

## ON BECOMING A SUPERVISEE: PREPARATION FOR LEARNING IN A SUPERVISORY RELATIONSHIP

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*Trainees' experiences in supervision are crucial to the development of psychotherapy skills. However, they usually enter the supervisory situation with little understanding of the process. This paper proposes a more structured form of presupervisory preparation than generally exists in graduate training programs. Guidelines for incorporating such instruction are provided. Topics for discussion, including salient issues and perspectives in the supervision literature as well as research findings, are outlined. Potential pitfalls and strategies for trainees to deal with dissatisfactions are identified.*

To the trainee starting out on the long, winding road toward therapeutic wisdom, supervisory experiences are critical steps. Though supervision is anticipated, there is little preparation for the experience. We propose pre-supervisory preparation for trainees in more structured form than is generally provided. We view this as enriching the supervisory process and the learning experience.

How learning will take place—as well as the roles and responsibilities of the participants—is usually unclear to trainees entering the supervisory situation. They often feel that they are expected to demonstrate the expertise that they are there to learn. Anxiety is heightened not only by the unknown, but by the stakes trainees have in their future professional lives. The question: “Can

I become a competent therapist?” looms large. Supervisees may fear how this question and perhaps other personal issues will be addressed in supervision.

Lack of clarity about the complex process of supervision is not limited to the trainee (Hess, 1980; Yogev, 1982). Neither clinical competence as a psychotherapist nor experience as a supervisee is a guarantee of competence as a supervisor (Eckstein & Wallerstein, 1972; Harrar, Vandecreek & Knapp, 1990; Styczynski, 1980). Both the supervisee and the supervisor

find themselves in an unstructured human relationship, the rules of which are largely unarticulated. In many cases, the task remains unspoken. . . . Instead of this one-sided guessing game, some clear understanding of the tasks and models of supervision would provide frameworks for the two to work together and help each other grow (Hess, 1980, p. 16).

Yogev (1982, p. 239) notes the importance of discussing “boundary limitations, expectations of the supervisor and goals of the supervisory relationship” at the beginning of supervision. The author laments that many supervisors cannot adequately lead such discussions because they are not sufficiently clear about their supervisory styles. Strategies to improve unsatisfactory aspects of supervision are, therefore, underutilized because of a lack of information. Many authors have advocated more structured training for supervisors (Allen, Szollos & Williams, 1986; Alonso, 1985; Harrar et al., 1990; Loganbill & Hardy, 1983; Styczynski, 1980). Such a recommendation, though immensely important, falls short since it addresses only one of the participants. Optimally, the responsibility in supervision is shared by both supervisor and supervisee.

Academic competence as a student of psychotherapy does not ensure competence as a supervisee. “Beginning clinical interns can also benefit from instruction regarding their role as supervis-

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ees, what to expect in the supervisory relationship, what sort of outcome to anticipate” (Goguen, 1986, p. 70). However, sifting out the information useful to a neophyte supervisee is a complicated task. Theoretical models of supervision echo the broad range of psychotherapy models. Similarly, supervisory styles are as varied as the proponents of these models. Beginning trainees would only be aware of the styles that they may first encounter.

As a way of clarifying expectations and facilitating a more active and productive role in their own training, students could be familiarized with the basic mechanisms of the supervisory process. This would serve as beginning instruction in supervision that might be applicable to potential future supervisors as well. A schematic understanding of the supervisory process is best offered prior to trainees beginning clinical supervision as well as during early supervision experiences. Our paper provides guidelines for incorporating such instruction within graduate courses for trainees. Curriculum areas are outlined. Potential pitfalls as well as strategies to deal with dissatisfactions are identified.

### **Supervisee and Supervisor Expectations: Wishes and Fears**

The first step is providing an opportunity for the supervisee to express expectations, including wishes and fears. By hearing commonly held preconceptions, and through discussion with fellow students, trainees may be able to identify unrealistic personal expectations. As these are explored, students could also be encouraged to talk about expectations and goals of supervision with their individual supervisors. Openness about these matters eases the level of anxiety; assists in identifying the most salient areas of focus; and provides a framework for future evaluative and/or problem solving discussions.

Areas for discussion include expectations about evaluation, the level of expertise of supervisor and supervisee, the outcome of therapy and the interpersonal experiences within the supervisory relationship. We will focus here on evaluations, both formal and informal, for they are perhaps the greatest cause of supervisee anxiety. Freeman (1985) states that open discussion of criteria used in student evaluations, as well as ongoing feedback in relation to these criteria, are important in helping trainees feel less anxious. Trainees should also be informed of the ethical and legal compo-

nents of the evaluation process. The root of many ethical complaints is reported to be lack of timely feedback (Keith-Spiegel & Koocher, 1985). Beginning supervisees need to know that an evaluation of poor performance should never come as a complete surprise.

If a trainee practices at an unsatisfactory level and is not given a remediation plan but is later given a poor performance rating that affects future employment, he or she could have grounds for an ethics complaint for failure to provide constructive consultations and timely feedback (Ethical Principle 7c) (Harrar et al. 1990).

Inclusion of this information is essential in pre-supervisory preparation since students often do not know of this entitlement. Ideally, supervisors are prepared to engage in these discussions. However, since supervisors may not be, it might be useful to apprise students of this possibility so they feel more secure in initiating such discussions.

Supervisors' have commonly held expectations as well. They include the supervisee's involvement in the process and willingness to change (Pickering, 1987). While these may seem obvious to the experienced, a beginning trainee might not realize how much these qualities are valued. Another important supervisor expectation is the sharing of relevant perceptions related to the therapy case(s) being supervised (Pickering, 1987). These include both intra- and interpersonal experiences. Ideally, there would be the expectation that perceptions related to the supervision would also be shared.

There are several supervisee attributes that supervisors commonly consider to be conducive to learning (Rodenhauser, Rudisill & Painter, 1989). Trainees would benefit by knowing these “as an aid to facilitate supervisee role adoption, . . . [as a] checklist for discussing mutual expectations, . . . [as a] motivator for personal growth . . . [and] as an aid to problem prevention” (p. 370-371). Among those identified as most important to supervisors are: psychological-mindedness and openness; motivation and initiative; interpersonal curiosity; flexibility (personal, theoretical, clinical); empathy; intellectual openness; minimal defensiveness; and introspection.

### **Administrative Role of the Supervisor**

In addition to evaluation of trainees, supervisors have administrative responsibilities. These vary by setting and institution. However, students may gain understanding of the supervisory pro-

cess if they are apprised of what they are. A discussion of potential administrative responsibilities and their potential impact on the supervisee is an important aspect of presupervisory preparation. For example, supervisors at field settings may need to insure that a certain number of cases are in treatment. This could cause trainees to feel overburdened.

A supervisor's responsibility to an agency or institution could also force a strictly didactic focus in supervision. When simply told what to do, the supervisee might rightly perceive this approach as being in the best interest of the agency or institution in provision of services at the expense of the growth and autonomy of the therapist (Haigh, 1965). Supervisees may also build misconceptions about the root of various pressures they feel. Class discussion of the supervisor's responsibility in an agency may help trainees identify the sources of these pressures as well as understand the real world of mental health services.

### **Format and Structure**

An overview of the various ways in which supervision is conducted could serve both to demystify the process and to present an array of choices supervisors make in conducting sessions. More specifically, it would let trainees know how they are expected to present information about therapy, and how therapy techniques are taught.

Research findings useful to the supervisee include those which present information about effective supervisory methods from the supervisee's point of view. According to Allen, Szollos & Williams (1986) and Nelson (1978), the most highly regarded supervisors were those who communicated expectations and feedback clearly and who established supportive relationships. Quality of supervision was not related to self-reported intellectual or emotional resources of trainees, training site, population serviced, or the gender, experience, sociability or primary career activity of the supervisor (Allen, Szollos & Williams, 1986). There were also no significant differences among the best and worst supervision experiences in the amount of time spent in supervision or in the number of cases given feedback.

Thus, the structural aspects of supervision were not considered as important as clear communication and respect. Nevertheless, some differences in the structural components did exist. Verbal reports by the trainees were associated

more frequently with the worst supervision, however, it is unclear whether this refers to process notes and/or extemporaneous narratives. There were approximately even numbers in the best and worst categories for the other types of data sources (audiotape, videotape, observation, therapy transcript).

Students would be well-advised to become acquainted with the debate over the most effective means of presenting material from therapy sessions. Goldberg (1985) concluded that, before considering what particular mode will be used, the issues and goals of both psychotherapy and the supervision session should be considered. While process notes provide substantial information about how a student thinks, they may lack objectivity. Audio and videotape are more direct methods of transmitting information. However, they may be intrusive and distracting. In their review of research, Carifo & Hess (1987) concluded that the ideal supervisor "uses a variety of . . . modes of data collection and presentation, depending on the goals of the supervisory interaction" (p. 246). Discussion of methods of presentation with supervisors can provide a clearer picture of goals and encourage flexibility as learning needs change.

### **Didactic or Therapeutic Emphasis**

An examination of the relative merits of a didactic or therapeutic emphasis in supervision is an essential part of presupervisory preparation. Class discussion about the differences in these approaches could lead the trainee to think about the question of self-revelation, an issue that is often perplexing and induces anxiety.

Trainees need to be prepared for the possibility of discomfort with the supervisor's style, which may be experienced as too intrusive or not involved enough with the trainee's perceptions. There has been a longstanding debate in the field on the appropriate degree of involvement with the student's emotional reactions, with many well-developed points of view and some research. In early studies, didactic and experiential methods were considered to be very different, to the point of mutual exclusion. Proponents of each found flaws in the other approach. For example, Rosenblatt & Mayer (1975) concluded that both a "constrictive" style (overly restrictive in that a student's use of certain techniques in psychotherapy is dogmatically limited) and a "therapeutic" style were objectionable to trainees. The latter,

in which the focus is on the student as the patient, and on his or her personality structure during supervisory interactions, was the most objectionable. More recently, the differences between the didactic and experiential approaches have been deemphasized, and points of similarity and integration identified (Carifo & Hess, 1987). Ultimately, it is a question of degree and timing. Students would benefit from discussion of this issue to be better able to judge for themselves the level of didactic or therapeutic method that best meets their needs at a given time.

Particularly useful for trainees is the research conducted by Moskowitz & Rupert (1983). Their study identified, from the supervisee's perspective, the types of conflict most often found in the supervisory relationship, as well as when and how they were resolved. They found that 38% of the 158 students in their sample reported a major conflict with a supervisor that, at some point, negatively affected learning. Style of supervision, the amount of direction or therapeutic emphasis, was one of three areas of conflict described. Thirty percent of students who reported conflicts identified them as this type. When conflicts were discussed with the supervisor, there was almost always a successful resolution. In over half the cases, the supervisory relationship ultimately became an excellent one. There were no instances reported in which the relationship became worse following such discussion.

### **Stages of Development in Supervision**

The level of experience of the trainee and the developmental stage of the supervisory process affects many aspects of supervision. Several authors identify phases or levels of development in supervision, and describe varying components of the process (Brightman, 1984/1985; Friedlander et al., 1984; Gaoni & Neuman, 1974; Grotjahn, 1955; Hogan, 1964). While an overview of the themes and characteristics of the different phases would be useful to include in pre- and early-supervision curriculum, the primary emphases are on the beginning phases.

Characteristics and needs of beginning supervisees cited in the literature include: greater dependence (Cohen, 1980; Yogev, 1982) and an intensified narcissistic vulnerability (Brightman 1984/1985; Alonso & Rutan, 1988). Tolerance of ambiguity is also at its low point at the beginning stages of supervision (Friedlander et al., 1984). Many trainees experience disturbing emotions

and behavior in response to dependency needs being activated. Discussion of the potential effects of a pull toward regression brought on by the experience of being a beginning therapist and supervisee would provide a reassuring frame of reference.

The issue of the degree of structure in supervision is relevant here as well, since some supervisees are likely to feel a need for more structure at this time. Discussion of the salient characteristics of the early phases of supervision would enhance the supportive function of first-year presupervisory preparation. It would free the supervisee to learn rather than seek additional support from the supervisor.

### **Interpersonal Relationships**

The personal relationship within supervision can lead to important learning and even inspiration or be a source of great frustration. When the latter occurs, identifying the personality issues involved is perhaps the most inherently complex task a trainee faces. This is because it requires precisely the skill the trainee is in supervision to learn. Presenting a framework to assist the trainee in this area is, similarly, one of the more complicated tasks involved in providing structured learning about supervision. More extensive discussion can occur once supervision has begun. The following are brief descriptions of the concepts appropriately introduced in presupervisory preparation, as well as those that could be explored during ongoing discussions about supervision.

Supervision literature frequently points to tendencies, in both supervisor and supervisee, that are detrimental to the learning alliance. Feelings of rivalry and issues of authority are frequently cited (Allen, Szollos & Williams, 1990; Brightman, 1984/1985; Friedlander et al., 1984; Kadushin, 1968; Rioch, 1980; Robiner, 1982). Behavior stemming from competitive feelings may be evoked on many levels and for many reasons. The evaluative component, and all that is at stake in the trainee's professional development, may certainly be a factor. The position of "not knowing" may be experienced as infantilizing. On a deeper level, "the supervisory situation is always a triangular relationship, with the patient as third party. This is one reason why revival of oedipal conflicts are often encountered in the supervisory process" (Meerlo 1952, p. 468). An early introduction of these and related themes to

trainees diffuses some of the intensity of their competitive feelings, and their potential to interfere with learning.

Rioch (1980) describes tensions emanating from two postures that are frequently assumed: "you are up; I am down," and the reverse, "I am up; you are down." She skillfully notes the often-detrimental attempts to correct these imbalances within supervision. Trainees would benefit from reading her analysis of these dynamics in order to avoid some of the pitfalls she describes. Kadushin (1968) also presents possible problematic stances, described as games, that trainees may take in supervision, and would benefit from being warned against. "Be Nice to Me Because I Am Nice to You" is a game in which attempts are made to seduce the supervisor through flattery in hope of reducing the level of demands on the supervisee. Other games initiated by supervisees include: "Evaluation Is Not for Friends," "Protect the Sick and the Infirm [supervisee]," and "What You Don't Know Won't Hurt Me."

Narcissistic issues present another set of emotional responses in supervision that may form an obstacle to a learning alliance. Trainees may either aspire or feel pressured to be "just like" the supervisor. While it is inappropriate for a supervisor, subtly or overtly, to express a narcissistic need for mirroring (DeBell, 1963; Hassenfeld & Sarris, 1978; Lower, 1972; Meerloo, 1952), some engagement in a process of idealization and identification with the supervisor is in the best interest of developing competency and a well-integrated identity as a therapist (Brightman, 1984/1985).

Alonso & Rutan (1988) address the vulnerability to shame and humiliation of clinical trainees. "The supervisory hour is the primary arena wherein the trainees' shame and guilt is both inflicted and potentially healed" (p. 576). Concrete suggestions are provided for the easing of shame in supervision. The recommendations are mostly for supervisors. Supervisees, however, can benefit from knowing what they are in order to elicit them if necessary.

Conflicts arising from personality differences are the most prevalent—50% of the total of 102 supervisees who reported significant conflicts (Moskowitz & Rupert, 1983). Personality differences was also the type of conflict least likely to be resolved. Discussion led to a workable or excellent relationship in fewer than 40% of the cases, while there was successful outcome in the majority of cases involving other types of con-

flict, e.g., those stemming from either supervisory style or theoretical orientation.

The following is an example of a personality conflict reported in the study:

... the supervisor feels that I don't make enough use of him in supervision, that I'm too independent, and feels that I do not talk about my feelings enough. I feel he is extremely difficult to talk to and wants me to be dependent on him (p. 636).

This conflict might have had a better chance of resolution if the trainee had had a stronger awareness of goals and expectations in supervision, as well as of the emotional processes involved. The problem might have been framed differently: it could have been more of an issue of supervisory style. Greater awareness could have enabled the trainee to articulate those aspects of the supervisor's expectations and behavior that were detrimental. Presupervisory preparation and ongoing discussion might also have been useful in helping the trainee better tolerate the regressive pull in the beginning of supervision, as this might well have been a contributing factor.

### **Countertransference and Parallel Process**

Handling of countertransference is closely tied to personality issues and supervisory style, and is influenced by the developmental phase of the supervisory process. In this arena, some of the most powerful learning can take place. Trainees are often fearful that problems encountered in their work as therapists will be attributed to personal flaws or vulnerabilities (Moskowitz & Rupert, 1983). The supervisor's handling of a trainee's emotional interference can set an important example, both in terms of tone and technique. It is useful for trainees to know that when their defenses interfere with learning or practice, their supervisor may suggest they begin personal therapy or if they already have, to work on a particular issue.

If the trainee is already in treatment, there are guidelines to assist in determining which issues are appropriately dealt with in supervision and which in therapy. Some beginning therapists too readily expose weaknesses in an attempt to heal defects or to establish a closer relationship with the supervisor (Buchholz & Berger, 1987). It may also be an unconscious attempt to evade or deny the reality of evaluation, or to seduce the supervisor into losing objectivity. Supervisees are entitled to assurance that what they say will

not be used against them. There are two cautionary notes here. Supervisors, being human, are sometimes unable to live up to this ideal. Supervisees who anticipate supervision as a place to resolve emotional conflicts may be expecting too much. Presupervisory preparation can be a place to caution students about such risks.

Awareness of the concept of parallel process, the student's unconscious replication of a patient's conflict in supervision, can be enormously useful to students, since it is likely to occur at some point in supervision. While it is clearly the supervisor's responsibility to detect it, its subtlety makes it difficult always to do so. Students who are alerted to the possibility of this process may be able to observe themselves more effectively. They may also be more receptive to the supervisor's intervention.

### Summary and Conclusion

The suggested curriculum for preparing supervisees includes the major theoretical issues, as well as related research, discussed in supervision literature. Important theoretical areas are the differences between therapeutic and didactic supervisory styles; issues related to the various developmental stages within supervision, with an emphasis on the beginning phase; countertransference and parallel process. An overview of supervisory methods, especially with regard to the presentation of case material is also valuable.

Research particularly helpful to trainees' preparation for supervision includes the identification of attributes that supervisors commonly consider conducive to learning (Rodenhauser et al., 1989); effective supervisory methods according to supervisees (Allen et al., 1986; Nelson 1978); and resolution of conflicts in the supervisory relationship (Moskowitz & Rupert, 1983).

Crucial to presupervisory preparation is the opportunity to discuss with fellow students such issues as expectations of supervision, as well as underlying wishes and fears, in order to facilitate the discussion of goals between supervisee and supervisor. This is especially useful in reducing anxiety about evaluations, and thus lessening its potential for inhibiting the learning process. The opportunity to discuss supervision with fellow trainees can also serve an important supportive function during the early phases, when supervisees may experience heightened dependency needs and intensified narcissistic vulnerability. It could alleviate the need for such support during

the supervisory session, and allow for more attention to the practice of psychotherapy.

It has been said that perhaps the most important outcome of supervision is for the trainee to be able to listen to him or herself, and that the supervisor's presence is ultimately not as important as it might initially seem (Rioch, 1980). The responsibility for gaining competence as a clinician rests, finally, on the shoulders of the trainee. We have delineated a process by which trainees may learn about supervision through a planned curriculum that supplements their actual supervisory experiences. Presupervisory preparation is a voice which can awaken the third ear of trainees so that they may guide themselves toward smoother paths of learning.

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