Psychotherapy Supervision: Another Specialty?

A Review of

Critical Events in Psychotherapy Supervision: An Interpersonal Approach
by Nicholas Ladany, Myrna L. Friedlander, and Mary Lee Nelson
$59.95
doi: 10.1037/051408

Reviewed by
Mary Ann Norfleet

Nicholas Ladany, Myrna Friedlander, and Mary Lee Nelson have taken on an ambitious and challenging project in writing Critical Events in Psychotherapy Supervision: An Interpersonal Approach. They have produced a thorough and well-conceptualized volume that offers a very practical model of supervision and provides empirically based information within a framework of interpersonal relatedness. All are experienced supervisors, teachers, and researchers. Ladany is an associate professor and director of training in the doctoral program in counseling psychology at Lehigh University. Friedlander is a professor and director of training in the counseling psychology doctoral program at the University of Albany. Nelson is an associate professor in the counseling psychology program at the University of Wisconsin—Madison.

Models of Supervision

Psychotherapy supervision has traditionally adhered to models that primarily attended either to skills or development or psychodynamics. The skills model of supervision focuses on helping therapists learn skills and develop “clinical competency as opposed to personality exploration and adjustment” (Powell, 1993, p. 96). The developmental model (Kaslow & Deering, 1993) views the process of learning psychotherapy as parallel to the course of human development. Supervisees progress through stages of learning and development as they move from their first clinical work with patients to include greater levels of skill, confidence in their work, and more collegial relationships with supervisors and peers.

One of the oldest models of supervision, the psychodynamic model, assumes that psychotherapy and supervision are very similar processes. It harkens back to the premise that a skilled psychotherapist is, by default, also a skilled supervisor. The psychodynamic model of supervision tends to focus on helping the supervisee to understand the patient's psychological functioning and to learn how to work with the patient to effect change, which is based on insight and understanding. Historically, in this model, the supervisor would refer the supervisee to personal therapy when countertransference issues would arise. However, in recent years, many psychodynamic practitioners have focused more on the intersubjective aspects of treatment, and most now consider it as within the purview of supervision to work with projective counteridentification, parallel processes, and related issues that often arise in psychotherapeutic work.

This is the position of Ladany, Friedlander, and Nelson. They see it as a part of the supervisory process to address countertransference viewed “as the therapist's emotional reactions to the client's interpersonal demands in the therapeutic relationship” (p. 100) and related issues when they arise in their supervisees. These authors describe projective counteridentification as occurring when “We not only view others as possessing our projected, unwanted feelings, but also behave in a way that actually induces others to experience those feelings and perhaps act on them. Doing so allows us to disavow the unwanted feelings or expressions” (p. 101). Parallel processes are viewed as
similarities between a specific therapeutic interaction and the supervisory interaction, originating in either interaction and mirrored in the other” (p. 104).

Ladany, Friedlander, and Nelson have developed a model that presents a substantial contrast to the traditional models of supervision that "fall on a continuum between those that foster a process of insight and understanding (bringing about attitudinal change) and those that emphasize didactic skills training (bringing about behavioral change)” (Powell, 1993, p. 46). Ladany, Friedlander, and Nelson's model addresses all of these areas within an interpersonal context that stresses the importance of a strong alliance between the supervisor and the supervisee. With this prerequisite in place, conflictual situations can be worked through in ways that facilitate the supervisee’s clinical work.

Each chapter of Critical Events in Psychotherapy Supervision reviews the research and theory relevant to the critical event discussed in that chapter. The material is brought to life through the use of transcripts of supervisory sessions. These transcripts illustrate the application of the model and the rich interplay of the supervisory dialogue as it moves back and forth, usually addressing a variety of areas within each session, such as skills, countertransference, the therapeutic process, parallel processes between interactions in the therapy and the supervision, the supervisory alliance, and other common types of interaction that occur in supervision. There is a consistent emphasis on the working alliance between the supervisor and the supervisee—on helping the novice psychotherapist put things in perspective (“normalizing experience,” p. 16) and on interacting in ways that enhance the learning environment by remaining sensitive to the supervisee's levels of defensiveness, shame, and anxiety.

Ladany, Friedland, and Nelson's model is appealing because it aims to be applicable across most theoretical orientations, unlike the traditional models, which have been derived from a particular approach. Their book presents a three-phase, events-based supervisory model, which has broad applicability for both beginning and experienced supervisors. This model provides a roadmap to help the supervisor conceptualize the goals and process of a supervisory session and navigate through the multifaceted issues that arise in supervision. It also helps the supervisor identify when something requires continued focus over time, whether it be a skills deficit, a personal problem of the trainee, or some other area that needs to be addressed in an ongoing process. This three-phase model provides a useful way of thinking about the multiple themes and topics that are often interwoven within supervisory sessions. It is intended to be pantheoretical, applicable to most psychotherapy orientations, and useful within any professional discipline, ranging from school guidance to psychiatry.

Although this is a minor point, these authors use the term client throughout the book to refer to the person seeking psychotherapy. In medical settings, this person is usually referred to as the “patient.” This usage has a long-standing history. It makes the book's terminology less familiar in medical settings. Because of this, the book may ultimately be used more in educational and counseling center settings than by clinicians in medical fields and mental health clinics. However, the authors, who are all from counseling psychology programs, refer to “therapy” and “psychotherapy” throughout the book and only very rarely refer to “counseling” when writing about the supervisee’s clinical work. In any event, the issues addressed in this book and the case transcripts used as examples include cases from a variety of counseling center and mental health psychotherapy settings.

Ladany, Friedlander, and Nelson have chosen the critical events that comprise the heart of their book from recurring topics that emerged from a review of the literature on supervision. These events include addressing the supervisee's skill level, multicultural awareness, dealing with role conflicts, countertransference, sexual attraction, gender-related misunderstandings, and problematic attitudes and behaviors (ranging from trainee or supervisor impairment to characterological problems in supervisees). The chapters devoted to these timely topics are all articulately presented.

Each of the critical incident topics could well be a book in its own right. Some of these subjects can invoke considerable anxiety, such as the supervisee's sexual attraction to the patient or vice versa, or the supervisee's sexual attraction to the supervisor or vice versa. In addition to solid clinical skills, a competent supervisor requires considerable knowledge of ethical and legal dimensions of practice.

The chapter “Addressing Problematic Emotions, Attitudes and Behaviors: Counseling In Versus Counseling Out” could easily have been two chapters—one dealing with impaired or distressed supervisees or supervisors, including the topics of burnout and vicarious traumatization, and the other addressing problems of trainees who have serious "interpersonal
Supervision and Psychotherapy Are Not the Same

Given this book’s emphasis on the supervisory alliance, it becomes obvious that there is sometimes a thin line between supervision and psychotherapy. Ladany, Friedlander, and Nelson do not think that supervision should turn into psychotherapy for the trainee. Ladany et al. distinguish supervision from psychotherapy by the fact that supervision is “evaluative, typically involuntary and explicitly educative” (p. 10). When supervisees share information about their own personal dynamics, these authors emphasize the importance of staying with the theme of how the supervisee's personal revelations are influencing their therapeutic work with their patients. The supervisor can be understanding without offering interpretations or moving into a focus on the supervisee’s personal life. The discussion stays on the therapeutic process.

Ladany, Friedlander, and Nelson also discuss the fact that in raising concerns about a supervisee's problems (such as from emotional exhaustion or personal characteristics), some of these discussions may tread the line between supervision and psychotherapy. The authors clearly make this distinction: “The goal of a problematic behavior event is to identify a problem affecting the supervisee's training or professional development, seek the supervisee's acknowledgment of the problem and, if possible, develop a remediation plan” (p. 196). They are explicit in stressing, “The goal is not to work through the supervisee's personal problems as a therapist would” (p. 196).

Within the framework presented in this book, the role of the supervisor is complex and multifaceted, calling for interpersonal sensitivity, knowledge, and good judgment. It is all too easy for something that begins as one type of critical event to devolve into another type of critical event, such as when a countertransference event turns into a role conflict or a gender-related misunderstanding. The supervisor is called on to be a mentor, educator, and evaluator in relation to the supervisee. At the same time, the supervisor’s first duty is to the patient, and the secondary responsibility is to train the supervisee. This style of supervision requires a high degree of skill and sophistication on the part of the supervisor. These are weighty responsibilities that are made all the more serious when one realizes that such things as a supervisor’s unresolved countertransference to the supervisee can harm both the trainee and the trainee’s patients. The ripples of supervision cast a wide pattern.

Supervision as a Specialty Area

As the standards for professional training, certification, and licensure have continued to specify, in greater detail, the nature and amount of supervised professional experience required for entry into the various mental health professions, psychotherapy supervision has become increasingly viewed as a specialized area of clinical practice. The California Association of Marriage and Family Therapists (CAMFT) administers a CAMFT Certified Supervisor Program; for many years, the American Association for Marriage and Family Therapy has had a required training program for its members, who become designated as “Approved Supervisors.” More recently, Sharon Gizara and Linda Forrest (2004) have called “for the profession of psychology to recognize and value supervision as a specialty area of practice” (p. 139). This certainly makes sense in view of the complexities of supervision that are so ably presented in Critical Incidents in Psychotherapy Supervision.
Ladany, Friedlander, and Nelson have succeeded admirably in presenting a lucid and informative discussion of several pivotal events in psychotherapy supervision. This book is applicable to supervision in a variety of mental health settings, and its pantheoretical model makes it useful to almost any supervisor, regardless of their theoretical orientation. This is a very thoroughly researched book, which will give any supervisor pause for reflection, will bring them up to date on critical issues, and will provide help with handling the complexities of supervision. Ladany, Friedlander, and Nelson have written a little gem that may well become dog-eared from use, as both a text and a handy reference.

References

