CHAPTER 3
The Supervisory Relationship

FOCUS QUESTIONS

1. How important is the relationship between the supervisor and the supervisee? As a supervisee, what kind of relationship would you want with your supervisor? As a supervisor, how will you develop the relationship into one of mutual trust and respect?

2. Is a close interpersonal relationship essential for effective supervision to occur?

3. As a supervisee, what are some ways you may have displayed reluctance in bringing your concerns into your supervision session? As a supervisor, what can you learn from this and apply to helping your supervisees challenge their reluctance to being open during supervision?

4. Have you ever experienced a serious conflict with a supervisor? Did you do anything about that? How did your supervisor react? As a supervisor, how would you like to handle conflicts with supervisees?

5. What would you see as being a failure on a supervisee’s part in working with a client? If your supervisee experiences client failures in therapy, how will you assist your supervisee in dealing with this in supervision?

Introduction

Laurie, who is overwhelmed with her life circumstances, contacted two private practitioners who specialize in anxiety disorders to inquire about counseling. In her view, the first therapist, Elaine, seemed to say all of the right words and appeared knowledgeable, but something just didn’t feel right. Laurie sensed that she was getting a sales pitch. By contrast, the second practitioner, Julia, exuded compassion and empathy and left Laurie with the feeling that she was truly understood. Although both therapists have the necessary counseling knowledge, Julia seems to have mastered the art of counseling, whereas Elaine appears to be only a good technician. To authentically connect with others in an
emotionally intimate and meaningful way is central to the art of counseling, and the supervisory relationship can serve as a model for the relationships that supervisees develop with their clients. In our view, regardless of the specific roles and functions they serve, supervisors must strive to view supervision as an art and use their relationships with trainees to communicate the nuances of relationship building that will be critical to their trainees’ success.

This chapter looks at several segments of the supervisory relationship. The absolutely critical role of the supervisory relationship resonates throughout the literature on clinical supervision (Borders, 2005). Personal and interpersonal issues in supervision addressed include power and authority in the supervisory relationship, the role of a supervisee’s and supervisor’s values, issues of trust between trainees and their supervisors, and conflicts between supervisor and supervisee. We also address how supervisors might teach their supervisees to effectively deal with a range of challenges, such as coping with doubts and fears, recognizing personal needs, recognizing countertransference, and understanding diverse value systems of clients. Challenges for supervisors are examined, including helping supervisees deal with their anxiety and assisting supervisees in understanding the meaning of failures with their clients.

**Personal and Interpersonal Issues in Supervision**

The relationship between supervisor and supervisee is the foundation for the work that will occur in supervision. There are common denominators between the counseling process and the supervision process, and, as noted above, one similarity is the paramount importance of building a good working relationship. Supervision is an educative process, and the supervisee is learning specific knowledge and skills. However, for optimum learning to occur, a solid working relationship between supervisor and supervisee is essential. Barnett, Cornish, Goodyear, and Lichtenberg (2007) reported that numerous studies have found that the quality of the supervisory relationship is one of the key components determining outcomes, which is also true for the client–therapist relationship. Effective and ethical supervisors provide constructive feedback to their supervisees in a supportive and nonjudgmental environment. They regularly include a discussion of ethics in their feedback to supervisees. They are well trained, knowledgeable, and skilled in the practice of clinical supervision. They limit their supervision to those areas in which they are competent, and they delegate portions of supervision when necessary to make sure that supervisees receive the best quality of supervision possible. Because they recognize their responsibility to serve as role models for supervisees, effective supervisors conduct themselves ethically in the supervisory relationship (Barnett, in Barnett, Cornish, et al., 2007).

Considerable research has been conducted on the supervisory relationship and the process of supervision. From an empirical base and practical knowledge, Holloway (1999) has identified three essential components of the supervisory relationship: (a) the interpersonal structure of the relationship, including the dimensions of power and involvement; (b) the phases of the relationship; and (c) the supervisory contract, consisting of the establishment of a set of expectations for the tasks and functions of supervision.

Holloway (1995) conceptualized the supervisory relationship by looking at it from a contextual perspective. Her model described three phases of the supervisory relationship. During the early phase of the relationship, the tasks are clarifying the nature of the relationship, developing ways to work collaboratively and effectively in supervision, designing a supervision contract, selecting supportive teaching interventions, developing competencies, and designing treatment plans. At the mature phase, the emphasis is on increasing the individual nature of the relationship and promoting social bonding. As the roles of supervisor and supervisee become less distinct, trainees develop skills of case conceptualization, increase their levels of self-confidence, and are willing to explore personal issues as they
relate to professional performance. The termination phase reflects a greater collaborative working structure. Trainees understand the linkage between theory and practice in greater depth, and there is less need for direction from the supervisor. This is the time for a summative evaluation process, including a discussion of the meaning of termination and the feelings and thoughts associated with it. Time is also allocated for discussion of future professional development and goals.

In this section, we address elements of the supervisory relationship and its importance to the outcomes of the supervisory process.

**Supervisor–Supervisee Relationship**

Most practitioners agree that a positive and productive relationship between supervisor and supervisee is essential if supervision is to be effective (Bernard & Goodyear, 2009; G. Corey et al.; Henderson, Cawyer, & Watkins, 1999; Kaiser, 1997; Yontef, 1997). From our perspective, one of the most important elements in the supervisory process is the kind of person the supervisor is and his or her ability to establish and maintain a good connection with the supervisee. The methods and techniques supervisors use are more likely to be helpful if an effective and collaborative working relationship with supervisees has been established. As Borders and Brown (2005) commented, “A strong and positive working relationship will enhance the supervision experience and serve as a buffer for those challenging moments that inevitably will occur” (p. 25). Essential elements of the supervisor–supervisee relationship include establishing trust and a safe environment, encouraging self-disclosure, identifying transference and countertransference, examining diversity issues, and establishing appropriate boundaries.

**Trust**

Trust is best defined as being able to rely on another with a certain sense of predictability. In everyday relationships, trust takes time to develop. People must learn that they can rely on how others will act and react. In the supervisory relationship, trust is essential because both supervisor and supervisee need to be honest with each other. In her 5-year review of literature in clinical supervision, Borders (2005) stated that it is essential for the supervisor to create a safe, trusting, challenging, and open environment. Drawing on the ideas formulated by object-relations theorist D. W. Winnicott (1960), Jeffrey Barnett emphasized the importance of establishing a safe “holding” environment in supervision, a place where supervisees feel safe and free to explore, share, and experiment with new ideas and strategies (personal communication, June 30, 2009). Supervisors would do well to discuss with supervisees what they both can do to create a trusting supervisory relationship. Supervisors might encourage their supervisees to bring up any concerns they have about trust during the supervisory sessions. Of course, how a supervisor responds when supervisees disclose their anxieties pertaining to trust will affect supervisees’ openness to such discussions in the future and may lead them to play it safe if the supervisor conveys a judgmental or untrustworthy tone.

**Self-Disclosure**

Self-disclosure refers to the willingness of both supervisor and supervisee to be open to and discuss all issues that may arise in the supervisory relationship. For the supervisor, self-disclosure of personal issues and experiences should occur only as it provides something constructive for the supervisee regarding the topic at hand. The purpose of the supervisory session is not to provide an arena for supervisors to resolve personal issues or vent complaints about their job. The focus should be on the supervisee. Generally, the more free supervisees are to self-disclose thoughts, fears, hopes, and expectations regarding the
work they are doing, the more valuable the supervisory sessions will be. This level of openness is built on a foundation of trust.

Self-disclosure by the supervisor can be beneficial if done in a timely and appropriate manner. In their study of supervisory style and its relation to the supervisory working alliance and supervisor self-disclosure, Ladany, Walker, and Melincoff (2001) concluded that supervisors’ interpersonal supervisory style can affect their ability to mutually agree on goals and tasks with their supervisees. Like Campbell (2006), they suggested that supervisors consider incorporating self-disclosure into their supervisory style as a method for building an emotional bond and a working alliance with supervisees. It might well be that supervisors’ appropriate and timely self-disclosure facilitates supervisees’ self-disclosure, especially when supervisors are willing to disclose their own struggles as counselors (Borders, 2005).

Perhaps the most important kind of self-disclosure in the supervisory relationship is for the supervisor to initiate a discussion pertaining to the quality of their relationship. Immediacy is as important in the supervisor–supervisee relationship as it is in the counselor–client relationship. Borders (2005) pointed out that there is some evidence that supervisors avoid discussing difficult relationship issues with their supervisees. Thus it appears that greater attention to the relationship dynamics is warranted in the supervisory process.

MICHELLE MURATORI’S PERSONAL PERSPECTIVE

I attempt to normalize trainees’ anxieties by sharing some of the concerns that I once held when I was in training. When it seems appropriate, I also talk about some of the mistakes that I made as a new counselor, with an emphasis on how I used these situations as opportunities to move the counseling forward. For instance, I have told trainees about the time I could not contain my laughter when an anxious client told me about an odd experience she had that week. It was important for me to explain to my trainees that I very much liked the client and that we had established good rapport and trust, so we were able to process what happened in a productive way. Beginning counseling students often feel immobilized by the notion that they might make mistakes. They seem to be comforted when they hear that they are not expected to be perfect beings but rather human beings who are willing to grow and learn from their errors. When I teach a course and make a mistake, such as saying something that could be construed in a way that was not intended, or if I have a strong reaction to something that occurred in class, I make it a point to model transparency and appropriate self-disclosure and to avoid getting defensive. By doing this in my teaching and supervision, I find that I am able to create a trusting relationship with trainees.

PATRICE MOULTON’S PERSONAL PERSPECTIVE

I often share with my supervisees my earliest counseling session experiences. I remember when I was first in training under supervision and realized that I had a 50-minute session with a one-way mirror and bug-in-the-ear technology. I remember being excited, anxious, sick at my stomach, and the whole situation feeling a bit surreal. Within 15 minutes into the intake session, I had adapted to hearing my supervisor’s voice and found it comforting to know he was there should I need him. I tell my supervisees about my early experiences as a trainee so that they will know that I do not expect them to have all the answers when they are in training and first beginning to see clients. I let them know that I would be more concerned if they had no anxiety about their performance. My hope is that they will be open to hearing and considering the constructive feedback I give to them.
Transference and Countertransference

Transference is a psychodynamic term defined as the client’s unconscious shifting to the therapist of feelings and fantasies, both positive and negative, that are displacements from reactions to significant others from the client’s past (G. Corey, 2009b). In the supervisory relationship, a supervisee may transfer those feelings and fantasies to the supervisor. It is not uncommon for supervisees to begin to idealize their supervisor as a result of the help and support that they receive and because of their own feelings of insecurity and incompetence. Also, if supervisees have unresolved authority issues, these may play out in the supervisory relationship in the form of resistance. The role of the supervisor in such instances is to be aware of transference reactions and to assist their supervisees in developing their own sense of competence and problem-solving ability. It would be a mistake, in our opinion, to challenge supervisees directly and forcefully about their transference issues.

A trusting climate and encouragement by the supervisor will enable supervisees to discuss any of their reactions that may affect their ability to be open during supervisory sessions. For example, a supervisee may be anxious about “doing well” for the supervisor, and this anxiety can result in the supervisee carefully monitoring and silently rehearsing what he or she says during supervision sessions. If this supervisee takes the risk of disclosing his or her need to be seen in a positive light by the supervisor, the supervisee has already taken a significant step toward becoming more authentic in the supervisor’s presence.

Countertransference refers to the reactions therapists have toward their clients that are likely to interfere with their objectivity (G. Corey, 2009b). Countertransference on the part of the supervisor is not uncommon. Unresolved personal issues, and sometimes even problem areas that have been worked through, can be triggered through interactions with supervisees. It is critical for the supervisor to be self-aware, identifying any countertransference that may arise and understanding how it is affecting the supervisory relationship. Ethically, supervisors are expected to identify and deal with their reactions through their own supervision, consultation, or personal therapy so that their supervisees are not negatively affected in the supervisory relationship. Examples of countertransference reactions include the arousal of guilt or anxiety from unresolved personal problems, experiencing an impasse with a supervisee and frustration over not making progress, and impatience with a supervisee (Norcross & Guy, 2007). Other common countertransference reactions toward the supervisee include an intense need to help and rescue the supervisee or a dislike of the supervisee.

If the supervisor has a need to discuss his or her countertransference reactions, we recommend as a first step consulting with colleagues rather than with the supervisee. Talking about the supervisor’s countertransference issues directly with the supervisee may be overwhelming for the person, just as a client might be surprised by a therapist’s disclosures pertaining to countertransference. The supervisee has enough to deal with in learning to become a competent clinician. After discussing countertransference reactions with a colleague, however, it may be appropriate and useful for the supervisor to share and explore some aspects of his or her reactions with the supervisee. Borders and Brown (2005) suggested that the developmental level of the supervisee is a factor to consider when deciding whether or not to address transference and countertransference reactions directly with the supervisee.

Diversity Issues

A discussion of the differences between a supervisor and his or her supervisee should be incorporated into supervision sessions. Most codes of ethics call for supervisors to demonstrate knowledge of individual differences with respect to age, gender, race, ethnicity, culture, spiritual preference, sexual orientation, and disability. Furthermore, supervisors need to understand how these contextual factors influence supervisory relationships. Writers and researchers in multicultural supervision have emphasized repeatedly the
supervisor’s responsibility for introducing cultural variables into the supervisory dialogue throughout the supervisory relationship (Borders, 2005). Holloway (1999), a proponent of the contextual approach to supervision, identified the following characteristics of the supervisee as being particularly important: the trainee’s cultural experience, gender, cognitive and ego development, professional identity, experience level in counseling, theoretical orientation to counseling, and self-presentation. Addressing these dimensions lays the foundation for effective learning to occur within supervision.

Supervisors can teach their supervisees to respect the role that diversity plays in the counseling relationship by making supervision a multicultural experience in which race, ethnicity, socioeconomic status, sexual orientation, religion, gender, and age are discussed. Because of the power dynamics inherent in the supervisory relationship, it is the supervisor’s responsibility to serve as the catalyst for facilitating discussions about diversity issues. Too often supervisors emphasize client similarities and minimize racial and cultural differences. If supervisees do not understand the cultural context in which their clients live, they will not be able to effectively work with their clients. There is a price to be paid for ignoring racial and ethnic factors in supervision. If supervisors do not address these factors as they become relevant, this will certainly weaken the trust level on the part of supervisees.

Supervisors can do a great deal to create an open climate that fosters honesty in the supervisory relationship. Supervisors can model curiosity about the supervisee’s differences and be eager to learn from the supervisee as well. To do so, however, it is essential that supervisors possess specific multicultural competencies. Regardless of the specific aspect of diversity that is characteristic of a supervisory relationship, any factor that influences the interpersonal relationship should be a topic of discussion. Multicultural competencies are dealt with in considerable detail in Chapter 6.

**Appropriate Boundaries**

It is not uncommon to enjoy the collegiality of the supervisory relationship, to become friendly with a supervisee, and to extend the relationship beyond the sessions, especially as the supervisee matures professionally. How far can the boundary be extended while the relationship remains ethical and professional? Supervisors need to think about the ramifications whenever they consider extending the boundaries of the supervisory relationship. Supervisors must take full responsibility for determining the limits of the relationship and take action when they believe the boundaries are becoming less clear or when expanding the boundaries is adversely affecting the supervisory task.

When boundaries are crossed or extended, there should be a good rationale for doing so. However, there is a difference between a boundary crossing and a boundary violation, with the latter being a serious violation of legal or ethical standards. A boundary crossing should have little potential to harm the supervisee; in fact, extending the boundaries should have a good chance of benefiting the supervisee or the supervisory relationship. For instance, suppose Nancy invites Shelly, her supervisee, to attend a local conference on PTSD. It is likely that in addition to professional activities at the conference, Shelly will participate in social activities with her supervisor. They might go to dinner or receptions together, where Nancy will introduce Shelly to other professionals and colleagues in an informal setting. Extending boundaries in this particular instance may have a very positive impact on Shelly’s professional identity and sense of belonging in the profession. This topic is covered in detail in Chapter 7.

**Power and Authority**

*Power* is the ability to influence or control others, whereas *authority* is the right to do so. The supervisory relationship by definition has a built-in power differential—the supervisor...
is the authority figure in the relationship (Bogo & Dill, 2008; Kadushin & Harkness, 2002). Even though person-centered and feminist models of supervision are based on the assumption that supervisors will do what they can to minimize the power differential and to establish a collaborative relationship, there is still an inherent difference in power. Supervisors continually evaluate the work of the supervisee and provide that evaluative information to licensing boards, prospective employers, and other requestors long after the supervisory relationship has ended. Because the supervisee has relatively less power in the supervisory relationship, supervisors are responsible to clearly inform their supervisees of the evaluative structure of the relationship, the expectancies and goals for supervision, the criteria for evaluation, and the limits of confidentiality in supervision (Holloway, 1999).

We want to underscore the importance of self-monitoring so that power and authority, which are an inherent part of the supervisory role, are used in an ethical and constructive manner. In contrast to supervisors who have a strong need to be in control at all times and impress their trainees with their vast knowledge and wisdom, supervisors who use their power and authority appropriately may empower their trainees to take necessary risks and develop professional autonomy without feeling threatened.

**Parallel Process**

Interactions between supervisor and supervisee may offer insights into the way the supervisee relates to clients. This idea, called *parallel process*, has its conceptual roots in psychoanalytic supervision (Borders & Brown, 2005). Searles (1955) and Ekstein and Wallerstein (1972) were among the earliest to describe this phenomenon. A popular concept, parallel process has been explored by Loganbill et al. (1982), Stoltenberg and Delworth (1987), and others. Because certain aspects of the relationship between the supervisee and his or her client may be paralleled in the supervisory relationship, it is useful for supervisors and supervisees to pay attention to and explore the various manifestations of parallel process in supervision. For example, a supervisor might observe that her trainee, who is typically very confident and self-assured, becomes unsure of herself and appears helpless as she processes the case of a needy and childlike client. Sharing this observation with her could lead the trainee to gain valuable insights about the dynamics of the counseling process with that particular client.

Although parallel process in the psychodynamic sense may not always occur, a number of parallels between counseling and supervision are readily observable. When a supervisee recognizes similarities between the roles of and processes experienced by counselor trainees and clients, he or she is noticing a parallel. For instance, just as trainees must increase their self-awareness to enhance their counseling skills and competence, clients are encouraged to increase their self-awareness to improve the quality of their lives and resolve issues. In addition, just as counseling students may find the process of training to be emotionally intense at times, they must remember that clients are likely to find the process of counseling to be emotionally intense at times too. The similarities do not end there. Both trainees and clients must take interpersonal risks if they wish to grow, and both must invest a lot of hard work and effort into their respective undertakings to make progress. Clients must be motivated to change in order to achieve their treatment goals, just as trainees must be motivated to do what it takes to achieve competence. Trainees are expected to develop strong personal and professional boundaries through the training process, and learning to set healthier boundaries through the counseling process may be an important goal for clients.

Parallel process in psychotherapy supervision and parallels between counseling and supervision can be the focus for potent interventions within the supervisory relationship. Supervisors need to pay close attention to this process to facilitate effective supervision as well as to encourage the personal and professional growth of supervisees (McNeill & Worthen, 1989).
Earlier in this chapter we explained how paying attention to diversity issues can strengthen the supervisory relationship. Again, we emphasize the importance of supervisors being aware of the many personal variables that may affect the supervisory relationship. These include values, attitudes, beliefs, age, gender, ethnicity, and spirituality, to name a few. The impact of similarities and differences between the supervisor and supervisee is relevant to explore in supervision. Our values and attitudes affect the supervision that we provide. Even though we may believe we are objective and won’t impose our personal values on supervisees, they may come through in many subtle ways. This is illustrated in Case Study 3.1.

CASE STUDY 3.1: CAROL

Carol, a licensed marriage and family counselor, is supervising Michaela, a marriage and family counselor-in-training. Michaela is talking with Carol about a case in which the parents feel their 2- and 4-year-old children are out of control, yet the parents seem unable to set limits or to enforce discipline in the household. Carol forcefully lectures Michaela on the need for parents to be firm disciplinarians in this era as kids are developing a sense of entitlement at an early age.

Following the supervision session, Michaela has another counseling session with the parents. Michaela emphasizes the need for the parents to regain control of their children. She begins brainstorming with them how they might go about setting clearer limits, being more consistent in following through to enforce those limits, and providing more reinforcement when the children do act appropriately. The parents are appreciative of the direction provided but still are puzzled about whether the new approach will work. Michaela was pleased that she was able to take direction from her supervisor while adapting Carol’s suggestions to fit her own counseling style and the needs of the parents.

What do you think of Carol’s method of providing supervision? If you believe something strongly, should you make that belief known to your supervisee? How would you respond if you were Michaela? If you were Carol and suddenly realized you were imposing your values, how would you proceed from there?

Some values that may affect the supervisory process are rooted in personal beliefs about religion, abortion, marriage and divorce, sexual orientation, parenting, spirituality, the change process, suicide, and end-of-life decisions. Value-free supervision is virtually impossible. The key for supervisors is to be aware of their own values and attitudes and how they affect their ability to supervise. It is not necessary for the supervisor and supervisee to have similar attitudes and beliefs for supervision to be effective, but it is a good idea for supervisors to initiate dialogue about similarities and differences as they emerge. Modeling the exploration of values helps supervisees learn how to do the same with their clients.

How should value conflicts between the supervisor and the supervisee be resolved? Some supervisors think they can work with any supervisee regardless of value differences that might occur. Others are too quick to discontinue supervision when differences occur and refer the supervisee to another supervisor. Ultimately, most value differences in supervision can be worked on within the supervisory relationship. Assuming the supervisor is cognizant of the clash of values, differences need to be discussed openly and frankly, and conflicts need to be identified. If it is determined that the value conflict will create an impasse in the supervisory relationship, plans should be made to seek a mediator or to refer the supervisee to another supervisor (Campbell, 2006). Consideration also should be made for continuity of supervision for client welfare. We hope the idea for a referral could be initiated by either the supervisor or the supervisee.
In our experience, we have seen a range of competence among supervisors. The outstanding ones pride themselves on self-awareness, are open to feedback from colleagues and supervisees, and show a sense of humility, recognizing that there is always something to be learned from a situation and from their supervisees. Their supervisees are active members of the problem-solving team and usually exude a sense of confidence and calmness that they have developed through supervision.

Less effective supervisors tend to be rigid, closed to feedback, act as if they have all the answers, and use supervision as a forum to display their knowledge. These less effective supervisors tend to emphasize what they have to offer rather than assisting their supervisees in learning how to deal effectively with a range of problems they may encounter with a variety of clients. This often plants the seeds for conflict between their supervisees and themselves.

**Tips for Supervisors**

Supervision can be effective even if the supervisory relationship is not ideal, but both the supervisor and the supervisee may need to work harder to ensure that the goals of supervision are accomplished. Let’s look at some practical tips for establishing a good working relationship.

**Establishing a Healthy, Productive Relationship With Supervisees**

- Treat supervisees with respect; be open and honest about what you do and do not know.
- Work at developing a spirit of mutual trust and collaboration.
- Listen diligently to what supervisees are both saying and not saying, and try to tune into their fears, struggles, and hopes.
- Have a clear understanding of the purpose and the limits of the supervisory relationship.
- Be available, especially by being fully present during the supervisory session and by making sure that this is “protected time” that is free from interruptions.
- Be willing to seek consultation when you are unfamiliar with the topic under discussion.
- Be clear on the boundaries of the relationship.

**Guarding Against Imposition of Your Values**

- Work on having a clear understanding of your values, beliefs, and attitudes regarding the range of typical issues that come up in supervision.
- Discuss with your supervisees their values and beliefs.
- Talk openly about how values and beliefs affect the supervisory relationship and supervisees’ work.
- Initiate discussions with supervisees regarding their values about marriage and divorce, family values, cultural diversity, sexual orientation, religion and spirituality, suicide, child rearing, and violence.

**Characteristics That Facilitate or Hinder the Supervision Process**

A variety of characteristics associated with the supervisor–supervisee relationship can influence the outcomes of the supervision process. Lowry (2001) conducted a study of the characteristics of supervisors and supervisees that both facilitate and hinder successful supervision, gathering information from practicing psychologists who are or have
been supervisors regarding their own supervisory experiences (positive and negative). Lowry also questioned supervisors about trainee characteristics they believed facilitated or hindered the supervisory process. The discussion that follows summarizes these characteristics.

**Supervisor Characteristics**

Participants in Lowry’s (2001) study perceived the following supervisor characteristics and factors as most important to foster a positive supervisory experience (in descending order): good clinical skills/knowledge, an accepting supervisory climate, a desire to train/investment in supervision, matching the supervisee’s level of development, providing constructive feedback, being empathetic, being flexible and available, possessing good relationship skills, and being an experienced clinician.

Conversely, some supervisor characteristics and factors were thought to have an adverse impact on the supervisory relationship (in descending order): being judgmental or overly critical, being personally or theoretically rigid, not being committed to the supervisory process, being unavailable to the supervisee, having limited clinical knowledge and skills, being unethical or demonstrating poor boundaries, and being too self-focused. Other factors mentioned included a supervisor’s lack of compassion, arrogance, the inability to provide helpful feedback, lack of preparation for supervision, and lack of supervisory experience.

**Supervisee Characteristics**

Lowry found that characteristics of supervisees or factors that were rated as helpful in promoting a positive supervisory experience included (in descending order): a desire to learn and improve, being nondefensive and open to feedback, general openness and flexibility, possessing knowledge and good clinical skills, intelligence, being responsible and prepared for supervision, and a willingness to take initiative and risks. Other factors rated as promoting effective supervision were good interpersonal and communication skills on the part of the supervisee, the ability to be empathetic, self-acceptance, insight, genuineness, the ability to ask questions, a focus on the client, and maturity.

Characteristics of supervisees or factors that were rated as impediments to successful supervision included a lack of openness and fear of evaluation, personal rigidity, defensiveness, arrogance and a perception that they are all-knowing, lack of motivation or interest in supervision or clinical work, lack of intelligence, psychopathology, and immaturity. Other supervisee factors perceived to hinder supervision included a poor knowledge and skill base, poor interpersonal skills and boundaries, being unprepared or disorganized, a lack of personal insight, and passivity or dependency.

**Conflicts Between Supervisor and Supervisee**

Conflicts are a natural part of all relationships. In most cases, conflicts can be resolved with listening, understanding, and working to clarify the ground rules about the relationship. When either or both parties in a conflict act as if they are right, the other is wrong, and the only solution is for the other party to change, the relationship usually takes a turn for the worse. The supervision relationship is unequal, with the supervisor possessing both power and authority (Bogo & Dill, 2008; Kadushin & Harkness, 2002); thus conflicts can easily occur. Some supervisory relationships are characterized by unacknowledged conflict, discontent, and strife; however, if conflicts are recognized and openly discussed in a respectful manner, both supervisors and supervisees can learn a great deal.

It is essential to set the tone for working with conflict early in the supervisory relationship before problems emerge. A supervisor could explain to supervisees that the
supervisory session is a place where they can express any of their concerns or raise any questions pertaining to their relationship. This kind of climate is likely to make it easier for supervisees to express any of their complaints, which can be dealt with in an open manner in supervision. A good relationship allows for this kind of honest discussion of what is going on in the supervisory process.

We would like to think that, in most cases, filing formal complaints can be avoided. To reiterate, if both parties are willing to work through a conflict in a respectful and constructive manner, the quality of the supervisory relationship is likely to improve considerably. Case Study 3.2 describes a supervisee who openly expresses her discontent with her supervisor.

**CASE STUDY 3.2: TONY**

Dr. Allen has been supervising Tony, a master’s-level social work intern working part-time in a university counseling center. Dr. Allen, a professor in the social work program, teaches the Clinical Interventions Seminar in which Tony is a student. In today’s supervision session, Tony expresses dissatisfaction with the direction of the supervision of her work in the counseling center. Tony explains that she feels as though Dr. Allen simply tells her how to work with her clients without any discussion or input from her. To Tony, it seems like a one-way street. Tony believes she learns best through discussion and collaboration with a supervisor. Dr. Allen listens attentively but views Tony’s dissatisfaction as “resistance to supervision” and sees Tony as not being open to supervision. Dr. Allen decides not to change his approach with Tony.

It took courage for Tony to offer critical feedback to her supervisor. Many supervisees are not as forthcoming about conflict with a supervisor because they do not want to challenge the supervisor, and they know that a supervisor has the ability, through evaluations and recommendations, to greatly affect their career. They find themselves suffering through supervision until it is over and they can move on. Tony thinks she may have to make this decision too, but she wants to get the most out of her internship. She decides to try to think of another way to engage Dr. Allen and benefit from her internship under his supervision.

If you were the supervisor, how might you receive and respond to Tony’s expression of dissatisfaction? What would you most want to say to Tony? As the supervisor, how would you proceed to resolve this situation? How could you do so in a manner that would be a learning experience for Tony?

Conflict in supervision is not uncommon, but it can be difficult to resolve because the problem may be due to different perceptions of the supervisory interaction. It is difficult to convince either person that his or her perception may be incorrect or distorted. Nevertheless, it is the task of the supervisor to attempt to resolve the differences. The first task is to delineate a clear understanding of the specific plan of action in cases where there are sharp differences between supervisee and supervisor. The supervisor can then return to the original contract that defines the nature of the supervisory relationship, the methods of supervision to be used, and the ground rules that define how they are going to work together. If clear ground rules are in place early in the supervisory relationship, the solution to their differences may be resolved by reviewing them. For example, the contract may state that the supervision methods are largely teaching and evaluation of the clinical work of the supervisee. If this is the case, then Dr. Allen’s approach (see Case Study 3.2) may be quite appropriate. If the methods are not clearly defined, then it is time to collaborate to develop a clearer definition regarding how they are going to work together. What appear to be personality conflicts often turn out to be a lack of clarity about the nature of the working relationship. Clarification should lead to a more productive work environment.
Another task is to ask how the supervisor and supervisee can work together to make their working relationship more satisfactory. When there is a conflict in a supervisory relationship, too often the tendency is to attribute blame to the other party. Our approach would be to ask each party to describe what the relationship would “look like” if it were working satisfactorily and to identify what would be needed to move it to that point. An open dialogue may lead to a discovery that both supervisor and supervisee have similar goals for supervision, yet each has a different idea about how to accomplish these goals. It might well be that the supervisor and the supervisee have never openly discussed their hopes and expectations for supervision and how to accomplish these goals.

It is a good practice for supervisors to seek consultation and supervision for themselves when conflicts are not resolved or when they find themselves experiencing conflicts with many of their supervisees. In order to practice ethically, supervisors must find a way to effectively address the conflict or refer their supervisee to a different supervisor (Campbell, 2006).

Supervisors can take steps to enhance the supervisory relationship by demonstrating an understanding of the many challenges supervisees face. If supervisors recognize, appreciate, and understand the phenomenological world of supervisees, they are in a position to encourage supervisees to explore their struggles in working with clients and in maximizing the benefits of supervision. Openness on the supervisor’s part and a willingness to engage in frank discussions about the concerns of supervisees can deepen the supervisory relationship.

**Preparing Supervisees for Challenges**

Ask yourself this question: How might I prepare supervisees to best deal with the difficulties they are likely to encounter? In this section we present several challenges for supervisees: dealing with doubts and fears, identifying unresolved personal problems, avoiding the role of problem solver, identifying countertransference, respecting the diverse value systems of clients, and committing to personal growth. We also describe some problematic behavioral patterns of supervisees. If you apply this section to your own experiences as a supervisee, you will have a better sense of how you can assist supervisees in addressing challenges they encounter. You might even consider having your supervisees read this section, and use this information as a topic of discussion.

Take a few minutes to reflect on your own experience when you first began seeing clients and began working with a supervisor. What experiences do you most remember when you initially began to counsel others? What did you learn from these experiences? What was it like for you to be in supervision? What self-doubts did you have as a trainee? How did you deal with these self-doubts or concerns? Will these experiences help you to identify with the concerns supervisees may bring to supervision sessions? One supervisee shared her experience when as a trainee she worked on a pediatric unit. She was so anxious about meeting with her supervisor that she would unknowingly sit in one of the children’s chairs during supervision. The supervisor was able through the use of humor to bring this situation to the supervisee’s awareness, which then opened a dialogue regarding their power differential.

**Dealing With Doubts and Fears**

We want to shift our focus and speak directly to the supervisee in this section, but keep in mind that many of these doubts and fears fit equally well for supervisors at various levels of development. Here are a few statements that supervisees often say to themselves:

- I am fully responsible for my clients’ outcomes, and negative outcomes mean that I am not competent.
• I must be successful with every client and should be able to help my clients solve all of their problems quickly.
• I must be available at all times.
• I am afraid I won’t know enough to help my clients and may actually make matters worse for them due to my lack of experience.
• Too often I compare my performance with others and tell myself that I do not measure up.
• Sometimes I worry that a client will not like me and will confront me in an angry way.
• It is very difficult for me to be fully present with clients because I am so concerned about what I will say or do next.
• Whenever my supervisor is in the room, I get so anxious because I am sure she will discover that I am not competent.
• I worry about not being able to understand a client’s pain if I have not had a similar kind of life experience.
• I must please my supervisor at all times. He or she should agree with and approve of everything I do.
• I feel intimidated by my supervisor and fear sharing this with her.

Most of these examples of counselors’ self-talk involve feelings of inadequacy, a fear of failing as a counselor, a nagging belief that one should be more, and a chronic sense of self-doubt. When counselors assume the giant share of responsibility for their clients, they are relieving their clients of the responsibility to direct their own lives, in addition to creating stress for themselves.

Rather than pretending that you do not have any self-doubts or anxieties about being effective in your fieldwork assignment, strive to identify the ways your fears might get in your way. Bring these fears into the supervision session and explore them. Realize that many of your peers share your anxiety. By verbally expressing how you experience your anxiety, you move in the direction of diminishing the power of this anxiety. Once you have given voice to your fears surrounding your performance and others’ evaluation of you, these anxieties consume less energy.

Many trainees keep good reactions, insights, and intuitions to themselves, so put words to them rather than engaging in an internal monologue. It is not necessary that you express all of your thoughts, feelings, and reactions to your clients, but in your supervision meetings it is wise to verbally express the self-talk that often remains silent within you. Challenge yourself to change an internal rehearsal into verbal expressions during your supervision sessions.

Acknowledging your fears is the first major step in constructively dealing with them. Courage is not the absence of any performance anxiety; rather, courage entails identifying and challenging these fears. It takes honesty and courage to admit your perceived imperfections and to avoid becoming frozen out of fear of making mistakes. Recognize errors you might make, avoid punishing yourself if you do make them, and talk openly with your supervisor about them. If you are not willing to acknowledge when you make a mistake, you probably will not be willing to try anything new. You will be overly conscious about what you are doing and whether you are doing it “right.” You must, of course, assess the willingness of your supervisor to be open to such discussions. But in most cases, you can take full advantage of your role as a trainee. In this role you are certainly not expected to know everything; allow yourself the freedom to be a learner. If you can free yourself from the shackles of trying to live up to the unrealistic ideal of perfection, you will be taking significant steps toward curbing your performance anxiety.

Most professionals have feelings of self-doubt and question their competence at certain times and in certain situations. Your supervised fieldwork or internship is a place where
you can acquire specific knowledge and where you can develop the skills to translate the theory you have learned into practice. It is within the supervisor’s responsibilities to assist you in addressing these insecurities and feelings of anxiety. In the following Personal Perspectives, you will learn how two authors dealt with their self-doubts as supervisees.

MICHELLE MURATORI’S PERSONAL PERSPECTIVE

Dealing with self-doubt and low confidence was a real battle for me during my undergraduate experience as a human services major. I constantly monitored my words and criticized myself for not being as skillful as I wanted to be, which compounded the problem. In the beginning of my training, my perfectionist tendencies really sabotaged my ability to be fully present. Fortunately, my discomfort with being such a perfectionist was so great that it motivated me to address the problem in a proactive way. Although I admit this sounds compulsive, I took an experiential group leadership course four times (not because I failed the first, second, or third time—just for the record). The practice component of this particular course was so amazing that it gave me and others an opportunity to facilitate a semester-long self-exploration group and to participate in group supervision. So I addressed my fear and feelings of inadequacy by forcing myself to do what scared me the most. I practiced, and practiced, and practiced. And over the course of four semesters, the experience of cofacilitating groups in conjunction with group supervision every week transformed me into someone who was more confident and comfortable in the role of counselor. In group supervision, I was able to work through my self-doubts, and I learned to realistically appraise my skills and professional development. Some people say that “practice makes perfect”; I’d rather say that “practice makes imperfection tolerable.” I still have very high standards, but I am a much more effective counselor and counselor educator today because I let go of being a perfectionist. I guess you can say that I take being an “imperfectionist” very seriously! I am beginning to see that the more experienced I become, the more realistic I am about not having to be perfect.

JERRY COREY’S PERSONAL PERSPECTIVE

What stands out the most for me in my own supervision was how inadequate I felt as a counselor trainee. I did not have much confidence in my ability to tune into what a client was saying and effectively know how to respond therapeutically. As I recall, my supervisors did not devote a great deal of time or attention to talking with me about my self-doubts and my unresolved personal issues that restricted my ability to be present with a client. Most of the supervision sessions were case focused, with some discussion of possible interventions to employ with different types of client problems.

During my supervised postdoctoral year, I gathered most of my hours by doing individual counseling with college students and by coleading therapy groups. I often felt lost, and I did not know how best to proceed in sessions with individual clients. If clients did not “get well quickly,” I was convinced that this was evidence of my lack of competence as a counselor. My early attempts at providing individual counseling were characterized by what seemed like the slow progress of my clients and my desire for positive feedback from them. I compared myself to my supervisors and wondered how they would likely intervene with a client.

Coleserving intensive group therapy sessions with my supervisor proved to be the most helpful of all my supervised experiences. After the therapy sessions, we spent time
processing my interventions as a facilitator and what the group brought out in me personally. The actual coleading with this supervisor was painful for me, however, as I constantly compared myself to this person who had many years of experience. I convinced myself that I was not measuring up and that I had little to offer anyone in the group. My supervisor’s insight and clinical skills intimidated me, which heightened my own sense of insecurity and inadequacy. I felt totally inept during these early experiences with supervised work. I seemed very mechanical and rehearsed in my responses. Rather than creating my own style, I tried to figure out how my supervisor might respond and imitated that. In essence, I lost my own unique direction by striving to become like my supervisor.

The most important thing I learned during this experience was how critical it is to be willing to take an honest look at myself. I recognized that I had an exaggerated need for approval and acceptance from both my clients and my supervisor. This need often got in my way of being present with my clients and in bringing up material to explore in sessions with my supervisor. I recognized that a parallel process was operating and that my need for being accepted inhibited my ability to express myself as fully as I might. These experiences and insights as a supervisee taught me that I cannot take clients on a journey if I have not been willing to engage in my own self-exploration.

The professional development process is called a process for a good reason. Although one might wish to transform into a fine clinician with the wave of a magic wand, in truth, it takes time, courage, and practice to develop into a competent counselor or therapist. When addressed in supervision, the discomfort of having self-doubt can be the impetus for a professional growth spurt and can deepen your capacity to have compassion for clients who struggle with self-doubt and feelings of inadequacy.

Therapeutic goals can suffer if you have a strong need for approval and focus on trying to win the acceptance and admiration of your clients. Guy (2000) reminded us of the danger of depending on our clients as the main source of meeting our needs for admiration, approval, and acceptance. To the degree to which you are unaware of your needs and personal dynamics, you become vulnerable to using your work primarily to satisfy your own unmet needs.

**Identifying Unresolved Personal Problems**

Although trainees may think that they have effectively dealt with their personal problems, they are often surprised when they recognize in themselves some of the struggles their clients are talking about. Trainees may see themselves in their clients, and painful memories are frequently unleashed. These issues should be explored in personal therapy. If you are unaware of these conflicts, your unresolved personal problems can interfere with the therapeutic process to the detriment of the client. This is not to say that you must resolve all your personal difficulties before you begin to counsel others. Just be aware of your biases, your areas of denial, and the issues you find particularly difficult to deal with in your life. Struggling with anger in one’s personal life, for example, might translate into avoiding any hint of anger in counseling and supervisory relationships.

To illustrate this point, suppose that you experience serious difficulties in a significant relationship in your life. You may be wrestling with some pivotal decisions about what you want to do about the relationship. You may be caught between fear of loneliness and a desire to be on your own, or between your fear of and need for close relationships. How might a personal problem such as this affect your ability to counsel others effectively?

If you have difficulty staying with a client in an area that you are reluctant or fearful to deal with, consider what present unfinished business in your own life might be affecting you as a counselor. The critical point is not whether you happen to be struggling with
personal questions but *how* you are struggling with them. Do you recognize and try to deal with your problems, or do you invest a lot of energy in denying their existence? Are you willing to consult with a therapist, or do you tell yourself that you can handle it, even when it becomes obvious that you are not doing so? Is there consistency between your personal life and professional life? In short, are you willing to do in your own life what you expect your clients to do? Bring these concerns into your supervision, not for the purpose of getting therapy but to more clearly see how your conflicts might be blocking your progress with clients.

**Avoiding the Role of Problem Solver**

Trainees sometimes have a tendency to focus too quickly on solving clients’ presenting problems before clients have had a chance to identify and explore these concerns. Ask yourself how patient you are in allowing clients to get to the core of their problem areas and to struggle with finding their own answers. Do you tend to delve quickly into problem solving? Or do you have a tendency to give a great deal of advice? Clients who seek immediate answers to ease their suffering can easily encourage you to give advice. However, the opportunity to give advice places you in a superior, all-knowing position, and you may convince yourself that you do have answers for your clients. Another aspect of this pattern might be a tendency to engage in excessive self-disclosure, especially by telling your clients how you solved a particular problem in your own life. In doing so, the focus of therapy shifts from the client’s struggle to your situation. Even if a client asks you for advice, it is a good idea to reflect on whether you might be helping or hindering the person by providing it. How might you respond to advice-seeking clients in a way that will empower them to explore for themselves?

**Identifying Countertransference**

Although it is not necessarily problematic to identify with your clients in some respects, it is possible to lose a sense of yourself by overidentification with clients. In a broad sense, countertransference can be viewed as any projections that can potentially get in the way of helping a client. Performance anxiety, a need to be perfect, or a need to solve a client’s problems might all be manifestations of countertransference. When you become aware of such reactions to clients, discuss what is going on with you in your supervision.

Effective counselors use their own life experiences and personal reactions to help them understand their clients and as a method of working with them. When drawing on your personal experiences, it is essential that you be able to establish clear boundaries so that you do not get lost in your client’s world. The process of working therapeutically with people is bound to open up personal themes in your life. As a partner in your client’s therapeutic journey, you can be deeply affected by a client’s pain. The activation of painful memories might resonate with your own life experiences, stirring up unfinished business and opening old wounds. If your countertransference issues are not recognized, such reactions can result in a great deal of pain and stress in your life.

Understanding countertransference is especially important in the supervision of group counselor trainees. Supervisees who are conducting groups are exposed to a wider range of clients than supervisees who work exclusively with individual clients, which means that group work expands the opportunities for countertransference. Bemak and Epp (2001) stated that it is essential that trainees working with groups receive systematic attention to understanding the dynamics of countertransference. Dealing effectively with countertransference involves systematic reflection, discussion, and practice. Bemak and Epp pointed out that supervisors must create a sense of safety in the supervision group that will enable supervisees to explore their emotional reactions. The supervisor does well to
actively engage in the supervision group as a way to elicit deeper emotional responses from trainees. Bemak and Epp recommended designing supervision that facilitates a critical self-analysis of countertransference by trainees. They added that the aim of group supervision is to accentuate the awareness and attention of trainees, assisting them to further explore their personal reactions, not only within the supervisory group but outside of the supervisory relationship. Countertransference has the potential to be a powerful therapeutic force. Bemak and Epp recommended that training and supervision incorporate identifying, analyzing, and strategically using countertransference as a tool for self-understanding and as a valuable tool in therapeutic work.

Stoltenberg and Delworth (1987) and Stoltenberg, McNeill, and Delworth (1998) described a three-stage developmental model that has useful applications for the supervision of group counselor trainees. Countertransference is most apparent when supervisees are beginning their work as group counselors. During this early phase, trainees are generally uncertain about how groups function, their role as group facilitators, the interventions they think best to employ, and their relationships with the various members. As trainees acquire increased independence, they become less preoccupied with their personal issues. They can think more about the concerns of the group members and use interventions that fit what is occurring in the group. Eventually, at an advanced stage, trainees are able to pay attention to both their clients’ and their own reactions.

**Respecting Diverse Value Systems**

A problematic trait of some counselors in training is the imposition of their values on clients. Even though trainees do not want to directly impose their values on clients, they may influence clients in subtle ways to embrace their views. It is now generally recognized that the therapeutic endeavor is a value-laden process and that all therapists, to some degree, communicate their values to clients (Richards & Bergin, 2005). There is an abundance of evidence that therapy not only is value laden but that counselors and clients often have different value systems (Zinnbauer & Pargament, 2000). Some researchers have found evidence that clients tend to change in ways that are consistent with the values of their therapists, and clients often adopt the values of their counselors (Zinnbauer & Pargament, 2000).

It will be difficult to avoid communicating your values to your clients, even if you do not explicitly share them. Your nonverbal behavior and body language give clients indications of how you are being affected. If clients feel a need to have your approval, they may respond to these cues by acting in ways that they imagine will meet with your favor. Suppose, for example, that an unhappily married man believed you thought he was wasting good years of his life in the marriage and proceeded with a divorce mostly because of his perceptions of your beliefs. Although you may have decided not to coerce clients to believe and act in ways that agree with your own values, you still need to be sensitive to the subtle messages you may project that can be powerful influences on clients’ behavior. For instance, a school counselor may subtly communicate to students her disapproval of a teacher who has frequent classroom management issues. A student who is referred to this counselor may get the impression that the counselor is taking the student’s side in a conflict with the teacher.

Yarhouse and VanOrman (1999) asserted that value conflicts between clients and therapists are inevitable. The challenge you will have is to recognize when your values clash with a client’s values to the extent that you are not able to function effectively. You will be expected to honestly assess whether your values are likely to interfere with the objectivity needed to be useful to your clients. In supervision, you can explore barriers within you that prevent you from working effectively with specific clients. In Chapter 6, diversity in supervision is explored in greater depth.
Committing to Personal Growth

The person you are is perhaps the most critical element of your ability to successfully reach clients. If you are willing to recognize some ways that your personal characteristics could get in your way as a counselor and a supervisee, you are in a good position to do something about the situation. Your life experiences, attitudes, and caring are crucial factors in establishing an effective therapeutic relationship. If you are unwilling to engage in self-exploration, it is likely that your fears, resistances, and personal conflicts will interfere with your ability to be present for clients. Honest self-appraisal is essential if you are committed to being as effective as you can be in your roles as counselor, supervisee, and ultimately, as a supervisor.

In Voices From the Field, Jamie Bludworth, who was introduced in Chapter 2, shares his first encounters with supervision as a trainee. Can you identify with his experience? Are there any lessons to be learned from his account? Have you wanted to express your thoughts and reactions to your supervisor yet found yourself holding back?

VOICES FROM THE FIELD

Jamie Bludworth, PhD

I came to my first supervision group with bright-eyed idealism. Each of us was cofacilitating a personal growth group, and we were required to attend 1½ hours of group supervision per week. I imagined that we were going to enrich the lives of our clients while learning the finer distinctions of counseling practice from our esteemed supervisor. I envisioned us growing individually and professionally through the process of serious self-reflection and compassionate inquiry. I was quickly disillusioned.

In group supervision meetings, I found myself disagreeing with the manner in which my peers and supervisor were discussing clinical issues relating to group practice. Instead of expressing my disagreement, I grew more and more silent. I eventually recognized that my continued silence in supervision was counterproductive. Nevertheless, I also recognized that to voice my dissatisfaction with supervision could prove to be a risky endeavor.

Certainly, I had great respect for my supervisor’s clinical judgment. Yet I strongly disagreed with the atmosphere of our supervision group. My disappointment was turning to resentment. I had to voice my concern if I was to receive any benefit from supervision. When I finally gathered enough courage to speak out to my supervision group, my colleagues expressed strong reactions toward me. My supervisor, however, responded graciously to my concerns. It was clear that I was alone in my sentiments, but it was also clear that my supervisor was willing to hear me.

In retrospect, I see now that I made many mistakes in the use of my first supervision experience. I was much too slow in the disclosure of my personal values. I could have displayed the kind of authenticity and congruence that I secretly demanded of the supervisor. In keeping my most powerful reactions hidden, I helped to foster an environment that I found most distasteful. What’s more, I missed many of the valuable insights and suggestions offered by our supervisor in my resistance to the developing norms of the supervision group.

Although this initial experience was difficult for me, I learned volumes about myself and the ways in which I can more effectively use supervision to expand my knowledge and skill sets and, most important, better serve my clients. I
learned that it is contingent upon me, and me alone, to determine how satisfying my supervision experience will be. I learned to take responsibility for my perceptions of the process. Above all, I learned the value of being true to myself in supervision, allowing my voice to be heard, authentically and respectfully.

**Challenges for Supervisors**

One of the things we often hear from supervisees is how anxious and overwhelmed they feel regarding their clinical performance and their ability to help others. Supervisors need to understand and appreciate this anxiety and be willing to work with supervisees in supportive and constructive ways. This section addresses the supervisor’s role in assisting supervisees in dealing with anxiety and with supervisees’ reactions to client failures, whether perceived or real.

**Supervisee Anxiety**

A large number of supervisees are anxious about the supervision experience and their ability to perform well. Some supervisees experience more anxiety than others do, but nearly all experience it whether they are in a bachelor’s-level social work program or a doctoral-level clinical psychology program. They are worried about performing up to standard and about the whole process of being evaluated by supervisors. Most have done well in their academic programs, but the anxiety escalates when they begin to put their knowledge into practice. As supervisors, we should be aware of how common, and maybe even healthy, it is for supervisees to have anxiety, and we should focus on what can be done to help supervisees manage anxiety effectively. You can see how one supervisor dealt with his supervisee’s anxiety by reading Case Study 3.3.

**CASE STUDY 3.3: MARLA**

Marla has a bachelor’s degree in psychology and has begun the master’s counseling psychology program. She has gone straight through school without any time off to gain work experience except for seasonal summer jobs. She started her first semester of practicum training under the supervision of Dr. Moore at Veterans’ Hospital, where he works as a psychologist. Marla is bright, young, enthusiastic, and motivated to learn. She is, however, extremely anxious about doing everything correctly, and it is clear that she is eager to please her supervisor. Dr. Moore has just observed Marla in a counseling session with a client, and it is clear that her need for the client to like her is getting in the way of her counseling. She frequently asked the client how the session was going, whether he was getting anything out of their discussion, and how the client liked working with her. She concluded the session by asking if the client thought she had done a good job in counseling him.

Marla is a very typical new, young student who is eager to please and do a good job. Dr. Moore does not want to dampen her spirit, motivation, and enthusiasm, but he needs to provide her with honest, constructive feedback and supervision without her unraveling. Support and understanding are essential with a trainee like Marla. Dr. Moore approaches Marla in this way: “You seemed like you were eager to have the client like you in that you asked him in several ways how he thought you as the counselor were doing. Being anxious to do well as a counselor is something that most of us experience, especially when we are beginning. What is crucial, however, is how you cope with your anxiety about ‘doing well.’ It is important that your anxiety doesn’t get in the way of
the counseling you are doing and obstruct your perception of the client’s needs and goals. I would certainly be open to exploring ways that you might manage your anxiety effectively.”

If you were supervising Marla, how would you guide her in thinking through her need for approval and how it affects her counseling relationships? What challenges is Marla facing, and how do you think she will do over the course of her supervision?

When supervision is conducted in a group, it is very common for supervisees to experience anxiety regarding how they are being perceived by the supervisor and their peers. Christensen and Kline (2001) described participation anxiety, which is related to supervisees meeting their own expectations as well as the expectations of their peers and the supervisor in the supervision group. It is quite common for supervisees to experience fear and self-doubt regarding their ability and knowledge in group supervision. Christensen and Kline (2001) indicated that supervisees generally realize that there are clear benefits to facing their anxieties and dealing with them openly in a supervision group. By confronting their participation anxiety, supervisees are more able to initiate interactions in spontaneous ways in their supervision. Indeed, recognizing and dealing with anxiety can be a pathway to growth.

Most new trainees feel some degree of performance anxiety, which should decrease over time. Sharing some of the struggles you experienced as a trainee will go a long way toward putting your supervisees at ease. Let them know that counseling is not an exact science and that we make mistakes as we work and learn. Get supervisees into activities where they can develop a sense of mastery of some tasks and skills. Supervisees have potential to grow and learn under your supervision, and you are in a position to be of tremendous benefit to them as both supervisor and mentor. One useful intervention is to treat supervisees as colleagues when appropriate and encourage them to believe in their ability to learn and function creatively as clinicians. It may be tempting to figure things out for your supervisees and provide them with answers, but as with the client in therapy, supervisees have the ultimate task of discovering their own answers.

Supervisee Reactions to Client Failures

One of the most difficult situations for a counselor to deal with is the failure of clients to benefit from therapy. This is difficult even for the seasoned clinician, and it is especially difficult for trainees and prelicensed clinicians who want to be successful in their work. The job of the supervisor is to help the supervisee do everything possible to bring about a positive outcome in therapy and counseling, and to assist the supervisee in putting it in perspective when the outcome is not so positive.

There are many opportunities for client failures in counseling, just as there are many opportunities to experience success in the therapeutic venture. Oftentimes, clients attribute success to something other than the work of the therapist. When there are failures, however, the therapist may be identified as the cause. This may come from the client or the client’s spouse or family. All too often, this identification of the cause of a therapy failure comes from the therapist, and this can be very disconcerting. Seasoned clinicians learn how to assess the factors contributing to a therapy failure, but new clinicians often lack the experience and self-confidence to self-assess. As with Roberto (see Case Study 3.4), they quickly turn to themselves as the reason therapy failed and consequently feel discouraged.

Case Study 3.4: Roberto

Roberto has been working with a married couple in therapy at the family service center. The couple seem to love each other and want to be together, but as soon as they begin to talk, they fight. Roberto has been working with them on
communication skills, and they seem to be making some progress. Hours before their next scheduled session, Roberto gets a call from the wife indicating that they have had another fight, have decided to seek a divorce, and would like to cancel future counseling sessions with him. Roberto asks, “What happened that led to this decision so quickly? How are you doing with this? How is your husband doing with this? What led you to want to cancel the counseling sessions? Would either or both of you be willing to come in one more time to discuss your decision?” Roberto comes to the next supervision session feeling discouraged and frustrated about this case and about his future work with couples and relationship issues.

How would you respond to Roberto’s thoughts, feelings, and concerns about this case? Would you help Roberto decide what further action he could take regarding counseling this couple? What do you need to teach Roberto to help him cope with these kinds of therapy failures in the future?

It is important to remember that change is a complicated process. When clients are provided with the tools for change, they frequently do not implement them. Even though they have come to therapy to change something, the change may be risky or frightening. Clients often say they want to change a certain behavior, yet their actions indicate they are not yet ready or willing to do what is needed to bring about this change. Clients often know why they should change a behavior and probably spend many hours thinking about how life would be better if they were to change.

Your role as the supervisor is to help the supervisee disengage from the successes and failures of the client. Actually learning this detachment is a very difficult process because we like to see the fruits of our work. The key to long-term survival in this field is to have a delicate and healthy balance between caring and objective disengagement. Some helping professionals are successful in achieving this balance, and some are not. Supervisors would do well to help their supervisees examine their cognitive processing of what they are saying to themselves about their clinical competence and their client failures. A cognitive restructuring approach in supervision may be in order to help supervisees develop a more realistic set of expectations about their own role and the client’s role in the therapeutic process.

**Summary**

The quality of the supervisory relationship is just as important as the methods a supervisor chooses. The essential elements of the supervisor–supervisee relationship include trust, self-disclosure, understanding transference and countertransference, acknowledging diversity, and establishing appropriate boundaries. The supervisory relationship has a built-in power differential, which can be mediated by a collaborative relationship style. Parallel processes can be seen between supervisory relationships and the client’s relationship with supervisees. It is important for supervisors to be aware of their personal values and beliefs and those of supervisees that may affect the supervisory relationship.

Because the supervisory relationship is unequal, conflicts can easily occur. Working through a conflict can enhance the quality of the supervisory relationship. Supervisees face many challenges as they begin their clinical practice. Supervisors can help supervisees deal with feelings of self-doubt and anxiety and provide a context for talking about client failures.

As a supervisor, the time and effort you devote to establishing and maintaining a collaborative relationship with your supervisees will pay dividends in terms of the quality of their learning. The relationship is the foundation upon which therapeutic knowledge and skills are acquired. Reflecting on what you valued in your own relationships with your supervisors may be a good way for you to design your approach to supervising others.
SUGGESTED ACTIVITIES

1. In small groups, discuss the elements of the supervisory relationship you believe are essential for supervision to be effective. Discuss what you have learned about this from your own experience with supervision. How might your experiences as a supervisee assist you in getting a clearer picture of what you will want to bring to your work as a supervisor? Have each group share the common themes with the larger group.

2. Reflect on your own supervision and write in your journal about some of the fears and concerns you had when you first began seeing clients. How did these fears affect your ability to counsel? How did you deal with your fears and concerns?

3. In small groups, identify a few strategies you can use to deal with your supervisee’s reactions to a client’s therapy failure. How do you view failure in your clients? How might you determine the degree to which you are responsible for client failures? As a group, explore supervisory strategies for coping with both real and perceived mistakes your supervisees might make with clients.

4. As a small group discussion topic, identify and share your main concerns about becoming a supervisor. What are some of the most challenging things you might face?

5. In a discussion group, identify some ways a supervisee’s countertransference might best be addressed. There is a fine line between supervision and therapy, and dealing with countertransference issues takes courage on the part of the supervisee and wisdom on the part of the supervisor.