (or consultation in general) by MFTs: Differentiation with the other mental health professions, determination of the role of a MFT providing consultation, and ways to approach consultation. Basically, what do we do, how is it different from other professions and how do we do it.
2. Development of specific ethical codes: Consider the essential differences between clinical and organizational work, and relationship with clients, such as family business consulting. Evaluate MFT ethical codes and create ethical standards that are coherent with this specific type of work, in this case, family business consulting.
3. Recognition of family business consultation as a MFT specialization. A creation of an association for family business consultants as a sub area of the AAMFT could provide practitioners with an identity and legitimize this specialty.

Participants of this study agreed on the importance of a cross-disciplinary approach to consultation, where operations, law, and finance play important roles. However, participants did not specify the operations, legal, and financial aspects they have had to learn to better serve the client. Future research could focus on which specific aspects of these disciplines complement a MFT in consulting to family businesses. Another aspect that was brought up by participants was the difficulty of communicating with consultants from other disciplines. Future research could help create a common language among consultants from the different disciplines that advise family businesses.

## CONCLUSIONS

Supervision is a central aspect in the training of mental health professionals. Marriage and family therapy has a model of supervision where its supervisors must possess certain training and experience in order to be approved supervisors. These measures are taken to assure a high quality of supervision and with the underpinning idea that supervisors are the gatekeepers of the field. Marriage and family therapists providing consulting services to family businesses are not required to be supervised; however, there are several ethical issues that can arise when working in such a setting. These issues are also related with the self of the consultant since there appears to produce an identity crises caused by the different type of relationship that exists between consultant and therapists with their clients.

Work on these issues would require a supervisor knowledgeable on emotional issues. At the same time, an ideal supervisor should also be knowledgeable of the dynamics of family businesses. This latter is very difficult to find because of the few MFTs who provide consulting services. However, technology could take an important role in facilitating a supervisory relationship with a MFT expert in family business consulting.

Due to the complexity of family businesses, a consultant should also be knowledgeable of different areas such as basic finance, legal and managerial aspects of family firms. Although the specific minimal content required is not established, participants believe that seeking advice from experts in those areas is beneficial to the growth of the consultant.

An ideal supervision model for marriage and family therapists providing consultation services to family businesses would include supervision with a MFT who has work experience or is knowledgeable of family businesses and complement it with supervision or consulting with experts in other areas of family business consulting. This model could also be applied to different areas of family business consulting. The authors suggest a two tier Family Firm Institute (FFI) certification program similar to the Society of Human Resource Management (SHRM) certification program that has a basic, generalist level of certification with a minimum degree requirement, years in the field, and includes the mentoring relationship that exists now. Then a higher tier certification would be created that encompasses the relational issues of family business consulting, and incorporates the results from this study to include an experiential or

practicum component with a minimum number of required hours with a supervisor in the certificate seeker's indicated area of expertise. For instance, a supervisor in Marriage and Family Therapy with family business experience, or a supervisor that is an attorney with family business experience. The supervisor role would be based on the chosen expertise of the certificate participant trying to earn the higher level of certification. This would take the field of family business consulting to the next level of achievement and would result in more confidence, not only by the certificate graduate, but also by the family business recipient.

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