Psychotherapy supervision: What lies beneath

Nicholas Ladany a

a Lehigh University.

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Early Career Award Paper

Nicholas Ladany received the Society for Psychotherapy Research Early Career Award in 2001. We asked him to write about his program of research and to explain how he thinks about his work.

The Editors

PSYCHOTHERAPY SUPERVISION: WHAT LIES BENEATH

Nicholas Ladany
Lehigh University

This article presents a discussion of the critical incidents involved in the author's development as a psychotherapy researcher with the aim of sharing his biases and expectations. The author then addresses how his research program attempts to answer 4 questions about psychotherapy supervision: If nothing else, what should a supervisor do? What are some of the worst things a supervisor can do? What secrets do supervisors and trainees keep from one another? What about sex? The article concludes with a series of propositions for psychotherapy supervision research.

There is a theory which states that if ever anyone discovers exactly what the Universe is for and why it is here, it will instantly disappear and be replaced by something even more bizarre and inexplicable.

There is another which states that this has already happened. (Adams, 1980, p. 1)

My journey into and passion for psychotherapy research stems largely from personal experiences. Moreover, in most instances, the experiences that intrigued and motivated me were those that were the most unpleasant. From the beginning of my psychotherapy training, I was struck by how fabulously incompetent were those who were deemed “supervisors.” It was not until I received the title of supervisor

An Early Career Award does not come to someone without the significant influences of others. It is with this in mind that I thank my honored mentors, Michael Ellis, Micki Friedlander, and Clara Hill. In addition, I have had the great fortune to have worked with incredibly bright and gifted students who have, in all likelihood, shaped and inspired me more than I have shaped and inspired them. I sincerely thank Jennifer Crall for her assistance with this article.

Correspondence concerning this article should be addressed to Nicholas Ladany, 111 Research Drive, Counseling Psychology Program, Department of Education and Human Services, Lehigh University, Bethlehem, PA 18015. E-mail: nil3@lehigh.edu.
myself that I learned how fabulously incompetent I could be. So, with the parameters set, my venture into psychotherapy supervision research has been fueled by a desire to create supervision conditions that were optimally effective. In large part, my journey has taken me to the darker side of supervision, that is, learning how supervision can be most effective through the discovery of what is ineffective.

In deciding how to organize this article, I initially considered tying all my research together within a comprehensive theoretical model, which, in turn, would likely contain many holes. However, in the end, I thought a better way to present my work was through a series of questions that have both guided and resulted from my empirical explorations. In response to these questions, I attempt to present smaller theoretical models that explain the relevant phenomena.

Specifically, I begin by discussing my development as a psychotherapy researcher that culminated in an Early Career Award from the Society for Psychotherapy Research, which for me is a recognition that is both overwhelming and humbling. My background is intended to offer a context for my research program and present some of my motivation and biases. Next, I use my research to answer four questions about psychotherapy supervision: If nothing else, what should a supervisor do? What are some of the worst things a supervisor can do? What secrets do supervisors and trainees keep from one another? What about sex? In conclusion, I offer a set of next step propositions for psychotherapy supervision.

Before attending to my background and the questions, it is important to issue a few caveats about my research assumptions and approaches. First, my research has almost entirely consisted of participants from the United States. In many ways, this limitation places unique restrictions on the findings and subsequent propositions (i.e., the findings point to emic rather than etic knowledge). Second, I have been particularly enriched by conducting both qualitative and quantitative investigations. To me, the qualitative–quantitative debate for supremacy is analogous to being asked, “Which is a better mode of transportation: a car or a boat?” Finally, my take on the relevant variables for psychotherapy supervision research can be found in Table 1. This table includes variables that I have studied, am currently studying, will be studying, or would like to see studied in the supervision realm, thereby offering a framework for viewing my research program.

**Critical Incidents in My Development as a Psychotherapy Supervision Researcher**

As mentioned, my negative experiences in supervision have largely fueled my research passion. However, the clarity of these negative experiences is only recognized when set against supervision experiences that greatly facilitated my professional growth. What is so striking about these few superb supervisors is their skillfulness at developing a strong supervisory alliance along with providing a good mix of challenge and support that allowed me to grow as a therapist-in-training. Moreover, these supervisors taught me how to examine my countertransference reactions and use them to more effectively work with my clients. Their approach also facilitated an openness from me, which, in turn, led to more growth experiences. During this time, I was also introduced to Bordin’s (1983) model of the supervisory working alliance, which theoretically fit very well with the heart of what worked so well in supervision. As will be seen, my research program also has at its heart, a consistent focus on the supervisory alliance.
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During this time, I also became engaged in a variety of psychotherapy supervision research projects. These experiences allowed me to become steeped in the supervision literature. One project in particular involved a review of the supervision literature from 1981 to 1994 and took 7 years to complete (Ellis, Ladany, Krengel, & Schult, 1996). It was during this time that I developed knowledge and skills relevant to supervision research. I also gained an appreciation for (a) how difficult supervision research is to conduct, (b) how poorly supervision research had been conducted, and (c) how much professors liked graduate students who could not say no!

Up until my predoctoral internship, I had a mix of effective, benign, and ineffective supervision experiences. During my internship year, however, I encountered the worst of my supervisors. It seemed that his supervisory approach was an aberrant form of object-relations therapy. Supervision largely consisted of my supervisor beginning each sentence with “What is it about you that is having difficulty with…?” Occasionally, though, he would mix it up by attacking me personally. His approach to supervision and his abuse of interns was well documented. His largely unidimensional interventions at first were comical but later became harmful professionally and personally. It was this experience that opened my eyes to the darker side of supervision. Looking back, it planted the seeds for a host of my investigations into ineffective and harmful supervision. I also began to appreciate that one’s own personal therapy serves an important function in psychotherapist development. In fact, there were many times that I learned more about being a therapist from my own personal treatment than I did from my supervisors!

The final critical incident in my development as an early researcher occurred after the receipt of my doctorate, when I was fortunate enough to have worked with Clara Hill. Her influence is immeasurable. I credit her for opening and nurturing my creative side as a researcher. Her typical statements included, “If that’s what you’re interested in, then study it!” Before meeting Clara, I stepped into supervision research like one steps on broken glass. She also introduced me to qualitative research. All of a sudden I was able to conduct the research I had always wanted to conduct (e.g., trainee nondisclosures or sexual attraction issues in supervision). In fact, I believe my most meaningful research has come from allowing my creative side to veto traditional beliefs about what should be done in research.

Four Research Questions and Preliminary Answers Derived From My Research Program

**If Nothing Else, What Should a Supervisor Do?**

I argue that Bordin’s (1983) pantheoretical model of the supervisory working alliance is the foundation for determining the effectiveness of supervision. In his
model, Bordin (1983) generalizes his therapy model of the therapeutic working alliance (Bordin, 1979) to supervision. The supervisory working alliance consists of three components: (a) a mutual agreement between the trainee and supervisor about the goals of supervision, (b) a mutual agreement between the trainee and supervisor about the tasks of supervision, and (c) an emotional bond between the trainee and supervisor.

With this conceptualization in hand, I set out to explore the relationship between the supervisory working alliance and supervision process and outcome through a series of investigations. These studies ranged in methodology, from quantitative (e.g., analog, quasi-experimental) to qualitative (e.g., consensual qualitative research) to a blend of both (e.g., discovery oriented in the initial phase and ex post facto in a later phases). In addition, most of these studies used trainee and supervisor versions of the Working Alliance Inventory (Bahrick, 1990) to assess the supervisory working alliance. These self-report measures tapped into Bordin’s (1983) conceptualization of the alliance in supervision and proved sound psychometrically (e.g., internal consistency estimates exceeding .90 for all the subscales across all the studies).

Results of these studies indicated that a strong supervisory working alliance is significantly related to enhanced trainee multicultural competence (Ladany, Brittan-Powell, & Pannu, 1997), effective evaluation practices (Lehrman-Waterman & Ladany, 2001), a balanced supervisory approach consisting of collegial, interpersonally sensitive, and task-oriented styles (Ladany, Walker, & Melincoff, 2001), increased trainee self-disclosure (Ladany, O’Brien, Hill, Melincoff, Knox, & Petersen, 1997; Walker, Ladany, & Pate-Carolan, 2003), trainee sexual attraction toward the supervisor (Melincoff, Ladany, Walker, Muse-Burke, & Tyson, 2003), and trainee satisfaction (Ladany, Ellis, & Friedlander, 1999). Conversely, a weak supervisory working alliance has been related to trainee role conflict and role ambiguity (Ladany & Friedlander, 1995), trainee nondisclosure (Ladany, Hill, Corbett, & Nutt, 1996), alleged supervisor unethical behavior (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999), and counterproductive events in supervision (Gray, Ladany, Walker, & Ancis, 2001).

Hence, it seems as though the supervisory working alliance influences supervision process and outcome in crucial ways. To answer the question then—If nothing else, what should a supervisor do?—I recommend that supervisors attend to the development of a strong supervisory alliance using and generalizing their psychotherapy skills (e.g., empathy, clarification). Furthermore, the supervisory alliance seems to develop most readily in the first three to five supervision sessions (Ladany, Ellis, & Friedlander, 1999) and consists of successfully and unsuccessfully resolved ruptures and repairs (Gray et al., 2001). Thus, supervisors are advised to consider the alliance as figure-ground in the supervisory work. That is, attend more to the alliance when the relationship is developing or when there is a rupture in the alliance, and attend less to a strong alliance and use supervisor technical skills to focus more on the trainee’s development. For example, supervisors could use self-disclosure as a way to enhance a developing alliance (Ladany & Walker, 2003) and attend to facilitating the trainee’s conceptualization skills under the condition of a strong alliance (Ladany, Friedlander, & Nelson, in press).

Ironically, it seems as though the supervisory alliance is at times readily ignored, particularly by new supervisors and untrained supervisors. Often, in these supervisors’ benevolent zeal to “cause insight,” they neglect to attend to the basic
relationship. This technical preoccupation does not seem to be systematically related to theoretical orientation. I have witnessed and seen results from our studies in which psychoanalytic supervisors are incredibly didactic and cognitive–behavioral supervisors naturally attend to the supervisory relationship. All of this is to say that if supervisors want to be effective in facilitating trainee development, they must readily attend to the supervisory alliance.

What Are Some of the Worst Things a Supervisor Can Do?

Answer 1: Ignore the supervisory working alliance. As mentioned, supervisors who ignore the supervisory alliance create a weak foundation on which to facilitate change in the trainee (Ladany, Ellis, & Friedlander, 1999; Ladany & Friedlander, 1995). However, read on if you are interested in other ways supervisors can mess things up.

Answer 2: Use developmental cookie-cutters to treat trainees. Developmental models of supervision would have us believe that supervisors should work with beginning trainees in a structured and didactic fashion and work with advanced trainees in an empowering and open-ended fashion (Whiting, Bradley, & Planny, 2001). Based on quantitative research studies that primarily focus on trainee self-reported perceptions, the optimal approach is a mix of supervisor styles or roles (Ladany, Walker, & Melinoff, 2001) that can be heuristically categorized as teacher, counselor, and colleague (Bernard, 1979, 1997). I have seen beginning trainees who are quite adept in working with their countertransference (blasphemy according to developmental models), and I have seen advanced therapists who are rather ill at ease with tolerating ambiguity. In sum, I argue that the general patterns regarding how to behave differentially toward experienced trainees are minimally accurate. Rather, it seems likely that there are trainee and supervisor factors that account for more of the variance in how a trainee will respond to supervision, among them trainee tolerance for ambiguity, experience with the specific clients, general clinical experience, past effective supervision experiences, conceptualization ability, and supervisor personality and ability factors, all of which need to be set in the context of a positive supervisory alliance. To date, the supervision literature as well as my own research has only begun to address these factors (Ladany, Inman, Constantine, & Hofheinz, 1997; Ladany, Marotta, & Muse-Burke, 2001).

Answer 3: Approach supervision with the belief that supervisor ethics are for wimps. After my harmful supervision experience, I decided that I would examine how well supervisors adhere to supervisor ethical practices. A literature review revealed that, at best, most mental health disciplines considered supervision ethics in a cursory fashion, typically leaving supervisor practitioners to generalize therapy ethics to supervision. Moreover, there were practically no empirical investigations on supervision ethics, which, of course, in large part could be attributed to the fact that a supervision ethics literature did not exist.

My colleagues and I decided to propose supervisor ethical guidelines and then determine how well practicing supervisors adhered to them (Ladany, Lehrman-Waterman, et al., 1999). We based these guidelines on psychotherapy and supervision guidelines promulgated by, or embedded within, a variety of mental health organizations (e.g., American Counseling Association, 1995; American Psychological Association, 1992; Association for Counselor Education and Supervision, 1995; National
Association of Social Workers, 1994), the literature on supervision ethics (e.g., Knapp & VandeCreek, 1997), as well as what we believed would be important ethical considerations for supervision yet to be discussed in the literature (e.g., multicultural issues in psychotherapy and supervision). This work yielded 18 ethical categories relevant to supervisors:

Performance evaluation and monitoring of supervisee activities
Confidentiality issues in supervision
Ability to work with alternative theoretical perspectives
Session boundary and respectful treatment
Orientation to professional roles and monitoring of site standards
Expertise and competency issues
Disclosure to clients
Modeling ethical behavior and responding to ethical concerns
Crisis coverage and intervention
Multicultural sensitivity toward clients
Multicultural sensitivity toward the supervisee
Managing and limiting dual roles
Termination and follow-up issues
Differentiating supervision from psychotherapy
Sexual issues
Financial issues in supervision
Financial issues in psychotherapy
Continuing education for supervisors

All but the last three guidelines were included in an investigation to determine supervisor adherence to these guidelines (Ladany, Lehrman-Waterman, et al., 1999). We queried 151 beginning- to intern-level psychotherapy trainees to generate information about current psychotherapy supervision experience. Specifically, we asked trainees to inform us of instances in which they believed their supervisors acted in an unethical fashion along any of the a priori guidelines we defined for them. Fifty-one percent of the trainees reported that their current supervisors violated at least one proposed ethical guideline. The most frequent student complaints were adequate performance evaluation (33%), confidentiality issues relevant to supervision (18%), and ability to work with alternative theoretical perspectives (18%). The participants provided multiple examples of problematic supervisor behaviors, such as “My supervisor rarely gave any feedback,” “My supervisor never listened to my audiotapes,” “My supervisor is all knowing and it is his way or else,” “I was consistently shortchanged in supervision time because my supervisor wanted to go out to lunch/shopping,” and “My supervisor constantly missed supervision sessions and allowed them to be interrupted by others.” We were not certain whether to be saddened, surprised, or mortified by these findings. We had suspected that we would find incidents of supervisors behaving badly but not to this extent.

In determining why were there so many problems, we found that, first, many supervisors never receive training to become a supervisor (Bernard & Goodyear, 2004). As such, most supervisors likely operate from a “seat-of-the-pants” mode of supervision (Blocher, 1983) and base their strategies on their own supervision histories. Second, the “critical feedback” role that supervisors must embrace periodically may be antithetical to their interpersonal preferences, as may be true for most psychotherapists.
In other words, critical feedback may be contrary to being nonjudgmental and supportive. Third, although trainee impairment has been identified as a critical issue in the field (Forrest, Elman, Gizara, & Vacha-Haase, 1999), supervisor impairment (e.g., interpersonal psychopathology) has received virtually no attention in the literature (Ladany, in press). It does not seem a stretch to predict that many impaired trainees will one day become impaired supervisors. Finally, in relation to performance evaluation, supervisors have few available resources for evaluating psychotherapy skills. This point is discussed later.

**Answer 4: Do not tell trainees how they will be evaluated and then evaluate them capriciously.** Across a variety of studies, my colleagues and I have found that supervisors have difficulty in providing evaluations of trainee performance (Ladany, Lehrman-Waterman, et al., 1999) and often create fear in the trainee in relation to evaluation (Gray et al., 2001). The research has indicated that better supervisor evaluation is related to the development of a stronger supervisory alliance, greater trainee self-efficacy, and greater trainee satisfaction (Lehrman-Waterman & Ladany, 2001), and supervisor countertransference can influence their evaluative practices (Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000). In addition, supervisors report difficulties in disclosing evaluation information to their trainees (Ladany & Melincoff, 1999). Although trainee evaluation certainly occurs, there is little evidence that it is done well; rather, it appears that subjective and qualitative assessments lack rigor, and quantitative measures have poor psychometric properties (Ellis & Ladany, 1997).

To address the evaluation problem in supervision, I first discuss what is involved in effective supervisor evaluation and then refer to a model for evaluating the validity of evaluation measures. The construct of evaluation must be defined. According to Lehrman-Waterman and Ladany (2001), supervisor evaluation consists of two components: goal setting (identifying a standard of proficiency on targeted competencies) and feedback (providing formative and summative information about the trainees’ progress on the targeted competencies). Effective goal setting involves “setting goals that are specific, explicit and clearly worded, feasible in regard to capacity, opportunity and resources, require the supervisee to ‘stretch’ herself or himself, related to the task formulated, modifiable over time, measurable, ordered into priority, mutually agreed upon, and clarified early in the supervisory relationship” (Lehrman-Waterman & Ladany, 2001). Relatedly, effective feedback is systematic, timely, clearly understood, balanced between positive and negative statements, coming from a credible source, and reciprocal (Bordin, 1983; Fox, 1983; Freeman, 1985; Lehrman-Waterman & Ladany, 2001). The Evaluation Process within Supervision Index, a trainee self-report measure that assesses supervisor evaluation practices, has been found to be related to supervisory alliance, trainee self-efficacy, and trainee satisfaction (Lehrman-Waterman & Ladany, 2001). This research helped me clarify how supervisors can effectively evaluate their trainees.

Turning to performing effective evaluation practices, Bernard and Goodyear (2004) note that there are probably as many evaluation measures as there are training sites. This state of affairs, as many psychotherapy trainees can attest, has led to consistency problems. To determine the adequacy of a given evaluation approach, we offer the following theoretical framework to assess evaluation approaches (Ladany & Muse-Burke, 2001). For any evaluation approach, a series of components needs to be considered. Some of these components include mode of psychotherapy (e.g., individual, group, family, or couples); domain of trainee behaviors (e.g., psychotherapy or...
supervision); competence area (e.g., psychotherapy techniques, theoretical conceptualization, assessment); method (e.g., trainee self-report, case notes, audiotape, live supervision); proportion of caseload (all clients, subgroup of clients, one client); and evaluator (e.g., supervisor, clients, peers, objective raters). Although not all of these parameters can be considered in any given evaluation approach, the value of a particular approach can be determined based on how well each of these components are incorporated. In addition, empirical support is needed determine the suitability of this theoretical framework.

**Answer 5: Demonstrate you are racist, sexist, or homophobic both overtly and subtly.** Another aspect of my research program was derived from my own experiences. Throughout my professional life, I have been witness to supervisors, faculty, and professional staff exhibiting racist, sexist, and homophobic behaviors. I have often been struck by how supervisors can act overtly bigoted in my presence but in other venues come across as champions of multiculturalism. Interestingly, when I have confronted these supervisors, they invariably turn the attention on me and indicate that perhaps I am too sensitive or that I need to “grow up.” Concomitantly, in our research, we have found numerous examples of supervisor insensitivity to multicultural issues. For example, in our study on supervisor ethics (Ladany, Lehrman-Waterman, et al., 1999), one participant told us that she had a supervisor who said that “It’s best to not discuss multicultural issues in therapy and supervision.” In the end, my discomfort and anger fueled my passion to examine multicultural issues in supervision and psychotherapy training.

As indicated, we have conducted a series of studies that led to a model for understanding the multicultural dynamics in supervision. These studies, which varied in the type of methodology used (i.e., quantitative and qualitative), helped us understand how trainees perceive multicultural issues in supervision as well as how supervisors respond well, and not so well, to multicultural dynamics. A summary of the findings from these investigations indicates that self-reported multicultural competencies are not related to demonstrated multicultural competencies (Constantine & Ladany, 2000; Ladany, Inman, et al., 1997). In addition, it appears that the racial identity of the supervisor can influence the development of multicultural competence in the trainee (Ladany, Brittan-Powell, & Pannu, 1997) and that gender identity can account for salient interactions in supervision (Ancis & Ladany, 2004; Ravick & Ladany, 2003; Walker, Gilmore, Cole, & Ladany, in preparation; Walker, Ladany, & Pate-Carolan, in preparation). Furthermore, the most competent therapists are indeed able to address multicultural issues in therapy with their clients (Fuertes, Mueller, Chauhan, Walker, & Ladany, 2002). In all, training programs fall short of reasonable expectations regarding multicultural training (Constantine, Ladany, Inman, & Ponterotto, 1996), and much work is left to be conducted in integrating multicultural issues in psychotherapy and psychotherapy training (Constantine, Gloria, & Ladany, 2002; Constantine & Ladany, 2001; Ellis & Ladany, 1997; Inman, Ladany, Constantine, & Morano, 2001).

On the basis of this research, and to help guide future research, we developed a model for understanding supervisor and trainee multicultural identities that we believed would, in turn, predict the development of trainee multicultural competence (Ancis & Ladany, 2001; Constantine & Ladany, 1999). The Heuristic Model of Nonoppressive Interpersonal Development is based on the knowledge that simple demographic characteristics (e.g., sex, race) account for less of our understanding of interpersonal interactions than do psychological or identity characteristics...
(e.g., gender identity, racial identity, sexual orientation identity; Cass, 1979; Cross, 1995; Fassinger, 1991; Helms, 1995; McNamara & Rickard, 1989; Ossana, Helms, & Leonard, 1992; Phinney, 1993; Sodowsky, Kwan, & Pannu, 1995). An overview of this model will suffice.

The model begins with the premise that, for any demographic or status variable, people living in the United States belong to one of two groups: a socially oppressed group (SOG; female, person of color, gay/lesbian/bisexual, disabled, working class) or a socially privileged group (SPG; male, White, heterosexual, European American, physically able, middle to upper class). People can belong to both a SOG and SPG depending on the variable in question (e.g., White, female). Furthermore, for each variable, people progress through similar phases of means of interpersonal functioning (MIF; e.g., thoughts and feelings about oneself as well as the behaviors based on one’s identification with a given demographic variable). The phases of MIF are adaptation (i.e., complacency, apathy, and limited awareness of the cultural differences and the oppressive environment; e.g., “Sexism doesn’t exist,” “I am color-blind when it comes to race,” “Homosexuality is a sin”); incongruence (i.e., dissonance results when previously held beliefs are challenged by events; e.g., a woman learns of the earning discrepancies between men and women); exploration (i.e., active exploration of what it means to be a member of an SOG or SPG; e.g., wear African American clothing, participate in a gay pride event); and integration (i.e., integrative awareness and proficiency in associating with multiple SOG and SPG groups; e.g., use their privileges toward promoting equality and put effort toward changing infrastructures within which they work).

As indicated, people can be more advanced in terms of their MIF for one variable (e.g., race) than their MIF for another variable (e.g., sexual orientation). For example, a White man may have an understanding of homophobia but lack an awareness of White privilege. We also hypothesize that the work in supervision and psychotherapy can be characterized and predicted by the knowledge of each dyadic member’s MIF for each variable. For example, a supervisor in the adaptation phase in terms of gender identity will likely minimize and dismiss a trainee’s desire to consider gender issues in relation to client conceptualization. Similarly, a trainee in the adaptation phase in terms of racial identity will likely not be receptive to a supervisor of color or be able to work well with a client of color.

To understand the multiple identity interactions that occur in supervision, we developed heuristics for understanding interaction types. Extending the work by Helms (1990) and Cook (1994), we hypothesize four supervisor-trainee interpersonal interaction types for each demographic variable: progressive, in which the supervisor is at a more advanced stage than the trainee; parallel-advanced, in which the supervisor and trainee are at comparable advanced MIF stages; parallel-delayed, in which the supervisor and trainee are at comparable delayed MIF stages; and regressive, in which the trainee is at a more advanced stage than the supervisor.

Each of these interaction types has implications for trainee outcome and client outcome. Specifically, the facilitation of trainee outcome is predicted to occur from most to least for the following types: parallel-advanced, progressive, parallel-delayed, and regressive. In progressive interaction types, the supervisor would assist the trainee in differentiating and integrating cultural issues in a case conceptualization, thereby facilitating trainee conceptualization ability. Conversely, regressive relationships would likely result in a weak supervisory alliance and lead the trainee to disclose less to her or his supervisor. In terms of client outcome, a slightly different pattern emerges in terms of the interaction type in supervision.
As with trainee outcome, parallel-advanced relationships result in the more favorable client outcome; however, regressive relationships offer the next most favorable client outcome because of the trainees’ buffering effect. In other words, trainees in regressive relationships protect the client from less advanced supervisors. As has been shown in the literature, these less advanced supervisors seem to be plentiful (Ladany, Brittan-Powell, & Pannu, 1997).

**What Secrets Do Supervisors and Trainees Keep From One Another?**

During my initial psychotherapy training, I was struck by how too much disclosure, in the wrong supervisor's hands, led to problems. From these experiences, I became interested in the things that supervisors and trainees hide from one another. Two studies directly attended to these covert processes: One explored trainee nondisclosure (Ladany et al., 1996) and the other supervisor nondisclosure (Ladany & Melinoff, 1999). The results from these studies offer a preliminary look at the content and reasons for nondisclosure in supervision. The methodology used was a blend of qualitative and quantitative approaches. Specifically, we asked trainees (N = 108) and supervisors (N = 90) to write about important nondisclosures. We then created categories through a discovery-oriented approach and followed up by looking for patterns in these categories (e.g., how the content of the nondisclosures related to the reasons for these nondisclosures) using statistical analyses.

In terms of trainee nondisclosure, we found that trainees rarely disclosed the following content to their supervisors:

- Negative reactions to their supervisor (e.g., “He is very rigid and narrow in theory and practice.”)
- Personal issues (e.g., “I’m pregnant.”)
- Clinical mistakes (e.g., “I sometimes feel I made a mistake in a session and wait until next session to try to ‘correct’ it.”)
- Evaluation concerns (e.g., “I wonder how my supervisor will evaluate me.”)
- General client observations (e.g., “The extent of sexual activity my clients discuss.”)
- Negative reactions to the client (e.g., anger toward client)
- Countertransference (e.g., “That I often ‘overrelate’ with my clients and see myself in them.”)
- Client–counselor attraction issues (e.g., sexual attraction to a female client)
- Positive reactions to the supervisor (e.g., personal liking for him/her as a human being)
- Supervision setting concerns (e.g., “I do not like importance set on quantity of contact instead of quality.”)
- Supervisor appearance (e.g., “I like his silver belt buckle and general style of dress.”)
- supervisee–supervisor attraction issues (e.g., “I think my supervisor is very attractive and also brilliant.”)
- Positive reactions to the client (e.g., particular feeling of closeness to client)

We also determined multiple self-reported reasons for their nondisclosures that, in turn, were linked to the content of the nondisclosures. For example, when the content of the nondisclosure pertained to negative reactions to the supervisor, the reasons were significantly more likely due to deference to the supervisor, impression management, and fear of political suicide (e.g., I had to keep my mouth shut on my
opinions so I could save my career). In another example, when clinical mistakes were not disclosed, the reasons were significantly more likely due to impression management. In sum, most of the nondisclosures were relevant to supervision and important for therapist functioning. In addition, supervisors perceived to be open and collaborative created an environment in which there were fewer nondisclosures. All this is to say that supervisors may miss much that occurs for their trainees; what is not talked about in supervision may be more important than what is talked about.

In terms of supervisor nondisclosure, supervisors rarely disclosed the following to their trainees:

- Negative reactions to counseling and professional performance (e.g., “She has personal agendas that interfere with therapy.”)
- Supervisor personal issues (e.g., “dealing with my nephew’s first birthday without his mother”)
- Negative reactions to trainee’s supervision performance (e.g., “She can be too deferential at times.”)
- Trainee’s personal issues (e.g., concern over the severity of the trainee’s health)
- Negative supervisor self-efficacy (e.g., “I experienced anxiety and tension when interacting with my trainee.”)
- Dynamics at training site (e.g., upset at coworker before going into supervision)
- Supervisor’s clinical and professional issues (e.g., overwhelming schedule: private practice and huge VA caseload)
- Trainee appearance (e.g., “Gosh, her clothes are nice; they look expensive. How can an intern afford this wardrobe? I’m jealous.”)
- Positive reactions to therapy and professional performance (e.g., “She’s doing a great job.”)
- Attraction to trainee (e.g., strong sexual attraction)
- Reaction to trainee’s clients (e.g., “Trainee’s client appeared very annoying to me.”)
- Experiences as a supervisor with other trainees (e.g., being accused of age discrimination by former trainee)

Many of these supervisor nondisclosures should be kept undisclosed to ensure appropriate boundaries in supervision, of course. At the same time, it is curious that some of these content areas were not disclosed, such as positive reactions to therapy and professional performance. Given that a typical complaint of trainees is that they do not receive enough positive feedback, supervisors would be well served if they were more forthcoming. In addition, when negative reactions to trainees’ therapy were not disclosed, the reasons were significantly more likely to be that the trainees will discover it when developmentally ready. In one case, the student tended to be very formal in interacting with clients. The supervisor indicated that “this approach is appropriate as he develops comfort with the nature of the work.” In this instance, the supervisor seems to be choosing therapist development over client development.

Taken together, these two investigations, and some work on supervisor self-disclosure (Ladany & Lehrman-Waterman, 1999; Ladany & Walker, 2003), lead me to conclude that (a) sometimes trainees keep a lot of important information from their supervisors, (b) sometimes supervisors do not disclose things they should to their trainees, (c) sometimes supervisors disclose things to their trainees they should not, and (d) is there ever really “nothing to discuss in supervision?”
What About Sex?

Now that I have your attention, one of our findings in the trainee nondisclosure study was that trainees did not disclose their sexual attraction toward clients to their supervisors. Although interesting in and of itself, what intrigued us was the reason most frequently given by trainees. We had anticipated that embarrassment or a poor supervisory relationship would be the reason. However, trainees informed us that the primary reason was that the sexual attraction issue was deemed “unimportant.” This finding initiated a consensual qualitative research study (Ladany, O’Brien, et al., 1997) on the topic because we deemed qualitative research to be ideally suited for studying a phenomenon that occurs relatively infrequently, about which little is written about, and that requires an in-depth analysis (Hill, Thompson, & Williams, 1997).

Among the most interesting results was that interns’ sexual attraction toward their clients consisted of both physical (e.g., client was seductive in body language) and interpersonal (e.g., client was needy, vulnerable, and intellectual) aspects. Therapists found that their sexual attraction both facilitated and interfered with the therapy process. In some instances, the sexual attraction helped them become more invested, caring, and attentive; in others, they found the sexual attraction to create distance and a loss of objectivity. In supervision, only half of the therapists disclosed their sexual attraction toward a client to their supervisors. In most of these cases, the disclosure came from the therapist rather than the supervisor, even when there were clear signs that sexual attraction was present. In one of the non-disclosure cases, the therapist told her supervisor that the client was the most “sensual person” she had ever met, yet the supervisor did not bring up sexual attraction as a potential topic for discussion. The therapists also taught us that normalization and validation were the most helpful responses supervisors can have, and that training programs have done a woeful job of addressing sexual attraction. Sexual attraction is an important phenomenon that warrants further study.

To this end, our initial study led to another qualitative study, using consensual qualitative research, that examined trainees’ sexual attraction toward their supervisors (Melincoff et al., 2003). Among the findings were that trainees were typically sexually attracted to physical and interpersonal characteristics (e.g., genuineness, humor) of their supervisors. In addition, trainees were having struggles in their current romantic relationships. They indicated that the sexual attraction facilitated the development of a stronger working alliance and increased their self-disclosure in supervision. Furthermore, they managed the sexual attraction by talking about it with others, fighting it, or trying to ignore it. In addition, as in the previous study, trainees indicated that sexual attraction issues were not addressed well in their training programs. Although this area has received the attention of only two investigations, I hope that this research will stimulate other research into this area. One next step in this line of research, for example, would be to determine supervisors’ experience of sexual attraction toward their trainees.

Propositions for Psychotherapy Supervision

The supervision literature has lagged far behind the psychotherapy literature in understanding process and outcome. Our research offers a glimpse of understanding that may stimulate others to investigate supervision. In addition, my research, although attempting to use multiple methodological approaches in a programmatic
fashion, is clearly not without important limitations that should be kept in mind. More specifically, much of the research has focused and relied on self-reported trainee perceptions. Also, the samples have been limited to trainees who are in their first 5 to 7 years of training, with little attention to postdegree supervision experiences. Furthermore, most of the research was cross-sectional in nature with only limited attention to longitudinal explorations. With these points in mind, I turn now to implications of my research and next steps in supervision research.

As can be seen in Table 1, there are many avenues yet to explore in supervision research. For specific guidelines on how to conduct supervision research, I direct the reader to Bernard and Goodyear (1998), Bradley and Ladany (2001), Ellis and Ladany (1997), Ladany and Muse-Burke (2001), Lambert and Ogles (1997), and Neufeldt, Beutler, and Banchero (1997). In this final section, I offer a set of theoretical, empirical, and practical propositions as next steps. These propositions arise from my research program, in some cases directly from answers to research questions and in other cases indirectly from questions that are raised after having conducted the investigations.

**Proposition 1**

The link between supervision process and outcome on the one hand and psychotherapy process and outcome on the other is tenuous. As supervision is currently practiced, and based on virtually no empirical evidence to the contrary, it is reasonable to suspect that many supervision experiences are of little use to trainees. As such, we need to improve the current practice and explore nontraditional methods of supervision. One example would be to have well-trained supervisors meet with trainees for a short-term intensive period to facilitate their development rather than the traditional weekly 50-min format.

**Proposition 2**

Trainee development would be better served if the evaluation component was removed as the sole responsibility of the supervisor. Rather, trainee performance evaluation could include objective third-party reviews of the trainee’s psychotherapy as well as client evaluation. In this way, the supervisor and trainee could work collaboratively toward enhancing skills. Expanding the sources of feedback would also offer a more comprehensive look at the efficacy of therapy for the trainee.

**Proposition 3**

Supervisors without supervisor training will probably reach their potential to be effective supervisors more slowly compared with those who receive supervisor training. In addition, the supervision role will be taken seriously only when accrediting organizations (e.g., American Psychological Association) require supervision training as a component of doctoral curricula (Ladany, 2002). After all, supervision is a primary role in which many postdoctoral therapists engage. At the moment, the supply of well-trained experienced supervisors falls short of the demand.

**Proposition 4**

Supervisor impairment is a primary source of harmful supervision and occurs at a greater rate than the field has recognized. In part, the literature has not acknowledged
this problem because the prevailing misguided assumption is that good, or perhaps trained, therapists will make effective supervisors. Based on some empirical evidence, it seems that all too frequently supervisor practitioners are impaired to the point that they psychologically harm their trainees (Gray et al., 2001). When one considers that the typical therapist-in-training will receive supervision from a number of supervisors, in all likelihood many trainees will have at least one harmful supervision in their professional life. Supervisor impairment is a critical problem in the area of psychotherapy training and warrants further attention.

Conclusion

I sincerely appreciate the opportunity to discuss my program of research. My observations are, at times, provocative in the hope that some will look at psychotherapy supervision in a different light. In addition, I hope that my research and propositions will stimulate research in psychotherapy supervision. Specifically, I offer the following three critical areas that I believe warrant further empirical attention. Within each research area identified, investigators are encouraged to use a variety of research designs and methodology. First, continue to examine how the supervisory alliance influences supervision process and outcome. More specifically, consideration should be given to how the alliance may be conceptualized differently to take into consideration the evaluation, didactic, and involuntary aspects inherent in supervision. In addition, examine how the alliance can be defined and operationalized in more detail. For example, it is important to identify the specific tasks associated in the formation of the alliance (Ladany, Friedlander, & Nelson, in press). Second, it behooves supervision researchers to critically consider what constitutes supervision outcome. How supervisee conceptualization ability changes needs clarification and delineation. Moreover, the influence of supervision on specific supervisee skill development should be examined. Third, one must identify effective supervisee and supervisor evaluation practices that, in turn, lead to effective supervision and therapy practices.

References


Zusammenfassung

Résumé
Cet article présente une discussion des incidents critiques impliqués dans le développement de l’auteur en tant que chercheur en psychothérapie, dans le but de partager ses biais et ses attentes. L’auteur précise ensuite comment son programme de recherche tente de répondre à 4 questions sur la supervision de psychothérapie: Simirien d’autre, que devrait faire un superviseur? Quelles sont parmi les plus graves? Un superviseur peut faire? Quels secrets gardent les superviseurs et les supervisés à distance? Qu’en est-il de la sexualité? L’article conclut avec une série de propositions pour la recherche sur la supervision en psychothérapie.

Resumen
Este artículo presenta una revisión de los incidentes críticos que le han ocurrido en el desarrollo al autor como investigador en psicoterapia. Su objeto es compartir sus sesgos y expectativas. Muestra cómo su programa de investigación intenta contestar cuatro preguntas acerca de la supervisión en psicoterapia. ¿Qué debe hacer un supervisor? ¿Cuáles son algunas de las peores cosas que puede hacer? ¿Qué secretos ocultan entre si supervisores y supervisados? ¿Qué ocurre con el sexo? El artículo concluye con una serie de propuestas para investigar en supervisión en psicoterapia.

Resumo
Este artigo apresenta uma discussão dos incidentes críticos envolvidos no desenvolvimento do autor como investigador de psicoterapia, com o propósito de partilhar os seus viéses e expectativas. Seguidamente, o autor aborda como o seu programa de investigação tenta responder a 4 questões acerca da supervisão terapêutica: O que deverá, no mínimo, um supervisor fazer? Quais são algumas das piores coisas que um supervisor pode fazer? Quais os segredos que os supervisores e os supervisandos guardam uns dos outros? E em relação ao sexo? O artigo termina com uma série de propostas para a investigação sobre supervisão em psicoterapia.

Sommario
摘要
本文作者討論他個人為心理治療研究者在發展過程中所涵蓋的重要事件，目的
在與大家分享他的偏誤與期望。之後，作者提出他的研究方案，看看這方案如何
回答以下四個關於心理治療督導的問題：如果再沒有其他更重要的事，督導最應
該做的是什麼？在督導所提供的督導裡，有哪些事會是最糟糕的？督導與受督者
彼此隐瞒了哪些秘密，不想讓對方知道？他們對於性這個議題的想法如何？本文
針對心理治療督導研究提出一連串的假設，以作為結論。

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