Supervision in Counseling: Rational-Emotive Therapy

Richard L. Wessler and Albert Ellis
Institute for Rational-Emotive Therapy
New York

Purpose

The purpose of supervision in rational-emotive therapy (RET) is to teach and to supervise its theory and techniques so that practitioners in psychotherapy and counseling may apply them effectively to a wide variety of clients with emotional problems. In its training programs, the supervisory staff of the Institute for Rational-Emotive Therapy in New York City emphasizes the acquisition of theoretical knowledge, of clinical and counseling skills, and of specific RET intervention tactics, many of which have been adopted or adapted from other schools of psychotherapy. The aim of supervision is to help produce a responsible, competent professional who can effectively work with a large variety of people who have a wide range of personal difficulties.

The Institute provides certificate programs on several different levels such as primary, intermediate, associate fellowship, and fellowship levels; before it grants any of these certificates, it requires trainees to undergo intensive didactic training (to teach conceptual and theoretical material on RET) and to undertake practicum training as well as individualized supervision (to teach the appropriate application of RET concepts and intervention tactics to specific cases of individuals with emotional problems). Typically, the supervision of an individual counselor’s work is quite explicit and direct: it is based on direct observation of the counselor’s interviews and/or on tape-recorded samples of his or her work with a particular client. In addition, the supervisee sets goals with the client and any questions this supervisee may have about working with this client are elicited by and discussed with the supervisor, so that the latter’s comments are likely to be relevant to the supervisee’s learning goals. The supervisor then makes concrete suggestions about how the supervisee may work with the client in more effective ways.

Although RET supervision is mainly intended to help the individual counselor, it is usually done within a small group of four to eight supervisees. This format provides opportunities for group criticism and discussion of the case, not only by the supervisor but by the other supervisees as well, and for the expression of various viewpoints about the client’s problems and about the counselor’s assessment of and therapy with these problems. Comments and suggestions, as provided by this kind of format, are based on the different experiences, backgrounds, and perspectives of the supervisor and the supervisees.

The mixed model used in RET supervision is explicitly and implicitly derived from rational-emotive theory. As Hess (1980) has noted, different schools of therapy have as a rule used their own techniques as the training model; RET is the rule rather than the exception in this respect. Let us therefore briefly summarize at this point some of the main tenets of RET that are continually emphasized in its supervisory processes.

Rational-emotive therapy was originated by Albert Ellis in 1955, after he had practiced classical psychoanalysis and psychoanalytically-oriented psychotherapy for several years and become disillusioned with their inefficiency. At first, it was unique in its emphasis on swiftly helping clients to see the main cognitive or philosophic sources of their emotional disturbances and behavioral dysfunctioning and in actively-directly employing a hardhitting variety of cognitive, emotive, and behavioral techniques to enable clients to make a profound attitudinal change in their views of themselves, of others, and of the world (Ellis, 1962, 1971, 1973; Ellis & Grieger, 1977; Ellis & Harper, 1975; Ellis & Whiteley, 1979). Later, many other RET practitioners, a number of them trained at the Institute for Rational-Emotive Therapy in New York, began to follow Ellis’ lead and to develop and add to its theory and practice (Bard, 1980; Grieger & Boyd, 1980; Lembo, 1976; Morris & Kanitz, 1975; Maultsby, 1975; Wessler & Wessler, 1980; Whalen, DiGiuseppe & Wessler, 1980). Still later, Ellis’ pioneering activity as well as the independently arrived at formulations of Bandura (1969), Beck (1976), Kelly (1955), and others resulted in a veritable landslide of activity in and writings about what is now often called cognitive behavior therapy, which is largely a latterday version of RET (Lazarus, 1971, 1981; Mahoney, 1974; Goldfried & Davison, 1976; Meichenbaum, 1977).

The RET theory of neurotic disturbance places the main responsibility on the individual human, rather than primarily on people’s early upbringing or present environment. It assumes that humans are thinking, emoting, and acting creatures who are capable of exercising considerable (though not completely) choice in their lives. RET rejects past passive conditionings or repressed personal events as prime determinants of emoting and acting, though it acknowledges that they interact importantly with people’s biological predispositions and their active choices and that all behavior is consequently a result of hereditary and environmental influences.

More than most other leading schools of therapy, RET especially focuses on people’s cognitive content: how they perceive situations, conceive of themselves and others, and significantly affect their behaviors by expectations, attributions, forecasts, and personal meanings or constructs, especially by their own evaluative thinking. Strongly evaluative thinking is the sine qua non of the RET theory of emotions. The theory identifies two main types of thinking: rational and irrational. Rational evaluations are realistic appraisals of liking or disliking, stated as personal preferences and values. Realistic appraisals are evaluations of events according to personal (or social)
goals and objectives. "Good," for example, means good for a given person (or group) at this time and under certain circumstances, rather than absolutely "good" for everyone at all times under all conditions.

Irrational evaluations come into existence when people escalate their personal preferences and values to an unqualified, absolute, commanding plane. Hence, there are almost always elements of grandiosity in irrational evaluations, as well as elements of uncrirical overgeneralizations and illogic. When people rationally wish or prefer something they almost always sanely conclude that if they don't get what they want it is damned inconvenient but not the end of the world and that they may have failings and inadequacies but they are not worthless, hopeless individuals. They then, according to RET, feel appropriately frustrated, sorry, or concerned. Additionally when they insist that because they want what they want and therefore absolutely must get it, they almost always irrationally and self-defeatingly conclude that it is awful, that they can't stand failing and being deprived, and that they, as humans, are bad people for failing; they then inappropriately feel anxious, depressed, worthless, or self-pitying.

The demand that underlies most neurotic problems can be summed up as: "I must perform well (or outstandingly well) on all important occasions so that other people will surely approve or love me; and only if I act properly and am approved as I have to be can I accept myself as an adequate, worthy person who deserves to live and be happy." This kind of unrealistic, perfectionistic demand or command ignores several facts of human existence: (1) No one invariably performs well, outstandingly, or perfectly, since humans are quite fallible and very frequently act in an average or below average way. (2) Achievement and outstandingness do not guarantee that other people will show the achiever approval and love (they might even enviously reject him or her for doing so well!). (3) Being approved by others never proves that one is specifically or generally adequate. (4) To label oneself as an "adequate, worthy person" is to make a vague, unprovable overgeneralization (since one can perform specific tasks adequately, but an "adequate, worthy person" would always have to perform well, and this term is therefore a fiction). (5) High-level performance and winning the approval of others never really demonstrate that one is a "worthy" person (since "worthiness" or "deservingness" are not an inherent part or essence of the universe and are very spottily and irregularly accorded to people, depending on many different kinds of conditions, cultures—and luck!). The concept of "human worth" is exceptionally vague and variable and at best based on highly arbitrary and vastly changeable criteria.

In accordance with these (and several other important) basic theories of RET, the rational-emotive supervisor assumes that supervisees are fellow fallible humans; that they do not possess inherent or imminent "worth" or "worthlessness," that they are quite capable of learning to change their "personalities" and their therapeutic ways; and that if they have low-level RET skills and talents or if they have good potentials for doing high-level RET but they refuse to work hard to actualize this potential, they are not to be labelled as thoroughly "rotten therapists" (since they still may have some competencies in therapy) nor, certainly, as "inadequate, unworthy people."

As a school of psychotherapy, RET often consists largely of the highly cognitive method of attitudinal reconstituting or philosophic discussion between therapists and clients. But although it has sometimes been accused of being almost entirely persuasive, disputational, or argumentative (Meichenbaum, 1977,1979), it actually uses a good many other cognitive methods, including focusing and distraction techniques, information giving, bibliotherapy and audiovisual aids, cognitive homework assignments, and (especially) active-directive teaching of rational philosophies of the scientific method, and of efficient problem-solving techniques (Ellis, 1962, 1982; Ellis & Abrahams, 1978; Ellis & Grieger, 1977; Ellis & Whiteley, 1979; Wessler & Wessler, 1980; Walen, DiGiuseppe, & Wessler, 1980). Consequently, RET supervision is also heavily oriented toward utilizing and promoting not only an attitudinal model but also a distinctly educational model (Wessler & Ellis, 1980; Wessler & Wessler, 1980). To be successful, the RET practitioner had better be able to assess client problems in terms of dysfunctional cognitions, emotions, and behaviors; then to intervene by applying skills as an educator and a persuader to help clients change their self-defeating attitudes and to develop more functional ones.

The goals of RET supervision, then, cut across several of the categories proposed by Hess (1980). The lecturer model is used to convey concepts of RET and of its allied cognitive behavioral approaches to counseling and psychotherapy. In the course of this kind of didactic presentation, live demonstrations of RET applied to personal problems are usually given by some of the lecturers (using members of the audience of supervisees who volunteer to be interviewed in public, so that the other supervisees can witness the use of RET by an expert lecturer and practitioner). At times, videotapes and audio recordings of regular sessions with clients are played, with comments by the lecturer and with questions and discussion by the watching members of the audience of supervisees. Because the lecture format of the didactic portion of RET supervision overlaps significantly with presenting this same information in printed form, some of the supervision lectures have been printed later or issued in recorded form, so that they can be made available to an even larger audience than a lecture hall can hold.

In the course of RET supervision, when the supervisor is working with individual counselors and therapists, the teaching model is frequently used in small groups in which the supervisees get together for criticism and discussion of their tape recorded sessions with other supervisees (who present to them real emotional problems with which they frequently beset themselves) and with their regular clients (whom they see outside the practical sessions and whose sessions they record in order to present these recordings for supervision). The goal of the Institute for Rational-Emotive Therapy is to teach both general clinical and counseling skills as well as
specific skills of doing RET and allied modes of cognitive behavior therapy.

As a teacher, the RET supervisor is mainly concerned with three broad areas: (1) to see that the supervisees acquire a sound and fairly detailed knowledge of RET concepts and principles; (2) to make reasonably sure that the supervisees are able to apply RET concepts and principles to the assessment of their clients’ problems; and (3) to help the supervisees to select and skillfully perform RET-oriented treatment tactics appropriate to the individual clients and their particular psychological problems. For the supervisees merely to know RET theory is not enough (although we keep observing that most of the mistakes that neophytes make in learning RET skills result from their misunderstandings of RET theory). We assume that the supervisee’s skills are largely developed by their practicing RET, by their demonstrating their practice of it to the supervisor, and by the latter’s comments and discussion about their continuing practice.

In the case of the most intensively and extensively trained supervisees (that is, the postdoctoral Fellows who come to train at the Institute’s Consultation Center in New York for a minimum of a year [and usually for two years] and who see a steady stream of individual and group therapy clients at this Consultation Center) the supervisory staff takes legal and ethical responsibility for the performances of these Fellowship candidates. Hence, for this activity, the monitor model of supervision is largely employed. Therapists in training, especially at the beginning of their training, are not expected to work as skillfully or as effectively as they will normally work toward the end of their training period. Therefore, because we are concerned with the quality of treatment provided by our training Fellows at the Consultation Center, we closely monitor their work with clients. Right from the start, they record virtually all their individual sessions and keep playing these steadily to the supervisor and the other supervisee members of their small supervision group. In group therapy, they serve as assistant therapists with one of the senior RET therapists at the Institute; their performances with the group clients are actively observed by this senior therapist as the group process takes place and are later discussed with them, in the course of special supervision sessions in which these performances are discussed. Similarly, when the Fellowship candidates at the Institute are taught to give workshops, seminars, and other public RET presentations (which is an important part of their training), they do so through assisting senior RET therapists at such functions and by later receiving feedback and criticism of their participation in these large group processes.

The case review model of supervision is also extensively employed in RET supervision. Indeed, most of the monitoring of the recorded therapy sessions and the teaching of RET skills begins with a case review. The supervisees, during a typical supervision session, provide some background information about the client to the supervisor and the other supervisees in their group, answer their questions, and state their questions about the case (or at times about a theoretical or technical point as it relates to the case). Then a portion of the audio tape recording of their session is played for the supervisor and the members of the group to hear. Discussion about the client’s and the therapist’s behavior follows: the supervisor and members of the supervision group give alternative conceptualizations of the problem, suggest different tactics that might be employed, and also suggest possible treatment plans.

To a considerable extent, the collegial-peer model is also used in RET supervision. Although the overall model of master-apprentice is largely followed, there is usually a great deal of informality about the supervision sessions (RET practitioners, as one might expect, are great foes of pomposity and posturing). Thus, while there is no question about who is the more experienced RET practitioner in the supervision group, there is no great gulf between the supervisor and the supervisees. Moreover, RET supervisors acknowledge that some of their supervisees have had extensive non-RET experience prior to seeking training in rational-emotive therapy, and they freely encourage the supervisees to call on this experience and thereby to enhance the learning of the other supervisees.

The supervisor-as-therapist model is also used in RET supervision. This is especially true during the five-day practica in RET that are given as part of the training of counselors and therapists who are candidates for the primary, intermediate, and associate fellowship certificates in RET. During the group supervision sessions at these practica, supervisees play tapes where they have dealt briefly with the emotional problems of other members of their supervision group, so that they can be supervised on how effective they have been in these peer counseling sessions. For example, John J. will play his tape of a brief session where he tries to help Mary S., another supervisee, with her problem of being anxious about public speaking; and Mary S. will play her tape of a brief session where she tries to help John J. with his problems of feeling very angry at his wife.

In the course of these playbacks, the supervisor and the other supervisees will make critical and educative comments to first John and then to Mary. But let us suppose that at the end of her brief session with John, Mary still is quite anxious about public speaking. The supervisor may then, in front of the other members of the supervision group, continue to practice RET with Mary to show her what else she can do to help herself with this problem. Similarly, if John has not been helped too much with his anger at his wife, the supervisor may continue to talk with him for awhile to show him how he can use RET to overcome this anger. In this manner, both Mary and John may appreciably benefit not only from their RET counseling with each other, but also from the additional counseling they receive from the supervisor (and also, in many cases, from other members of the supervisory group). In this way, practicum participants frequently get some highly useful RET during their peer counseling and supervisory sessions, and their first-hand experiences with using rational-emotive therapy with their own personal problems makes this form of therapy much more meaningful to them and appreciably helps them to use it with conviction with their own clients.

In the full fellowship program for a year or two at the Institute for Rational-Emotive Therapy in New York all
the Fellowship candidates, as part of their training in RET, participate in their own therapy group, led by one of the senior supervisors at the Institute; in this group they are encouraged to bring up all their most important emotional problems, particularly those that might interfere with their effectiveness as a therapist, and to work through these problems in a rational-emotive manner. As part of this group therapy process, they are also given the opportunity to participate in a regular rational encounter marathon (Ellis, 1969); to engage in several emotive-evocative exercises that are typically used in RET group processes; and to perform RET-oriented cognitive, emotive, and behavioral activity homework assignments outside their group therapy sessions, so that they tend to use on themselves many of the most effective techniques commonly employed in RET.

In addition, the supervision sessions themselves are occasionally used for therapy purposes, as when the supervisee indicates that a personal problem interferes with working with the client. When this is so, and when therapists’ beliefs and feelings interfere with their doing an effective job with clients (what some other approaches term “counter-transference”), the supervisor and the other supervisees in the small supervision group sometimes explore these beliefs and feelings. RET lends itself very well to this personal-therapy-combined-with-supervision approach because of its emphasis on here-and-now attitudes as a central contributing factor in personal problems and because it holds that these attitudes can readily be identified and actively modified by the person who holds them.

If supervisees show evidence of significant neurotic problems they are referred for regular individual or group rational-emotive therapy. However, when supervisees have fairly common concerns (such as their allowing their own anxiety-provoking beliefs about death to interfere with their working with a dying client) exploration and brief treatment of these attitudes within the supervision session may suffice to help the supervisees change these attitudes and may also help other supervisees in the supervision group who share the same or similar self-sabotaging philosophies.

The relationship between supervisor and supervisee is basically that of a presumably experienced practitioner of RET and a neophyte. The supervisee is viewed as inexperienced or unskilled, and not as a stupid, neurotic, or inferior person. There is a pronounced two-way flow of information in the course of face-to-face supervision. Not only is there dialogue, but disagreement between supervisor and supervisee is welcomed. Free discussion among the members of the supervision group is encouraged, even when the lecturer model is employed. Following each formal presentation, there is almost always a live, back-and-forth question-answer during the discussion period.

Supervision for primary, intermediate, and associate fellowship certificates in RET can largely be accomplished by the supervisees’ mailing in tape recordings of sessions with their own regular clients to one of a number of approved RET supervisors. This method is especially used when the supervisees live in distant or isolated regions where face-to-face approved supervisors are not available. Even with this kind of heard-at-a-distance supervision, supervisors tend to send supervisees tape recorded or written-out responses to their recordings and to their questions, so that some kind of a one-to-one dialogue ensues between the supervisees and their supervisors.

Process and Environment

The mixed model of RET supervision does not result in a single primary teaching format. Like the multimodal and varied tactics that are used in RET, the supervision tactics are also exceptionally multimethodological. Lectures provide information about concepts and principles; these are supplemented by the supervisees being assigned a considerable amount of reading material on RET theory and practice, as well as often listening to relevant recordings (including recordings of typical RET sessions) distributed by the Institute. Assessment and treatment skills are acquired by supervisors listening to actual recorded sessions in which the supervisees serve as therapists and by actively discussing these sessions with the supervisees.

A skilled supervisor can point out “correct” and “incorrect,” “efficient” and “inefficient” ways in which the supervisees interact with their clients. The supervisor can also elicit (directly from the supervisees and indirectly from the tapes they present) clients’ evaluative and nonevaluative cognitions, challenge and dispute clients’ irrational beliefs, engage in other forms of discussion with the supervisees, and help the supervisees select proper forms of homework for their clients to try in between therapy sessions. Discussions between the supervisor and the supervisees may focus on clients’ belief systems and how they can be changed. But it may just as readily involve roleplaying between the supervisor and supervisees to illustrate and afford practice for a specific kind of RET intervention, such as the use of rational emotive imagery (Maulsby, 1975; Maulsby & Ellis, 1974).

Since RET includes a good many cognitive, behavioral, and emotive methods of therapy, supervisory discussions often dwell on assertion training methods, sex therapy techniques, other forms of skill training, relaxation methods, hypnotherapy techniques, and various other methodologies that are frequently included in the RET armamentarium (Ellis & Abrahms, 1978; Ellis & Grieger, 1977; Ellis & Whiteley, 1979; Lazarus, 1981).

The use of small groups for RET supervision easily lends itself to the supervisor’s improvised use of attitude change techniques to help supervisees work more effectively with clients. Thus, one of us (RLW) once helped desensitize a male supervisee who was embarrassed about discussing with his client and with his supervision group his client’s homosexual activities. The improvised desensitizing method in this case was quite simple: the supervisor frequently (but unexpectedly) said to the supervisee: “I’d like you to suck my cock.” His blushing at this provocative statement gradually faded from deep red to mild pink, thus providing a physiological indicator of how he was beginning to change his attitude.

RET supervisors want (but hardly demand or com-
mand!) their supervisees to develop practical skills of assessment and intervention. Primarily, supervisors act as teachers. However, they are flexible enough so that they can at times adopt nonteaching and other roles vis-a-vis supervisees, when, in their judgment, such roles seem appropriate and useful.

We find, as probably do most supervisors, that supervisees usually are eager to learn new skills and also want to gain new insights about how to formulate clients’ problems. Much less often, they welcome discussions of their personal problems and the relationship of these problems to the effectiveness of their therapy. In RET supervision, nevertheless, we do not hesitate to offer therapy to supervisees when we deem it warranted.

If supervisees upset themselves (as only rarely seem to happen) about the supervision process, we deal with that kind of upsetness, too. The three main absolutistic musts that, according to RET theory, people employ to upset themselves are: (1) “I must do well and be approved by significant others, and it is awful and I am a pretty worthless person if I don’t do as I must!” (2) “You must treat me kindly and fairly and you are a damnable person if you don’t!” (3) “The conditions of my life have to be good and easy and arrange to give me all the important things I want quite promptly; and life is terrible and hardly worth living if they aren’t!” In the course of supervision, these may get translated specifically into: (1) “I must do well in supervision and be approved by my supervisor!” (2) “My supervisor has to be competent and treat me fairly!” (3) “The supervision program must be well arranged and effective, and I can’t stand it if it isn’t!” If RET supervisors see that supervisees hold any of these irrational beliefs and needlessly upset themselves, thereby interfering with the supervision process, they try to show the supervisees what is going on in this respect and try to help them surrender these self-defeating philosophies and replace them with more rational ones that will enable them to benefit more from the supervision process and, consequently, to become more effective counselors and therapists.

**Specific Characteristics**

In the RET supervision of special treatment modalities additional skills are taught, but otherwise the supervision process is essentially the same as outlined above. For example, for therapists to lead RET therapy groups adequately, they had better acquire discussion-leadership skills in addition to RET competence. So supervisees are taught RET group therapy, and in the course of this teaching they are shown how to involve group members in helping other members with their problems; how to draw out silent members; how to prevent overly talkative individuals from disrupting the group process; how to conduct rational-emotive group exercises; how to lead RET-oriented marathons; and how to do other things that are particularly required in group therapy.

Similarly, in supervising therapists in RET-oriented marital and family therapy, supervisors stress some special techniques, in addition to the use of RET with family members. Thus, supervisees may be given some knowledge of the legal aspects of marriage and divorce. They learn to focus in on common problems of marriage, such as the mates being intensely angry at each other or jealous of the other’s extramarital interests. They are shown how to teach family members relevant communication, relating, sex, and other skills. They are taught how to negotiate behavioral contracts that may increase marital and family satisfaction. They are sometimes given special training in the handling of marital separation and divorce problems. The teaching of assessment and intervention skills particularly related to marital and family therapy is emphasized in RET supervision. At the same time, supervisees’ attitudes about marriage and divorce are explored, and an effort is made to keep RET supervisees from imposing their own biased values on the couples with whom they work in marital and family therapy.

Because our supervision experience has been largely limited to one setting (the Institute for Rational-Emotive Therapy in New York City and the training pracita that it sponsors in various parts of the United States, Canada, and Europe) we are not qualified to say how RET supervision is done differently in other settings. Certified RET supervisors have been trained for the last ten years at our own Institute and it is our observation that they seem to carry our training model into other settings where they later participate in the training and supervision process.

The setting at our Institute makes it easy to teach “pure” RET and to supervise counselors and therapists to perform this kind of therapy. However, many of our supervisees are surprised when they discover how seemingly “impure” is Institute RET. They soon learn that RET is truly a multimodal form of psychotherapy and that it invariably includes a good number of different cognitive, emotive, and behavioral techniques. Styles of doing and of supervising RET also differ widely; and, as might be expected, of the scores of certified supervisors that we now have available for training purposes, many do and promote RET in what might be called a “classical” or Ellisonian way, but many do it and teach it in their own inimitable style, which may be in many respects highly unclassical. Supervisees, therefore, tend to quickly overcome their initial surprise about not being taught a “pure” brand of RET and tend to become comfortable soon with a variation of it that harmonizes well with their own prior learnings and predilections.

Since RET is adaptable to many different kinds of client problems and some of these problems are often seen with certain groups of individuals (such as children, adolescents, women, or couples), supervision and training includes special presentations that show the supervisees how to adapt RET to some of these groups. Thus, at a training practicum Janet Wolfe (1974) may give a seminar on women’s problems and on RET as an effective feminist therapy; Raymond DiGiuseppe (1975) may present one on the use of RET with children’s problems; and Albert Ellis (1976, 1978b) may lead a seminar on RET and sex and marital difficulties. When these areas are touched upon in the clients’ sessions that the supervisees bring up for supervision, the usual kinds of RET supervision techniques are employed but special emphasis is also given to rational-emotive therapy procedures that commonly seem to be effective in such specialized areas.
Evaluation

RET supervisors regularly evaluate supervisee’s skills of RET assessment and treatment. Lists of specific skills which are to be measured in this respect are presented in several papers and books, such as Bard (1980), Grieger and Boyd (1980), and Wessler and Wessler (1980). Supervisors, if they wish to do so, can make use of such lists and give their supervisees appraisals based on them. This may be done on a regular or periodic basis, at least for supervisees engaged in ongoing supervision.

Usually, supervisory feedback takes place during regularly scheduled supervision sessions. Ideally, the supervisor is a teacher who gives continuous feedback so that supervisees can improve their performance. Individual learning goals are set by supervisees and their progress toward these goals is assessed by their supervisors, their peers, and the supervisees themselves.

On occasions when formal, written evaluations are done, they are included in the supervisee’s permanent record. But because RET emphasizes present performance rather than past history, this permanent record is rarely consulted and is reviewed only in cases where marginal performance leads to probation and possible dismissal from a training program.

Formal evaluations of supervisors were discontinued several years ago at the Institute for Rational-Emotive Therapy, since they seemed to serve no very useful purpose. Informal evaluations continue and sometimes encourage supervisors to change some of their practices. Neophyte supervisors may be counseled based on the informal evaluations of their supervisees. But we have found it rare for supervisees to note an ineffectual aspect of a supervisor’s behavior that other supervisors and directors of supervision have not already detected. Supervisors are evaluated for their technical competence and for their ability to get across helpful information to the supervisees so that the latter may improve their RET skills.

In our experience, neither gender nor minority group status affects supervision. Members of the female sex and of minority groups appear to be as well treated by RET supervisors as are other supervisees; we practically never receive complaints from supervisees about racism or other forms of supervisor prejudice. We also find that people who are adequately trained and supervised in RET seem to have virtually no trouble in working with clients who are of a different gender, race, ethnic, or socio-economic group. The RET emphasis on tolerance, and on accepting all humans unconditionally, whether or not they perform well or are members of any so-called “upper” or “superior” class, seems to appreciably aid RET practitioners in doing counseling and therapy with different minority group members. Personality differences seem relatively unimportant, too, when RET practitioners work with clients who are significantly different from themselves. At the same time, people who choose to practice RET and who decide to achieve supervisory certificates so that they can train others may well choose to do so because of their own personality traits (Ellis, 1978a).

References


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