Boundaries and Dangers in the Supervisory Relationship

Philip R. Budd, Psy.D.
Saint Anthony Hospital Family Medicine Residency Program

In Treatment Video

Watch the video assessing:

1) Is this supervision or therapy?
2) What boundary violations do you observe?
3) How could the challenges in this video been addressed better?

Clinical Supervision Functions

- Client welfare
- Learning the hands on process of counseling
- Application of theory
- Assure ethical and competent practice
- Evaluation of the supervisee

Focus of Supervision

- Relationship between client and therapist
- Identify what the client may be experiencing
- Track client responses to therapist work
- Listen to what the client does after the intervention or lack of intervention of the therapist
- Monitor supervisor "transference" to the supervisee…

Actions of the Supervisor

- Silently forming hypotheses
- Observe your subjective reactions (mood, fantasies, associations, posture, intuitive notions)
- Parallel process: how does transference/countertransference within the supervision mirror what occurs in the therapy
- Offer your hypotheses
- Use literature to support your views
- Use your clinical experiences
- Role play
- Follow cases over time
- Assess supervissee needs
- Supervision of your supervision

Supervisee Self Assessment

- Did the supervisor intervention meet the client need?
- Does it address the problems/diagnoses of the client?
- Does it reduce defensiveness?
- Did the intervention meet the therapist's need?

Categories of Supervisor Interventions

- Facilitative
- Confrontational
- Conceptual
- Prescriptive
- Catalytic

Topics in supervision

- Iatrogenic events
- Dual relationships
- Therapeutic frame
- Therapeutic alliance
- Symptoms
- Collusions
- Transference
- Treatment plan
- Client strengths
- Silence
- Subjective experience
- Failures
- Awareness

Assessing the Supervision

- Supervisory Relationship
- Supervisee development as therapist
  - Ethics
  - Competence
  - Emotional awareness
  - Respect
  - Cultural issues
  - Autonomy
  - Purpose and direction of therapy
  - Motivation

Dual Relationships in Supervision

Confusion occurs when there are multiple roles within the same relationship (supervisor/therapist; supervisor/friend; supervisor/professor, etc.) (Kitchener, 1988)

Theoretical Alignment of Supervision

- Steinhelber, et. al. (1984) found that the amount of supervision was less significant in producing improved functioning in trainees than the alignment of the theoretical orientation between supervisor and supervisee

Trainee Therapy and Supervision

- Freud believed that new analysts must be supervised in their work and required the analysts to also participate in their own analysis. The likelihood of beginning therapists going through their own therapy has dropped from 70% (1970-1994) to 20% (1994-1995) and is seen as optional or irrelevant by many programs and trainees

Challenges in Supervision

- Many programs teach counseling skills in a programmatic manner with depth of supervision lacking. Without depth in the supervision Heru, et. al. (2004) believe that therapists struggle in the therapeutic relationships w/ their clients.

Key Components of Supervision

- The supervisor/supervisee relationship is the core of teaching counseling
- The quality of the supervisory relationship requires establishment of safe boundaries
- Guthiel and Gabbard (1993) believe that the supervisory relationship mirrors what occurs in therapy and that the therapeutic frame of counseling is mirrored in the supervision. It serves as an envelope or membrane around the supervisory process. The supervisor establishes the frame of supervision much like the therapist with the client.

Supervisor Roles

- Mentor
- Role model
- Evaluator
- Supervisees will filter information they share based on the trust in the supervisory frame.
  - Mistakes
  - Personal issues that may impact the supervision
  - Negative feelings toward the supervisor
  - Fear of narcissistic injury
  - Hope of positive evaluation
- Gabbard states "the thoughts feelings and behaviors that a therapist would be most likely to keep secret from a supervisor or consultant are the most important issues to discuss with that supervisor or consultant."

Discussion Question

- What roles do you feel are your strengths and in what roles do you need further development?

Discussion Question

- What feelings do you believe impede the supervisee in making good use of the supervision and how might the supervisor address those feelings?

Trainee Feelings Impeding Supervision

- Intrusion
- Vulnerability
- Child role

Boundaries in Supervision

- Sexual (Heru, et.al., 2004)
  - Some have argued that the right to autonomy should allow for sexual relationships even if exploitive.
    - Psychiatric residents report that 4.9% of residents have been sexually involved with psychiatric educators
    - Ph.D. students that 19% of supervisees had unwanted sexual advances, 51% knew of peers who had been involved in sexual relationships with supervisors, and 9% reported having been involved sexually with a supervisor.
- Trust: For supervision to be helpful, vulnerability is necessary… this is not easy if that person evaluates them for successful completion of their training. Thus, supervisors must be caring and respectful in their responses to supervisees

Abusive Supervision

- Abusive supervisor behavior: causes job and life dissatisfaction and psychological symptoms. Trainees who feel abused have diminished ability to work and participate in the learning environment. For some students it may be a lifelong impact…. And it may get acted out in the way they treat trainees in the future.

Difficult Discussion in Supervision

- Heru, et. al. (2004) evaluated 43 supervisors and 52 supervisees regarding the appropriateness of behavior during supervision. The two groups basically agreed on what would be appropriate. Supervisors felt discussion of sexual fantasies was appropriate, while trainees did not agree. Particularly female supervisees.

Discussion Question

- What topics do you find difficult to address in the supervision? Are they related to client issues or more the supervisee's countertransference?

Conflict in Supervision

- Two studies (Nelson and Friedlander, 2001; Gray, Ladany, Walker and Ancis, 2001) reported issues of conflict and disruption in the supervisory relationship.
- Principles of poor supervisor behaviors
  1. Imbalance in addressing all aspects of supervision
  2. Developmentally inappropriate for supervisee developmental needs
  3. Intolerance of differences
  4. Poor model of personal-professional attributes
  5. Untrained in managing boundaries and difficult situation
  6. Professionally apathetic

Three Spheres of Poor Supervisor Behavior

- Organizational-administrative (e.g., failing to clarify expectations)
- Technical-cognitive (e.g., perceived as unskilled practitioner and supervisor)
- Relational-affective (e.g., imposes personal agenda; gives too much or too little affirming and corrective feedback)

Supervision Relationships
(Veach, 2001)

- They found that beginning supervisors tend to experience anxiety and uncertainty about their role, often becoming too prescriptive and too rule driven.
- Ideal supervision relationships are “secure”, whereas conflicted relationships may result in “anxious attachment”, “compulsive self-reliance” and/or “compulsive caregiving”.
- Did negative perceptions of supervisors by supervisees change over time?

Discussion Question

- Where have you encountered conflicts with supervisees? How did you address the conflict? What was the end result?

Recommendations (Veach, 2001)

- Supervisors should receive more intensive training before providing supervision
- Peer group supervision for supervisors… particularly for dealing w/ transference/ countertransference in the supervision. May help avoid intentional abuse in supervision
- Written informed consent for supervision
- Training of supervisees on how to make use of supervision
- Since part of supervision is evaluation, have multiple people involved in the evaluation.
- Training supervisors and supervisees in conflict resolution
- Avoid supervisors who are professionally apathetic

Why Conflicts Occur

Nelson and Friedlander (2001) and Gray et. Al. (20010

1. Supervisor's lack of knowledge (content of supervision and roles)
2. Supervisor's lack of skills (delivering feedback effectively, general clinical skills)
3. Motivational issues (e.g., lack of interest in supervision, resentment, misuse of power)
4. Personal distress-impairment (e.g., sexually exploitive, having poor boundaries)
5. Transference-countertransference
6. Individual and cultural differences (e.g., identity, expectations, values, practices)
7. Administrative constraints (e.g., supervisor in dual role; lacking sppport)

Discussion Question

- What topics do you think need to be in a training of supervisees for making use of supervision and why?

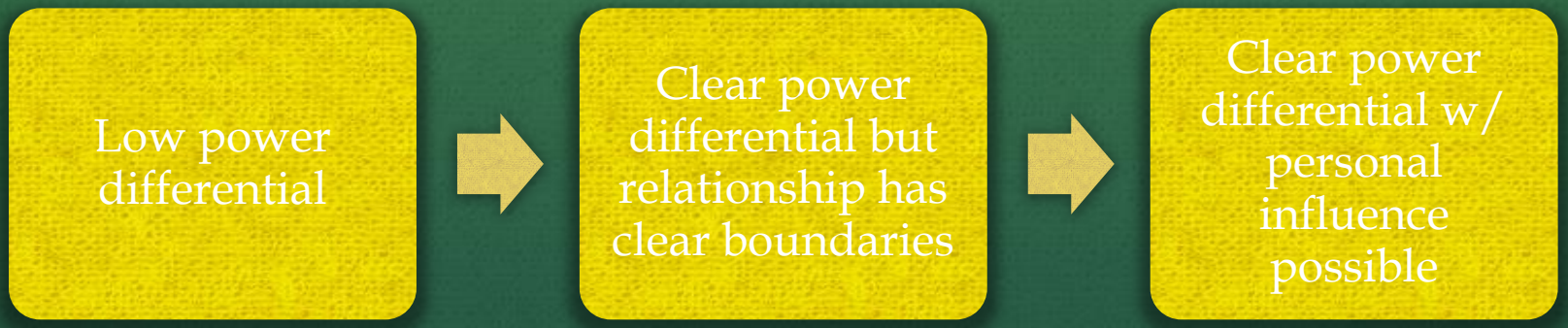
Gottlieb Decision Making Model (1993)

- Assumptions
  1. Applicable to all professional relationships of therapist
  2. The goal of avoiding all dual relationships is unrealistic
  3. Assess for potential harm
  4. Not all dual relationships are exploitive; avoid all exploitive dual relationships
  5. Model is intended to sensitize therapists to potential problems
  6. The model is preventive rather than to address existing multiple relationships
  7. Assess from the perspective of the consumer

Gottlieb Three Dimensions

- Model
  1. Power: amount of power in relation to the supervisee
  2. Duration: Duration of the relationship likely will increase the amount of power
  3. Clarity of termination: How ambiguous is the end of the relationship? Will it be renewed?

Model Decision Tree: POWER



Model Decision Tree: DURATION

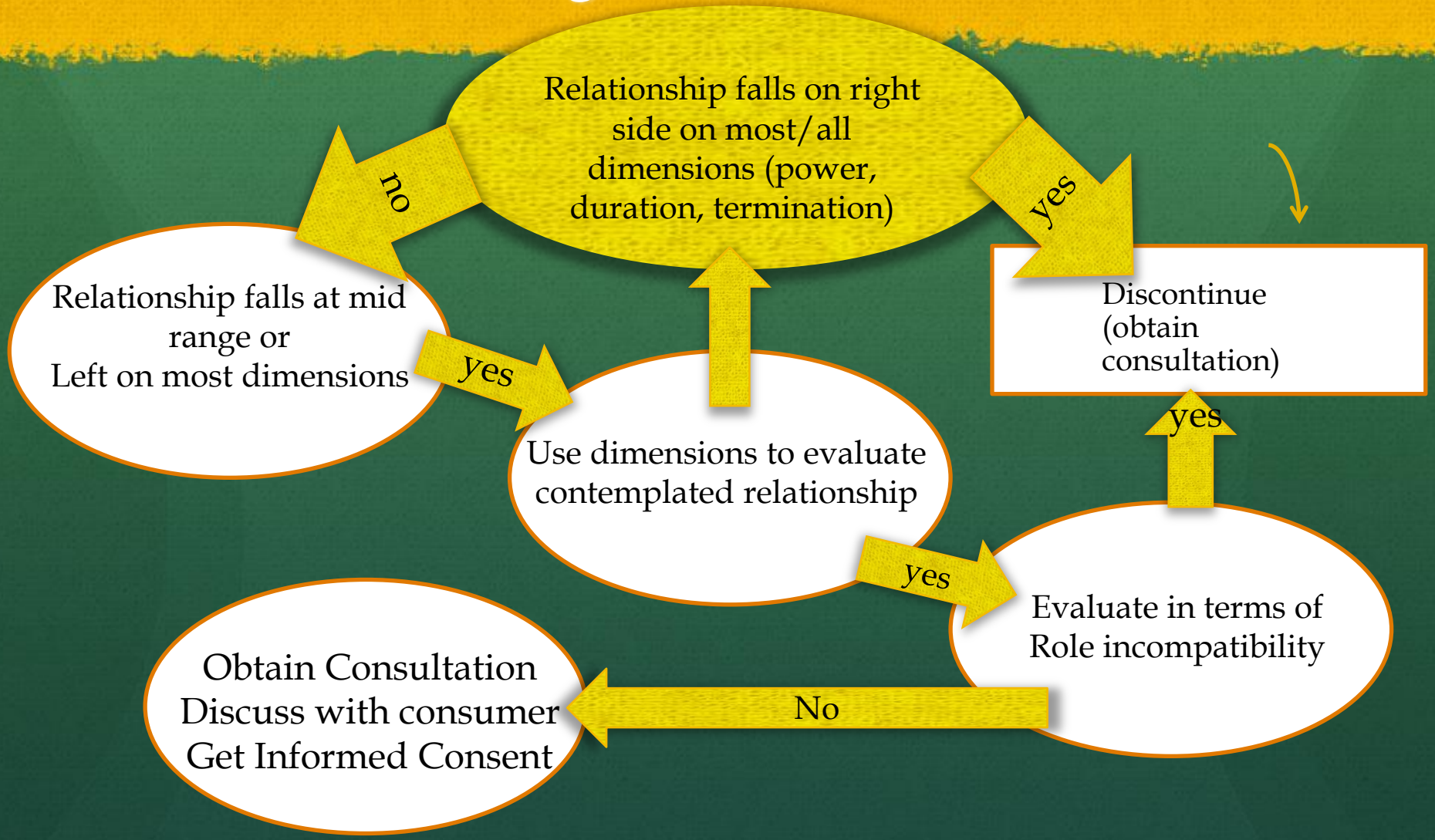
Model Decision Tree: TERMINATION

SPECIFIC: Externally controlled or mutual agreement

UNCERTAIN: Professional function is completed but further contact is not ruled out

IDEFINITE: No agreement regarding when or if termination is to take place

Process: Evaluate Relationship using 3 dimensions



Case

- Dr. Y, a tenured professor in a large psychology department, was having an informal conversation with a current graduate student, a female of similar age, who was leaving for her internship within the year. In the course of the conversation, Dr. Y mentioned missing having a man in her life; she had been widowed some years previously. Some weeks later the graduate student called Dr. Y at home, reminded her of their conversation, and offered to introduce her to a man whom she believed Dr. Y would find interesting. Dr. Y agreed to the meeting, but she consulted a trusted colleague the next day. As a result of the consultation, she called the student declining to meet the friend.

Discussion Question

- Using the Gottlieb model, discuss this situation. What recommendation would you have made regarding this situation? Assess the current relationship according to the three dimensions. Assess according to the consumer's perspective.

References

Gottlieb, M. (1993). Avoiding exploitive dual relationships: A decision-making model. *Psychotherapy* v.30 n1. p. 41-48.

Gray, L.A., Ladany, N., Walker, J.A. & Ancic, J.R. (2001). Psychotherapy trinees' experience of counterproductive events in supervision. *Journal of Counseling Pychology,* 48, 371-383.

Gutheil, T.G. & Gabbard, G. O. (1993) The concept of boundaries in clinical practice. *American Journal of Psychiatry, 150 (2),p. 188-196.*

Heru, A.; Strong, D.; Price, M & Recupero, P. (2004) Boundaries in psychotherapy supervision. *American Journal of Psychotherapy,* v. 58, n.1 p. 76-89.

Nelson, M.L. , & Friedlander, M.L. (2001). A close look at conflictual supervisory relatinoships: The trainee's perspective. *Journal of Counseling Psychology, 48, 384-395*

Steinhelber, J., Patterson, V., Cliffe, K. & Legoullon, M. (1984). An investigation of some relationships between psychotherapy supervision and patient change. *Journal of Clinical Psychology*, v40, n6, p. 1346-53.

Veech, P. M. (2001). Conflict and counterproductivity in supervision – When relationships are less than ideal: Comments on Nelson and Friedlander (2001) and Gray et al. (2001). *Journal of Counseling Psychology, 48, 396-400.*