Supervision Pitfalls:
Countertransference & Building on Supervisee Resistance

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Objectives

- Attendees will be able to define clinical supervision.
- Attendees will be able to delineate between transference & countertransference.
- Attendees will be able to differentiate between 4 research-based supervision interventions.
- Attendees will review CPCS code of ethics & identify supervisor responsibilities toward supervisees.

Supervision? Supervision? Supervision? Supervision?
“Most clinical supervisors are untrained & unknowledgeable, and that is where harmful supervision comes from.”

Michael V. Ellis, University of Albany of New York supervision panel/task force summit

The supervision taskforce identifies 7 domains necessary for successful supervision as:

- Competence (meta-competence)
- Diversity awareness (ability to address issues)
- Facilitation of an on-going supervisory relationship

Supervision should be viewed as a unique set of skills, independent of therapy and/or related skills.

The supervision taskforce identifies 7 domains necessary for successful supervision as:

- Professionalism (modelling & behavioral)
- Assessment (timely)
- Evaluation & feedback
- Ethical & legal considerations (foundation of supervision)
Management vs Clinical Supervision

Foundation
Organizational policies govern over ethics & professional standards:
- Federal & State Organizations
- Private Practice (therapeutic) **
- Franchised Businesses
- Non-therapeutic services
- Primary Case Management
- (Eclectic Services)

Competencies:
- Organizational needs dictate competencies
- Years of service

Environment:
- Organizational culture & needs are paramount

Supervisor traits:
- Organization may have limited checks & balances for supervisors

Novice Clinical Assumptions

- Administrative supervisors = translates to "competent" clinical supervisors
- "Length of employment" = "good" clinical supervisors
- "Smart" supervisors = ensure smart supervisees
- "Varied cultural experiences = culturally sensitive supervisors

!!! Challenges: poor supervisor performance = improved supervisor feedback when paired with a supervisee with strong boundaries
What is supervision?

Supervisee Expectations vs Supervisor Expectations

What are you exactly?

- Teacher
- Coach
- Consultant
- Mentor
- Evaluator
- Administrator
- Provide support
- Provide encouragement
- Educator
- Address an array of professional & interpersonal areas that may negatively impact clients/profession
- Lasting impact on the supervisee (adverse or robustly impactful)
- Serve as a liaison between administrative expectations and ethical expectations

UNMET EXPECTATIONS (SUPERVISOR)

- Expects clinical growth by the supervisee
- Desires the opportunity to develop a solid clinician
- Expects healthy clinical differences in opinions by the supervisee(s)
- Enjoys providing expertise & therapeutic processes to “junior” colleagues/supervisees
- Historically viewed “termination” as “not an option” or “an extreme resort”
Supervision Pitfalls

- Resistance within the supervision alliance.
- Personal and/or professional impairments impede the supervision process.
- Conflicts becomes a staple of the supervision process.
- Therapeutic orientation differences with supervisee.
- Conflict within the supervision process become unbearable for other supervisees.

Unhealthy vs Healthy Supervisor Responses

**HEALTHY SUPERVISOR RESPONSE**

- Discomfort & Introspection
- Acknowledges (privately) tension & unmet supervision expectations
- Seeks peer consultation
- Seeks to recognize internal barometer with personal wellness
- Motivated to use resistance as a tool to improve oneself within the supervision process

**UNHEALTHY SUPERVISOR RESPONSE**

- Apathy & Resentment
- Uses role within the organization to assert displeasure about supervisee(s)
- Creates passive distance with supervisee(s)
- Overtly asserts displeasure within the supervision process (may assert displeasure to unsuspecting supervisee(s)
- “Perceives” resistance solely as a “personal injury”

The Bad...... (and then it happened to me)
Supervision vs Therapeutic Sessions

Transference

• Transference: First described by Sigmund Freud, is a phenomenon in psychotherapy in which there is an unconscious redirection of feelings from one person to another. In his later writings, Freud learned that understanding the transference was an important piece of the psychotherapeutic work.

Countertransference

• The therapy professional’s unaware responses to the client/supervisees’ and to the client/supervisees’ transference. These ideas and emotions are based upon the professional’s own psychological requirements and might be shown or displayed via aware reactions to client behavior.
CPCS Code of Ethics

- Professional Conduct with Supervisees: A CPCS will treat supervisees with the same dignity and respect afforded to clients and professional colleagues. Professional discourse should be free of personal attacks, foul language, or other inappropriate behaviors. Supervision provided by a CPCS shall be provided in a professional and consistent manner to all supervisees regardless of age, race, national origin, religion, physical disability, sexual orientation, political affiliation, marital, social or economic status.

- Supervisor/Supervisee Dual Relationships: Avoid all dual relationships with supervisees that may influence the CPCS’s professional judgment or exploit the supervisee to include social media and other areas not previously addressed. Sexual, romantic, or intimate relationships between a CPCS and supervisee shall not occur. CPCS shall not engage in sexual harassment or sexual bias towards supervisees.

The Ugly….

- Assisting Supervisees: Render assistance to any supervisee who is unable to provide competent counseling services to clients.

- Intervening for Impaired Supervisees: Intervene in any situation where the supervisee is impaired and clients may be at risk. The CPCS may encourage or recommend that a supervisee seek their own services per their discretion and/or consultation.

- Endorsing Impaired Supervisees: Refrain from endorsing an impaired supervisee when such impairment deems it unlikely that supervisee can provide adequate counselor services.
‘Expert Supervisors’ Research

4 interventions to supervision challenges:
- Relational approach/interventions
- Reflective Interventions
- Confrontative Interventions
- Avoidant Interventions

Research & “Expert Supervisors”

Supervisee characteristics (salient):
- Supervisee incompetence (poor sense of clinical knowledge)
- Ethical violations (clinical & professional)
- Arrogance (lack of knowledge when redirected by supervisors)
- Inappropriate & unethical therapeutic interventions (mismatched interventions)

“Expert” supervisor admissions:
- Countertransference
- Parallel processes
- Anger
- “Extreme” criticalness toward supervisee
- “Compulsion” to terminate
Managing Supervisory Issues-Interventions

**Relational Interventions**
- Supervisors reported this intervention as “most successful”
- Address difficulties via naming, validation, attuning & support
- Supervisor acknowledges mistakes despite supervisees’ report beneficial

**Reflective Interventions**
- Supervisors reported this intervention as “valuable” & facilitates personal growth within the supervisor
- Emphasis on using these intervention to process the supervisors internal responses to difficult supervision
- Used to assist supervisee’s with a “deeper” case conceptualization & therapeutic processes

**Reflective Interventions**
- Promote mindfulness, patience, transparency & countertransference
- Research by (Neufeldt, Kurno & Nelson) states that “reflective intervention” is a core tenet in the supervisory relationship
- Reflective interventions can lead to changes in perceptions, the counseling practices and increase the capacity to make meaning of experiences within the supervisory relationship
- Supervisors who utilized this intervention processed their own displeasure with the supervisory process
- Supervisors sought supervision regarding “the supervision”
- “Supervisor most likely to discuss ‘countertransference’ within the supervisory session”

A special thanks to the 2 supervisors who made me feel as though my professional world was doomed. Doomed the moment I stepped into their office.

Thanks to every supervisee who once made me feel as if my professional training meant nothing.
Gratitude

• My 3 clinical supervisors who left me with invaluable clinical skills that could not be learned from a textbook.
• Those who restored my faith in the profession time and time again!!
• Those great clinicians who valued supervision alongside with me.

References