The Ingredients of Supervisor Failure

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Trainees all too often learn more about how not to conduct supervision than how to conduct supervision effectively. The purpose of this article is to present a conceptualization of the theoretical, empirical, and practical elements of supervisor failures. Specifically, the article attends to the following behaviors that may lead to supervisor failure: (a) denigrate the supervisory relationship; (b) demonstrate multicultural incompetence; (c) become an unethical supermodel; (d) use evaluation instruments that could not pass for an undergraduate thesis; (e) teach your trainee how to diagnose narcissism by example; (f) apply psychotherapy models in supervision as if there is a theoretical or empirical basis; (g) infantalize your trainee; (h) collude with your trainee; (i) make your trainee your surrogate psychotherapist; and (j) go on a date with your trainee. Recommendations for increasing supervisor success and limiting supervisor failure are provided. © 2014 Wiley Periodicals, Inc. J. Clin. Psychol.: In Session 70:1094–1103, 2014.

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A common maxim in the teaching and learning of psychotherapy is that we can learn a great deal from our most incompetent teachers and supervisors because they teach us what not to do. Initial ventures into understanding the effectiveness of supervision have been offered in the literature (e.g., Ladany, 2012; Ladany, Mori, & Mehr, 2014). There are also some suggestions about what the trainee brings or doesn’t bring to the supervision experience that inhibits or facilitates learning (Inman et al., 2014; Tracey, Ellickson, & Sherry, 1989). The purpose of this article, however, is to attend to the factors that reside primarily in the supervisor that lead to supervision failures. To that end, I will provide an overarching conceptualization that takes into account these primary factors and attends to each factor from theoretical, empirical, and clinical perspectives.

It would be easy to say that supervisor failures, or ineffectiveness, involves essentially not doing, or doing the opposite, of what successful or effective supervisors do. To some extent this is true. However, like the difference between acts of omission and acts of commission, there are additional behaviors in which a supervisor can engage that go beyond or are outside the realm of successful supervisor behaviors. Ellis et al. (2014) developed a model that identified 37 descriptors of inadequate and harmful supervision (e.g., not committed, relationship is cold or distant, publicly humiliated).

It is also worth noting that although possible, engaging in just one poor behavior does not necessarily doom the supervision experience (Ladany, Hill, Corbett, & Nutt, 1996). Rather, it is frequently the accumulation of multiple supervision missteps that sets supervision experience down a troubling path.

The literature points to a variety of supervisor factors that lead to failures in supervision (Ellis et al., 2014; Ladany & Inman, 2012). This article focuses on several categories of behaviors a supervisor may engage in that are likely to impair supervision: (a) denigrate the supervisory relationship; (b) demonstrate multicultural incompetence; (c) become an unethical supermodel; (d) use evaluation instruments that could not pass for an undergraduate thesis; (e) teach your trainee how to diagnose narcissism by example; (f) apply psychotherapy models in supervision as if there is a theoretical or empirical basis; (g) infantalize your trainee; (h) collude with your trainee; (i) make your trainee your surrogate psychotherapist; and (j) go on a date with your trainee. The remaining sections of the article attend to each of these areas. But first, a case example will be offered to further illustrate these categories of supervisor missteps and failures.

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Case Example: Peter, the Inept Supervisor

Peter was a 55-year-old White supervisor who worked as a staff psychologist at a university counseling center. Eva was a 28-year-old Latina trainee who was on her predoctoral internship. She “chose” Peter as her supervisor during her internship interview. At the end of that interview with Peter and another staff psychologist, Peter asked Eva if she would like to work with him should she be selected for this internship, to which Eva replied “sure.”

Peter’s supervisory approach could best be described as a mix of casual affability, verbal constriction, and unpredictable causticity. He referred to himself as an object relations supervisor. Notable in their first supervisory meeting was Peter’s ability to listen and his stated openness to meeting Eva’s needs as a trainee. Towards the end of that first session he commented, “Ultimately, I see supervision as an enterprise where trainees don’t have to like me, they just have to learn from me. But, I look forward to working with you.”

During the first few supervisory meetings, Eva would spend a great deal of time talking about her clients and her emerging feelings of self-confidence. Peter, as he did in the first session, would appear to listen intently and occasionally respond with a version of, “What is it about you that leads you to feel that way?” At first, Eva would explore her inner experience and then wait for Peter’s response, which typically involved more listening and the occasional “go on.” Eva found that she needed more at points and began asking Peter for his thoughts on what she was saying, to which he would respond, “What is it about you that needs feedback?” It was during this initial period that Eva experienced a disintegration of the supervisory alliance. Initially, she found his listening and minimal encouragers comforting and trust building. However, over time she began to wonder where things were heading in their work and felt more anxious about supervision.

During the middle phase of the supervision work (i.e., weeks 4–10), the initial strain that Eva experienced began to worsen. She doubted herself more and doubted that Peter was facilitating any real learning. During one session, Eva noted that she was working with a client who is African American and Peter interrupted her saying, “it’s best not to focus on your client’s race. I like to think of us all as belonging to the human race and I don’t see color.” Eva was a bit taken aback by this comment as it ran counter to everything she had learned in graduate school in regard to appreciating the richness of diversity as well as her own multicultural development.

It was also during the middle of their work that Peter learned he was not going to get the big raise he had been hoping for. During their session on the day he learned about his salary, Peter uncharacteristically spent almost the entire session speaking badly about the director, how the center doesn’t appreciate his (Peter’s) talents, and how he would, as a result, just increase his private patient load. Eva’s response was to listen and nod her head, which seemed to calm him down.

By the time their supervision during this term was coming to a close (i.e., the last few weeks of their scheduled meetings over the first half of the internship year), Eva had learned her role. She would bring as much client material as she could to supervision, spend most of the time talking about the most superficial aspects of the material, and then link it to a relatively minor personal issue she knew would help Peter feel like he was doing something important. She would typically conclude the supervision session by noting that Peter was helpful and how she had gained some new insights. It was also during this time that Peter invited Eva to begin meeting him for breakfast once a week at a local café. During these breakfasts, Peter would talk about how unfairly he was treated at the center and how he appreciated how Eva was a good listener and how this skill was going to serve her well as a supervisor one day.
For Eva's final evaluation, Peter completed a measure that the center had used for the past 20 years, one they all believed captured the essence of what a trainee was supposed to learn. The measure contained 20 quantitative items that ranked trainees on a scale from 1 (not true at all) to 5 (completely true). These ratings were also supposed to compare the trainee to a “typical cohort group of interns” regarding specific skills (e.g., “ability to apply a psychodynamic model to all his clients”). In addition, there was a qualitative section where the supervisor could write additional comments. Peter wrote: “Over time, Eva learned to have more reasonable expectations of her supervisor, seeing him less as a father-figure and more as an expert, which she learned to internalize as a therapist. She is on her way to becoming a professional therapist and I look forward to continuing to work with her.” Peter was unaware that Eva had asked for and received permission to switch supervisors after the winter break.

Denigrate the Supervisory Relationship

I have argued that the supervisory relationship is the foundation upon which effective supervision is based (Ladany, Friedlander, & Nelson, 2005). In a similar vein, the supervisory relationship can also be seen as the foundation upon which ineffective supervision experiences or supervision failures are based (Ladany, Mori, & Mehr, 2013). The most studied conceptualization of the supervisory relationship is the supervisory working alliance (Bordin, 1983). Bordin’s model conceptualizes the supervisory alliance as comprising three primary factors: (a) a mutual agreement between the trainee and supervisor on the goals of supervision (e.g., enhance psychotherapy skills); (b) a mutual agreement between the trainee and supervisor on the tasks of supervision (e.g., watching video recordings of the trainee in action); and (c) an emotional bond between the trainee and supervisor (e.g., mutual caring, liking, trusting). When the supervisory alliance is weak, trainees tend to disclose less to their supervisors (Ladany & Lehrman-Waterman, 1999), experience greater role conflict and ambiguity (Ladany & Friedlander, 1995), regard supervision as more negative (Ramos-Sanchez et al., 2002), and feel greater anxiety (Mehr, Ladany, & Caskie, 2010).

The primary mechanism, or supervisor skill, for strengthening the alliance, particularly early in the supervisory relationship, is empathy. Conversely, one way to weaken the alliance is for the supervisor to ignore empathic opportunities or demonstrate empathy minimally, if at all. However, the supervisor has other tools at her or his disposal to diminish the relationship. These include chronic and excessive criticism, chronic and excessive nonresponsiveness (e.g., silence such as Peter in the case example), expressions of hostility or anger, ignoring the supervisee’s requests for assistance, and nonverbal dismissive behaviors such as eye rolling. Given the multiple behaviors that can hurt the alliance, it’s likely much easier to weaken rather than strengthen the supervisory relationship.

Particularly damaging are behaviors that weaken the relationship by psychologically trapping the trainee. In an example from Ladany et al. (2013), a trainee indicated that her supervisor “assumed that his interpretations of my feelings/perceptions were correct and if I disagreed, I was in denial.” This trap is a way for supervisors to gain power in the relationship and offers little recourse for trainees to disagree or offer alternative perspectives. There is an old psychoanalytic saying about working with patients: if they arrive to a session early they are obsessive, if they are late they are passive-aggressive, and if they are on time they are neurotic. As with patients, the pathologizing of trainees can do significant damage to not only the supervisory relationship but also the professional development of the trainee.

Demonstrate Multicultural Incompetence

The literature on multicultural counseling and psychotherapy competence has proliferated since the 1990s; albeit arguably, it is still in its infancy. The multicultural supervision literature has lagged further behind and theoretical models are limited (Inman & Ladany, 2010). What the literature indicates is that supervisors continue to pose challenges due to multiculturally misguided notions about supervision and psychotherapy, or by minimizing or altogether ignoring
multicultural issues, particularly in relation to gender, race, sexual orientation, and other variables such as disability, social class, and religion (Ancis & Ladany, 2010; Inman, 2006).

Even without a sound theoretical base, the empirical literature has indicated that multicultural biases seem alive and well in supervision. In the case example, Peter’s “color blind” approach to race exposed his cognitively simple multicultural understanding and created a disconnect from Eva. Racial microaggressions have been highlighted as problematic in supervisory dyads (Dressel et al., 2007), and trainees of color have been found to experience supervisors as culturally unresponsive in comparison to White trainees (Burkhard et al., 2006). Problematic power relationships in the supervisory dyad have been documented (Nelson & Holloway, 1990), and in one study, 26% of female trainees identified gender-related stereotypes aimed at them by their supervisors that in turn negatively influenced the supervisory alliance and trainee self-disclosure (Walker, Ladany, & Pate-Carolan, 2007).

With advances in multicultural training at the graduate level, supervisors are now often the least multiculturally adept member of the supervisory dyad, forming what has been referred to as regressive relationships (Constantine, 2001; Ladany, Brittan-Powell, & Pannu, 1997). Without the desire for, or engagement in, supervisor training, supervisors will likely continue to demonstrate multicultural incompetence and not provide effective supervision. Specifically, without such training, supervisors are not likely to facilitate multicultural growth in trainees, such as enhancing their gender or racial identity or increasing their multicultural knowledge or skills in psychotherapy.

Become an Unethical Supermodel

The primary counseling and psychotherapy professional organizations have generally attended to supervisory ethics by either embedding them somewhat peripherally in their general guidelines for practice (e.g., American Psychological Association) or not attending to them at all (e.g., American Psychiatric Association). They have only been a centerpiece of ethical guidelines in the Association for Counselor Education and Supervision (ACES, 1993).

The empirical literature on supervisor ethics is sparse; however, it points to how and how often supervisors behave unethically (Crall, 2010, 2011; Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Lee & Cashwell, 2001; Townend, Iannetta, & Freeston, 2002). In terms of frequency, two studies have examined adherence to ethical guidelines by supervisors, as perceived by trainees. In this limited literature (Crall, 2011; Ladany et al., 1999), it appears that supervisors are behaving more ethically in the last decade as evidenced by the perceived frequency of nonadherence (i.e., 51% in 1999 and 33% in 2011). The primary guideline that continues to pose ethical challenges to supervisors is evaluating trainees (e.g., writing evaluations without ever witnessing the trainee conduct psychotherapy; no evaluations).

In the case example, Peter chose not to observe samples of Eva’s behaviors as a psychotherapist; nevertheless, he provided a full evaluation, an ethically suspect practice. To be sure, a significant obstacle regarding evaluation is the lack of valid and reliable instruments (Ellis, D’Iuso, & Ladany, 2008); more generally, though, it seems that many supervisors do not attend as scrupulously to the ethical imperatives of supervision as they do when it comes to psychotherapy per se. Supervision, when done properly, requires a considerable amount of work. Whether the problem is attitudinal (e.g., supervision viewed as an ancillary activity) or not rewarded (e.g., seen as an “add-on” to a psychologist’s role), the supervisor too often models poor behavior to future supervisors (i.e., by not taking the requirements of supervision seriously). In the worst case, abhorrent behaviors are passed on to the trainee—for example, when the trainee adopts the same poor behaviors when he or she becomes a supervisor.

Use Evaluation Instruments That Could Not Pass for an Undergraduate Thesis

As noted in the previous section, evaluating trainees is a highly challenging task, one that a significant proportion of supervisors do not complete successfully. The process of evaluating trainees has been defined as comprising two constructs—goal setting and feedback (formative and summative)—and has been shown to be positively related to the supervisory working alliance.
and trainee self-efficacy (Lehrman-Waterman, & Ladany, 2001). Evaluation is a primary way in which supervision is distinguished from psychotherapy and is arguably the most important task for a supervisor to conduct effectively (Bernard & Goodyear, 2014).

The question may then be posed: Why has this been so problematic for supervisors? A few reasons have been identified, the first of which is that there are no evaluation instruments that have been demonstrated to have adequate psychometric properties (Ellis et al., 2008). Bernard and Goodyear (2014) imply that there may be as many instruments as there are psychotherapy training sites. It is unclear what the extant instruments are measuring, or if they do clearly define what they want to measure, they often don’t measure it well. Assessing evaluation approaches is complex and reveals the limited manner in which evaluation instruments evaluate what they intend (Ladany & Malouf, 2010).

We identified twelve components on which any evaluation instrument can be assessed (e.g., mode of therapy, domain of trainee behaviors, competence area, method, proportion of caseload, segment of experience, time period, evaluator, level of proficiency, reliability issues, validity issues, and format). It is not hard to imagine that most evaluation instruments have not undergone the scrutiny expected of such an important tool that is used by so many. From the case example, Peter evaluated Eva on an instrument that was likely dated and involved the supervisor engaging in an unreliable task (i.e., assessing the trainee’s developmental level and comparing it to a cohort group without norms).

Another challenge is that the evaluation process in supervision is antithetical to the feedback process in psychotherapy (Ladany, 2004). Psychotherapists who find themselves comfortable in the psychotherapist role can find the supervisor role too different, especially in regard to the distinctions in providing critical feedback. In particular, therapists who are accustomed to primarily offering support and acceptance to their clients may avoid or minimize the supervisory evaluation process, hence the troubling ethical data in relation to supervisor evaluation. In sum, supervisors would do well to embrace the role of the evaluator and scrutinize the instruments they use before implementing them. In addition, supervisors should acknowledge the inherent role conflict that trainees experience in supervision—that is, asking for feedback on their performance while concomitantly being evaluated (Olk & Friedlander, 1992).

Teach Your Supervisee How to Diagnose Narcissism By Example

At what point does teaching by example cross the line from well-intentioned teaching to self-aggrandizement? There is some empirical evidence, along with some theoretical ideas and practice recommendations, that indicates that supervisors, based on their clinical experiences, should self-disclose as a way to enhance the supervisory alliance as well as offer examples of how the trainee might work with particular clients (Glickauf-Hughes, 1994; Ladany & Lehrman-Waterman, 1999; Norcross & Halgin, 1997). Ladany and Lehrman-Waterman (1999) found that the most effective self-disclosures are those in which the supervisor speaks about her or his foibles or struggles as a psychotherapist. On the other hand, disclosures of supervisors’ successes did not have the same effect. One example from the data indicated why this was likely the case. In this example, the supervisor stated, “No one challenged me in my training because I was so good.” Clearly, this type of self-disclosure would unlikely provide much comfort to a struggling trainee. Moreover, this type of self-disclosure would not facilitate trainee self-disclosure of struggles he or she is experiencing.

The problems created by narcissistic self-disclosures become exacerbated when these self-disclosures become chronic and frequent. Ladany and Walker (2003) identified this type of supervisor as The Uncontrollable Narcissist. This supervisor tends to speak excessively about himself or herself, often in relation to personal issues having little relevance to the supervision work. Peter, in the case example, used an entire supervision session to complain about his lack of merit increase. According to our model of supervisor self-disclosure, there are five categories of self-disclosures (personal material, psychotherapy experiences, professional experiences, reactions to the trainee’s clients, and supervision experiences) and three personalization dimensions (congruent to discordant with what the trainee is discussing; nonintimate to intimate; and in the service of the supervisor to in the service of the trainee). Supervisor self-disclosures that
are essentially narcissistic tend to include material that is personal or professional, discordant with the trainees concerns, intimate, and in the service of the supervisor. Add chronicity to the equation and the "narcissistic" supervision experience becomes a significant impediment to trainee learning and client outcome.

Apply Psychotherapy Models in Supervision as If There is a Theoretical or Empirical Basis

In most texts on supervision there is a clear assumption that models of psychotherapy are easily translated into the supervision realm. Peter, for example, applied his version of object relations therapy to the supervision context. However, this practice seems no more reasonable than applying psychotherapy models to teaching a course, parenting, coaching, or leading an organization. The fundamental flaw in this approach is the assumption that the dynamics in these other enterprises are consistent with the dynamics in psychotherapy, which of course is simply not the case. In the case of supervision, there are at least three dynamics that are often missed when generalizing an approach to psychotherapy to the supervision realm: that supervision is generally involuntary, didactic in purpose, and evaluative.

The closest psychotherapy client that fits this description is a mandated client, receiving psychoeducational instruction, who if not succeeding as the psychotherapist and others in the community desire fails treatment. Despite the illogic of this assumed equivalence, many theorists (unfortunately) still propose that models of psychotherapy have a clear place in supervision. This position assumes that an emic-derived process (i.e., processes that are derived based on norms of a given group) has etic properties (i.e., processes that are considered universally applicable and directly generalizable). For example, Peter tried to apply object relations psychotherapy, a model for treating clients, to the supervision context, an enterprise with the goal of trainee learning.

Thus, it is important that supervisors become adept in one or more of the models of supervision derived specifically for the supervisory context (e.g., Falender & Shafranske, 2004; Holloway, 1995; Ladany, Friedlander, & Nelson, 2005; Stoltenberg & McNeill, 2010). In these models, supervisors are exposed to specific supervisor-related responsibilities and skills. They learn, for example, the role of evaluation and the challenges associated with evaluation in supervision. In contrast to the work of supervisors, psychotherapists don't have video recordings of clients' daily activities to which they provide feedback. They learn that resistance in supervision carries many different qualities than resistance in psychotherapy. For example, a trainee’s resistance may reflect her or his attempts to protect the client from a supervisor's suggestions that may be judged antitherapeutic. Supervisors may also learn through these models about the potential harm they may cause trainees (e.g., Gray, Ladany, Walker, & Ancis, 2001; Nelson & Friedlander, 2001).

Unlike in psychotherapy where a client can typically leave treatment, the trainee has little recourse in most cases. As illustrated in the case example, Peter used Eva’s requests for feedback to, instead, diagnose her and avoid providing feedback. Had Eva not acquiesced to Peter’s approach (e.g., challenged him more formally), her motives could have been pathologized in her subsequent evaluation. Moreover, Peter adopted interventions from a classic psychoanalytic stance (e.g., silence and verbal constriction) that were unlikely to facilitate trainee learning. In sum, when a supervisor treats a trainee like a client, potential problems begin to escalate. As such, supervisors would do well to avoid applying inappropriate models to the task of psychotherapy supervision.

Infantalize Your Trainee

One of the primary errors that supervisors can make is to assume things about the trainee that have no grounding in evidence (Holloway, 1987). A classic example is to believe that all beginning trainees need guidance, structure, and support and that advanced trainees don’t. Supervisors may indicate that they see supervision from a developmental perspective (e.g., Stoltenberg & McNeill, 2010), but there is little empirical evidence for the successful application of such models (Ellis & Ladany, 1997; Inman et al., 2014). Instead, the mantra “beginning trainees need structure
and support” is prevalent in clinical circles—a proposition that may limit trainee learning. Peter attempted the opposite in the case example. Instead of infantilizing Eva, he shamed her into not expecting structure or support, as if these were things only beginning trainees need.

Equally problematic is when supervisors assume that “life experience” is a good proxy for skills, even though there is no evidence for the accuracy of this contention. Both these types of errors lead supervisors to miss the mark when it comes to intervening effectively. Trainees are very adept at “the good head nod,” often defer to supervisors, and, as noted in nondisclosure studies and in the case of Peter and Eva, are not inclined to reveal a mismatch of supervisor approach with their specific needs.

A more compelling approach to helping trainees is to assess their competencies on particular skills, regardless of their experience or developmental level. What the best supervisors are likely to be able to do is assess basic helping or counseling skills such as listening and reflection of feelings, though the reliability of assessing even these skills is challenging. To assess higher order psychotherapy skills is arguably outside the competence of most supervisors. In relation to the adequacy of developmental models, Holloway (1987) and Hess (1986) may have been correct nearly three decades ago, when they suggested that developmental ideas hold more heuristic appeal than they are grounded in the reality of how individual trainees function. Thus, supervisors would do well to stick to observations of actual trainee clinical behavior.

Collude With Your Trainee

There are a variety of ways in which a supervisor can act that ensures little to no work gets done in supervision. Based on Kadushin’s (1968) work, Hawthorne (1975) astutely conceptualized these supervisor games into two broad categories: games of abdication and games of power. Games of abdication include “They Won’t Let Me,” in which the supervisor indicates a desire to help the trainee (e.g., offering a therapeutic approach that is more consistent with the client’s needs) but blames the agency for not allowing it. In another game, “Poor Me,” in which the supervisor discloses how stressed he or she is as a way to avoid the supervisory work (e.g., end supervision sessions early). In “I’m Really One of You,” the supervisor “plays nice” so the trainee doesn’t challenge the supervisor or bring much work to supervision. Supervisors also play “One Good Question Deserves Another,” wherein he or she consistently avoids answering a trainee’s question by turning it back to the trainee as a way to avoid instructing, clarifying, or deciding anything. Another variation of this game is the excessive use of silence by the supervisor, such that the trainee receives little feedback about the clinical work. Peter exemplified this supervisory approach with Eva.

The second category here is games of power. “Remember Who’s the Boss” involves the supervisor making it clear that he or she has absolute power and does not permit contradictions or negotiations. A second game of power is “I’ll Tell on You,” in which the supervisor uses threats to control trainee requests and behavior. The supervisor in “Father/Mother Knows Best” emphasizes her or his own years of experience to curb questioning from a trainee. Finally, in two variations of the same game, “I’m Only Trying To Help You” or “I Know You Really Can’t Do It Without Me,” the trainee’s success is attributable to the supervisor and failures are due to the trainee.

Another way in which the supervisor can minimize the work is by facilitating too much case discussion (Ladany et al., 2005). Some supervisors rely on the supervision time for trainees to review what in essence can be found in case notes. This review can take up a considerable amount of time that in turn limits the time to attend to areas that would lead to great trainee growth and learning. Ten minutes of case review on a particularly complicated case seems to be a reasonable marker at which point the supervisor should interject and facilitate the type of learning that is needed based on the discussion at hand.

Make Your Trainee Your Surrogate Psychotherapist

Some supervisors have a difficult time trusting their trainees. At times, there may be good reason for limited trust such as concern over skill level; however, some supervisors tend to treat trainees
with excessive concern. For example, there may be the belief that “my license is on the line so I better make sure the trainee doesn’t screw up.” To be sure, supervisors may be vicariously liable for their trainees’ serious mistakes, but that fact should not cloud the supervisor’s ability to provide the opportunity for trainees to learn and grow. That is, supervisees need to work with clients using their own voice, guided by their training and their supervisor’s voice. When supervisors act like their trainees are their surrogate psychotherapist or directly extend their reach to clients, not only do these trainees lose out, but clients also may be affected. Trainees may act in a more stilted fashion in psychotherapy and focus more on what their supervisors have told them than on the process of psychotherapy.

A good example of this phenomenon occurred in a case study with a supervisor who seemed concerned that his trainee did not know everything she “needed to” to do the work. Therefore, he spent well past the session time instructing the trainee on just about anything and everything that could happen in a psychotherapy session (Ladany et al., 2009). As a result, the trainee ended up tuning the supervisor out in the supervision session; in fact, the video recording of the trainee showed that she had stopped taking notes about 5 minutes into the supervision session and appeared both distracted and bored. The supervisor was so caught up in trying to teach the trainee that he didn’t notice the trainee wasn’t listening. This went on for multiple sessions and included the supervisor sending articles and chapters for the trainee to read between sessions. Initially, the trainee tried some of the techniques the supervisor had provided her and the psychotherapy stalled. Later, the trainee decided to ignore the supervisor’s advise and found her own voice in psychotherapy that in turn led to better interactions with her clients.

Go On a Date With Your Trainee

It should be evident that having a sexual relationship with an ongoing trainee is not just a bad idea, it is also unethical and harmful to the trainee. That presumed knowledge, however, has not always stopped supervisors from attempting this sort of behavior. It should also be evident that apart from avoiding entirely overt sexual behavior or suggestiveness, supervisors should also limit the types of nonsexual or multiple relationships in which they engage with trainees. A general guideline for supervisors should be that if you don’t engage in certain behaviors with your clients, you shouldn’t with your trainees. These include things like befriending, going to a movie, or playing a sport with your trainee, or in Peter’s case, suggesting that he and Eva meet for breakfast once a week.

Although this guideline may not be absolute, supervisors should certainly consider the consequences of any “exception to the rule” that involves engaging with the trainee outside of the supervisory session. For example, it is relatively common for supervisors and trainees to eat lunch together in a group on occasion. It is important that supervisors not use this time to discuss clients, but instead keep careful boundaries during these occasions. A supervision note should not include the trainee’s recognition of a major countertransference issue while eating a sandwich. In sum, supervisors are recommended to keep clear boundaries with their trainees and to give great thought, perhaps with the aid of a professional consultation, when considering any possible exceptions to the professional nature of their supervisory relationship.

Conclusion

The potential of supervision is bounded only by its current theoretical, empirical, and practical limitations and structures. To say that all supervision is good is no more accurate than saying that all psychotherapy is good. However, the harm or neglect that may occur in supervision has likely not reached critical proportions. If it had—if it ever does—then training directors, faculty, and center staff would likely create supervision parameters that have a clearer structure and guarantee better outcomes.

Recently, I wrote about how supervision may be a waste of time for all but about 11% of supervision experiences (Ladany, 2007). I went on to imply that about a third of all supervisors are not competent at their craft. This state of affairs has been verified anecdotally for me when I have given talks on supervision. I ask three questions: (a) How many of you have had a terrible
to poor supervision experience? (b) How many of you have had an okay or benign supervision experience? (c) How many of you have had a terrific supervision experience? Typically, most members of the audience raise their hand to all three questions. To be fair, this may be true of clients in psychotherapy, patients with physicians, and homeowners with plumbers. However, unlike these other professions, trainees have few opportunities to rate their supervisors (no Yelp option for supervisors yet).

The lack of trainee voice is only part of the challenge. There are three overarching recommendations for supervisors who aspire to become excellent in the field: training, assessment, and accountability. Supervisor training in theoretical and practical approaches to supervision is essential and should not be considered an ancillary exercise for doctoral programs. Some states, such as California, mandate supervisor continuing education. However, this type of training pales in comparison to what we expect of professionals learning the craft and science of psychotherapy. Rather, multiple didactic practica should be required for any psychologist who intends to supervise. For those who have graduated, the didactic practica should be provided within the context of intensive professional development work.

In relation to assessment, supervisors should be assessed for their adequacy in ways that are similar to how psychotherapists-in-training are assessed in relation to psychotherapy skills. For example, supervisors should be assessed in terms of their multicultural supervision competence (i.e., knowledge, self-awareness, and skills), ethical practice, and trainee change.

Finally, supervisors must be held accountable by training sites, a state of affairs that now seems quite limited. Most training sites ask trainees how satisfied they are but few develop clear and comprehensive outcome measures on supervisor performance. If supervisors fail to demonstrate adequate competence, then they should be offered remedial opportunities or ultimately be removed from their supervisory duties.

Ultimately, for any change to occur, it will be important for theoretical, empirical, and practical models of supervisor training, assessment, and accountability to be developed and ingrained in the standards of mental health professions. In the meantime, if supervision is indeed beneficial to trainees and their clients, a contention that has to date received minimal support, trainees are likely to suffer and clients may not receive the best available care, a sad state for a helping profession.

Selected References & Recommended Reading


