Harmful Supervision, a Cause for Alarm: Comment on Gray et al. (2001) and Nelson and Friedlander (2001)

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The research presented by L. A. Gray, N. Ladany, J. A. Walker, and J. R. Ancis (2001) and by M. L. Nelson and M. L. Friedlander (2001) offers an important leap forward in understanding what contributes to problematic clinical supervision. First, to organize and extend this line of inquiry, the author proposes that a distinction be made between bad supervision (ineffective supervision that does not harm or traumatize the supervisee) and harmful supervision (supervision that harms or traumatizes the supervisee). Second, the author highlights the data from the 2 studies that were found most striking and disquieting (e.g., a sizable portion of the respondents experienced harmful supervision) and discusses the implications of these data. Third, the author offers 5 recommendations for research, practice, and the psychology profession.

Bad and Harmful Supervision

The first issue is the lack of a unified framework for or accepted definition of supervision that goes badly or harms supervisees. Thus far, there have been almost as many terms as there are articles addressing the phenomenon of bad supervision: negative supervision experiences (Chung, Baskin, & Case, 1998; Hutt, Scott, & King, 1983; Kennard, Stewart, & Gluck, 1987; Worthen & McNeill, 1999), conflictual supervision (Moskowitz & Rupert, 1983; Nelson & Friedlander, 2001), worse supervision practices (Allen, Szollos, & Williams, 1986), wrong supervision (Kadushin, 1999), supervisory impasses (Burke, Goodyear, & Guzzard, 1998; Ruskin, 1994), bad supervision (Beck & Ellis, 1998; Worthen & McNeill, 1996), ineffective supervision (Henderson, Cawyer, & Watkins, 1999; Watkins, 1997), problematic supervision (Unger, 1999), harmful supervision (Beck & Ellis, 1998; Ellis et al., 2000), lousy supervision (Magnuson, Wilcoxon, & Norem, 2000), and counterproductive supervision (Gray et al., 2001). The issue of harmful supervision has also been addressed, usually indirectly, in discussions of sexual harassment (Anonymous, 1991), sexualized supervision relationships (Barnett-Queen & Larrabee, 2000; Bartell & Rubin, 1990; Conroe & Schank, 1989; Glaser & Thorpe, 1986; Pope, Schover, & Levenson, 1980), or (un)ethical supervisory practices and issues (Bernard & Goodyear, 1998; Cobia & Boes, 2000; Disney & Stephens, 1995; Guest & Dooley, 1999; Hall, 1988; Harrar, VandeCreek, & Knapp, 1990; Jacobs, 1991; Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Larrabee & Miller, 1993). Rarely were the various terms addressing the phenomenon of bad or harmful supervision clearly defined. As a result, some of these terms are used equivocally, some overlap each other, and a few capture distinct aspects of the phenomenon. The reader is left, however, to ferret out these nuances. The resulting conceptual morass hinders progress empirically, pragmatically, and theoretically. If we are to advance our understanding of bad supervision, we appear to need two things: a unifying construct and a conceptual framework to guide theory, research, and practice. Although in combination Gray et al. and Nelson and Friedlander offer a viable framework for bad supervision, they do not resolve the issue of a workable and unifying definition of this phenomenon.

To this end, I propose that we make a distinction between bad supervision (ineffective supervision that does not harm or traumatize the supervisee) and harmful supervision (supervision that harms or traumatizes the supervisee). I propose that we contrast bad supervision with harmful supervision as a means of illuminating and understanding the phenomenon (Ellis et al., 2000). I realize that separating bad from harmful supervision may be an arbitrary bifurcation, yet I suggest a necessary one at this stage of our knowledge.
Although few data exist illuminating the prevalence of bad and harmful supervision, harmful supervision does occur as demonstrated by Nelson and Friedlander (2001), Gray et al. (2001), and others (e.g., Allen et al., 1986; Anonymous, 1991; Barnett-Queen & Larrabee, 2000; Hutt et al., 1983; Ladany et al., 1999; Larrabee & Miller, 1993; Unger, 1999; Worthen & McNeill, 1999). It seems reasonable to believe that the deleterious effects of bad and harmful supervision on supervisees may parallel the detrimental effects of harmful or bad therapy on clients (e.g., Mays & Frank, 1985). That is, the supervisee is intrinsically vulnerable in supervision because of being in an evaluative relationship and in a one-down position of power (Bernard & Goodyear, 1998). Supervisees also may be vulnerable because of unavoidable dual relationships (Cobia & Boes, 2000; Hall, 1988; Olk & Friedlander, 1992; Strohm-Kitchener, 1988). Thus, the supervisee is at risk of harm should a supervisor act in unethical or harmful ways (Ellis et al., 2000).

It is thus surprising that harmful or bad supervision has received so little attention in the literature (e.g., Bernard & Goodyear, 1998; Ellis et al., 2000; Ellis & Ladany, 1997; Holloway, 1995). That is, up to this point, few authors and researchers have systematically addressed the prevalence, causes, or effects of harmful supervision. My rationale for focusing on harmful supervision rather than on bad supervision is that it violates our core ethical principle of “do no harm.” If we do not understand what constitutes harmful supervision and how and why it is harmful, cannot identify the factors that lead to harmful supervision, and do not know the deleterious effects of harmful supervision on supervisees, then how can we work to prevent it, to treat supervisees who have been harmed, and to identify supervisors who often harm their supervisees?

Given that we need clear definitions of bad and harmful supervision, I present preliminary definitions adapted from Ellis et al. (2000, pp. 2–4). In Ellis et al., we delineated behavioral and situational descriptors for each construct to facilitate differentiating bad and harmful supervision. (I refer interested readers to this paper for a more thorough presentation of the descriptors.) We also suggested that bad and harmful supervision can occur in individual or group supervision.

Bad supervision may occur when the supervisor is unable or unwilling to meet the supervisee’s training needs as an emerging professional counselor or psychologist. Bad supervision may entail a poor quality supervisory relationship. The key here is that bad supervision does not result in any psychological or emotional trauma or harm to the supervisees or to their clients. Some examples of bad supervision are a serious mismatch in the supervisee’s and the supervisor’s personality styles and/or theoretical orientations, the supervisor’s disinterest and lack of investment in supervision (e.g., chronically late, cancels supervision appointments without making up the time), ineffective or unproductive supervision, or the supervisor is not forthcoming about his or her evaluation of the supervisee’s skills (especially a poor evaluation) or only offers critical evaluative feedback at the end of the term. Usually, bad supervision refers to an ongoing supervisory situation or relationship; however, it may encompass one truly bad supervision session or incident.

Harmful supervision may be defined as supervisory practices that result in psychological, emotional, or physical harm or trauma to the supervisee. Harmful supervision may result from supervisor negligence, the supervisor acting inappropriately or with malice, or the supervisor clearly violating accepted ethical standards (e.g., Dye & Borders, 1990). The essential component is that the supervisee was harmed in some way by the supervisor’s actions or inactions, for example, sexual intimacy with the supervisee (e.g., Bartell & Rubin, 1990; Conroe & Schank, 1989; Glaser & Thorpe, 1986; Pope et al., 1980); a supervisory relationship where the supervisor’s power is used for the gain of the supervisor at the supervisee’s expense (e.g., dominance, oppression, abuse of power); a dual relationship situation that caused harm (e.g., the supervisor consistently and clearly functioning as the supervisee’s therapist); a supervisor’s demeaning, critical, and vindictive attitude toward the supervisee; interpersonal violations (e.g., emotional intimacy forced on the supervisee); the supervisor violated or did not respect the supervisee’s boundaries (e.g., revealed personal information about the supervisee to his or her clients); the supervisee is publicly humiliated and derided by the supervisor; and the supervisor is blatantly sexist, racist, agist, or homophobic toward the supervisee.

The key distinguishing feature between bad and harmful supervision is the effect on the supervisee. The effects of harmful supervision include symptoms of psychological trauma (e.g., prevailing sense of mistrust, debilitating fears, or excessive shame, guilt, and self-derogation); functional impairment in the supervisee’s professional or personal life; the supervisee’s conscious loss of self-confidence; and the supervisee’s debilitating general mental or physical health as a result of the supervisory incident or experience (Ellis et al., 2000). The effects of the harmful experience may last a short time (a couple of days) or may persist for months to years even after the supervisee had sought therapy to deal with his or her aversive reactions to the supervision situation.

Harmful supervision should be distinguished from those instances where the supervisee struggled with painful issues in supervision or was given feedback from the supervisor that was difficult to hear or that was emotionally upsetting, but necessary for professional growth. I am attempting to distinguish between those actions by the supervisor that were done within the context of a positive supervisory relationship where the emphasis was on the supervisee’s professional growth and development (and respectful of the supervisee’s boundaries) from those instances where the supervisor did not have the supervisee’s best interests in mind.

I recognize that a fine line exists between what may constitute bad supervision and harmful supervision. It may well be that bad and harmful supervision lie on a single continuum, perhaps anchoring the ends of the continuum. It seems equally plausible that the phenomenon is multidimensional and mediated by constructs such as the quality of the supervisory relationship, amount of supervisory training acquired by the supervisor, power struggles within the agency or organization, the supervisee’s knowledge of his or her rights and due process procedures, the supervisee’s prior exposure to trauma, and extent of social support both within and outside of the agency where the bad or harmful supervision occurred. I raise these possibilities for future researchers to explore. With this new perspective in mind (i.e., the distinction between harmful and bad supervision), I now focus on the salient findings of Gray et al. (2001) and Nelson and Friedlander (2001) and discuss their implications.
Salient Findings and Implications

I found Gray et al.'s (2001) and Nelson and Friedlander's (2001) articles well written and thought provoking. In fact, the authors stimulated several questions: What happens when clinical supervision becomes harmful to the supervisee? What factors contribute to bad and to harmful supervision? How often are supervisees harmed by supervision? These questions are vitally important. The findings of Gray et al. and Nelson and Friedlander offer some initial data for these questions. As a methodologist, I found it difficult not to focus on the conceptual–methodological issues in the two studies and articles. Rather than present an in-depth critique of the two articles (cf. Ellis & Ladany, 1997), I believe it is more important to focus on the issues that the studies raise. Nonetheless, a couple of observations merit comment to facilitate a comparison and integration of the two studies.

When examining the response categories (i.e., Gray et al., 2001, Table 1; and Nelson & Friedlander, 2001, Table 2), it is important to note discrepancies in the definitions of General, Typical, Frequent, and Variant. Nelson and Friedlander did not have a General category (applies to 100% of supervisees); their definition of Frequent (30–46%) is more consistent with Gray et al.’s Variant (23–46%) than with their Variant responses (less than 22%), which were not reported by Gray et al. Thus, the Variant categories refer to different frequencies of responses and should not be equated.

Gray et al. (2001) surveyed only a counterproductive event in individual supervision during the past year, whereas Nelson and Friedlander (2001) surveyed a conflictual supervisory experience in the past 3 years. Two issues are relevant here. First, Gray et al.’s findings may not include the most counterproductive or harmful supervision a trainee experienced thus far. Second, supervisees in both studies reported only one experience. That is, these data may underrepresent the prevalence of counterproductive or conflictual supervision. For example, Worthen and McNeill (1999) found that 67% to 71% of the supervisor-expert and training-director respondents reported encountering more than two negative supervision experiences during their training.

I begin by attempting to integrate the salient findings of the two studies. Both studies appear to share several categories (Gray et al., 2001, Table 1; and Nelson & Friedlander, 2001, Table 2). Notable among these were (a) the lack of supervisor empathy and support, (b) the supervisee felt unsafe and withdrew from the relationship, (c) the supervisee developed self-doubts, blamed him- or herself and experienced lessened self-efficacy as a professional, (d) supervisors were unaware of the problem, (e) the conflict was never disclosed to the supervisor (for about half the supervisees), (f) the supervisees directly addressed the issue with the supervisor (for about half the supervisees), half of them were able to resolve the issue with the supervisor, (g) the conflict was never resolved, and (h) the conflict fostered supervisee strength and professional development. I was surprised that there were so many common responses in the two samples of supervisees, which suggests that these responses deserve further investigation.

I turn to highlight briefly some of the data that I found most striking and disquieting. Although the authors did not separate bad from harmful supervision, the data suggest that a sizable portion of the respondents experienced harmful supervision. A closer inspection of Nelson and Friedlander (2001) revealed that as a result of conflictual supervision more than half the supervisees in their study experienced extreme stress, between 30% and 46% developed health problems, 23% encountered sexual-related issues in supervision (e.g., sexual attraction, harassment), and 8% of their sample of trainees left the profession. A similar finding emerged from Unger (1999). In a study where supervisee participants were given the option of reporting positive or negative supervision experiences, 50% reported problematic supervision experiences. Even though they were not directly asked, 15% of the supervisees reported being traumatized in supervision, 8% reported sexual advances or sexual harassment by the supervisor, and 7% left the field of psychology altogether (Unger, 1999).

Let us step back and consider the implications of these data for a moment. Approximately 15% (or more) of supervisees were traumatized and 8% left the field of psychology. Hence, on average, in a class of 12 doctoral students, 2 will experience supervision that traumatizes them. One will leave the profession because a supervisor was harmful and abusive in some way.

Our ethical standards are founded on a core principle: Do no harm. I find the verity that we as supervisors are in fact doing harm most distressing and alarming, especially inasmuch as the notion of harmful supervision seems to be a subject that we are loath to talk about or acknowledge. How can we complacently accept the possibility that one sixth or more of our trainees are traumatized in supervision?

A less obvious finding from Nelson and Friedlander (2001) was that more than half the supervisees felt validated after learning that other supervisees previously had similar conflictual or harmful experiences with the same supervisor. This suggests that some staff in the agency may have known about a supervisor who had a history of, at best, conflictual supervision (at worst harmful supervision) and apparently had done little to address the problem. The observation that a series of supervisees were allowed to be exposed to harmful supervision is disconcerting.

Recommendations

The work done by my fellow researchers in these articles (Gray et al., 2001; Nelson & Friedlander, 2001) represents a vital step forward in illuminating something difficult and painful for us to look at—the dark side of supervision: doing harm or iatrogenic supervision (here psychologist-induced psychopathology). Where do we go from here? I offer a few suggestions to consider.

First, the topographies of supervisee responses from Nelson and Friedlander (2001) and Gray et al. (2001) offer a heuristic framework for investigating harmful supervision. It also seems essential to gather more descriptive and demographic data about the harm supervision and the context in which the harmful supervision occurred. That is, we need to find out more about supervisors who harm (e.g., impairment, common characteristics, theoretical orientations, or supervisory practices) and the extent to which other factors may contribute to supervision becoming harmful (e.g., agency policies, type of clients, and quality of the supervisory relationship).

Second, although I argue that harmful supervision is of utmost priority, there are at least three related issues that merit attention. First, to attain a solid understanding of harmful and bad supervision, we need to investigate and consider instances where the supervisee was already impaired (e.g., exhibited diminished pro-
fessional functioning caused by psychopathology, substance abuse, or the inability to attain minimal competence and ethical behavior; Forrest, Elman, Gizara, & Vacha-Haase, 1999; Frame & Stevens-Smith, 1995; Lamb, 1999; Lamb, Cochran, & Jackson, 1991). Impaired supervisees may be more likely to experience supervision as harmful or report that harmful supervision was their reason for leaving the profession. Second, we need to consider what occurs when applied counseling training is not a good career fit for the psychologist trainee. In both of these instances, the supervisor serves in the capacity of a gatekeeper to the profession and may confront the supervisee with his or her impairment or inability to function appropriately as a counseling psychologist.

I would caution, however, that we not contribute to blaming the victim (i.e., the harmed supervisee) by assuming that the fault lies with the supervisee (e.g., the supervisee's psychopathology or poor career choice) and not the supervisor and training agency or department. Indeed, Unger (1999) found that the vast majority of supervisees and supervisors identified character flaws in the other as a primary contribution to problematic supervision (i.e., the fundamental attribution error). Furthermore, we ought to investigate instances where supervisors were harmed by supervisees (cf. DeMayo, 2000). However, because supervisors are generally in a position of greater power and influence, for the time being I suggest that investigating harmed supervisors should receive less priority than focusing on harm to supervisees.

Third, I encourage researchers to conduct a nationwide epidemiological study of graduate students in and recent graduates of clinical, school, and counseling psychology programs to determine the current incident rates of bad and harmful supervision. If the prevalence of harmful supervision is as high as suggested by Nelson and Friedlander (2001), Gray et al. (2001), Unger (1999), and Worthen and McNell (1999), then we have much work to do.

Fourth, the data from Nelson and Friedlander (2001) and Gray et al. (2001), including my discussions with trainees who were harmed in supervision, suggest three recommendations for supervisees (and supervisors). The most typical recommendations that supervisees made regarding harmful supervision were (a) appropriately confront the supervisor, preferably in the moment, because most supervisors are not aware of the problem; (b) talk about the experience with others and seek help (e.g., training director, faculty advisor, peers, partners, personal therapist, etc.); and (c) teach supervisees their rights and responsibilities (e.g., supervisee Bill of Rights) as well as the rights and wrongs of supervision (inoculate them; e.g., Ellis, Chapin, Dennin, & Anderson-Hanley, 1996; Ellis et al., 2000).

Finally, paralleling other mental health professions, we (i.e., minimally Division 17 Counseling Psychology but preferably the American Psychological Association) should formulate and adopt standards for training clinical supervisors (e.g., Borders et al., 1991; Crespi & Lopez, 1998; Dye & Borders, 1990; Powell, Leyden, & Osborne, 1990), formulate and adopt ethical guidelines specific to clinical supervision (e.g., Association for Counselor Education and Supervision, 1995; British Association for Counselling, 1988), and begin credentialing and licensing clinical supervisors (e.g., American Association for Marriage and Family Therapy, 1990; Borders & Cashwell, 1992; South Carolina Board of Examiners for Licensed Professional Counselors, Associate Counselors, and Marital and Family Therapists, 1987). The assumption here is that by effectively training supervisors, we may minimize harmful supervisory practices and facilitate more positive supervisory experiences (e.g., Borders, 1989; Rodolfa et al., 1998). Of course, this assumption is ultimately an empirical question.

Conclusion

Further investigations of harmful supervision are clearly warranted. If we can determine the circumstances contributing to bad versus harmful supervision and determine how supervisees can survive a harmful supervisory situation, then we may be better equipped to prepare supervisees to deal effectively with or prevent a potentially harmful supervision experience. Moreover, we may be better equipped to train supervisors to avoid destructive supervision practices and to successfully resolve harmful situations should they arise (Ellis et al., 2000). Finally, as we gain an understanding of the sequelae of harmful supervision, we may be able to identify supervisors who harm supervisees more frequently and address the problem accordingly (e.g., remedial supervisor training and treatment).

As with psychologist-trainee impairment (Elman, Forrest, Vacha-Haase, & Gizara, 1999), perhaps we have been guilty of “social loafing,” that is, falling “victim to the misconception that someone else will take responsibility” (Elman et al., 1999, p. 717) to contend with harmful supervision in our profession. Thus, I am suggesting that the issue of harmful supervision is both a scientific and a practical one. I anticipate that the articles by Nelson and Friedlander (2001) and Gray et al. (2001) will rouse interest about this important issue, hopefully to the point that some readers of the journal will take responsibility and act. I eagerly await further discourse on this provocative topic, be it theoretical, empirical, political, or practical.

References


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