

Managing Difficulties in Supervision: Supervisors' Perspectives

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Few studies have examined the practice wisdom of expert supervisors. This study addresses this gap by exploring how experienced supervisors manage difficulties in supervision in the context of the supervisory relationship. The supervisors were a purposive sample of 16 senior members of the profession with considerable expertise in supervision. In-depth interviews were first conducted with the supervisors. An interpersonal process recall method was then used to explore their reflections on one of their DVD-recorded supervision sessions. Analysis of transcripts was completed using a modified consensual qualitative research method. Major difficulties included the broad domains of supervisee competence and ethical behavior, supervisee characteristics, supervisor countertransference, and problems in the supervisory relationship. Supervisors managed these difficulties using 4 key approaches: relational (naming, validating, attuning, supporting, anticipating, exploring parallel process, acknowledging mistakes, and modeling); reflective (facilitating reflectivity, remaining mindful and monitoring, remaining patient and transparent, processing countertransference, seeking supervision, and case conceptualizing); confrontative (confronting tentatively, confronting directly, refusing/terminating supervision, taking formal action, referring to personal therapy, and becoming directive); and avoidant interventions (struggling on, withholding, and withdrawing). Two brief case studies illustrate the process of applying these strategies sequentially in managing difficulties. The study highlights the importance of relational strategies to maintain an effective supervisory alliance, reflective strategies—particularly when difficulties pertain to clinical material and the supervisory relationship—and confrontative strategies with unhelpful supervisee characteristics and behaviors that impede supervision.

Keywords: supervision, supervisory relationship, countertransference in supervision, supervisory process and gender, critical incidents in supervision

Clinical supervision is a major method for improving professional competence, supporting professional development, and providing accountability to the public. It is a formal requirement of all accredited training programs and utilized by a large proportion of psychotherapists long after professional requirements are met, according to previous research (Grant & Schofield, 2007; Orlinsky & Rønnestad, 2005). Furthermore, professional bodies are increasingly mandating regular supervision as a life-long professional development requirement (Psychology Board of Australia, 2010; Wheeler & Richards, 2007).

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Difficulties in Supervision

Despite the importance of clinical supervision, research shows that many difficulties can occur and that it is not uncommon for supervisees to feel harmed by supervision (Ellis, 2006; Ramos-Sánchez et al., 2002). Problematic supervision has been found to be characterized by confrontational criticism, direct attribution of blame, unclear agendas, and instructive rather than interactive learning processes (Ladany, 2004; Ratliff, Wampler, & Morris, 2000). A broad theoretical categorization of critical events in supervision (Ladany, Friedlander, & Nelson, 2005) provides a partial map to difficulties and includes: supervisee competence, multicultural issues, role conflicts, sexual attraction, and gender-related misunderstandings. Typical difficulties reported by supervisors in previous research include supervisee competence, ethical issues, and supervisee characteristics (Ellis, 2006; Nelson, Barnes, Evans, & Triggiano, 2008). Supervisee characteristics may underpin other difficulties and include low emotional awareness, problems with autonomy, personal issues, professional identity, respect for client difference, and personal motivation (Ellis, 2006), as well as resistance, defensiveness, and negative transferences (Nelson et al., 2008).

The supervisory relationship can also raise strong countertransference feelings in supervisors. Sources of supervisor countertransference, identified in previous research, include supervisee

interpersonal style, the supervision context, unresolved supervisor issues, problematic supervisee–client or supervisee–supervisor interactions (Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000), supervisee oppositional behavior, passivity, self-aggrandizement, personal deportment, and erotic attraction (Skjerve et al., 2009). “Difficulties in supervision” are defined in this article from the supervisor’s perspective and include four broad arenas: supervisee competence and ethical behavior, supervisee characteristics, supervisor countertransference, and problems in the supervisory relationship.

Impact of Difficulties in Supervision

Since supervision is fundamentally an interactive process where supervisor and supervisee co-construct formulations of therapy that are grounded in the supervisory alliance, most difficulties have the potential to impact negatively on the supervisory alliance, which has been found in some previous research (Ladany, 2004; Ladany, Ellis, & Friedlander, 1999). Conversely, problems in the supervisory relationship can impair supervisee well-being and capacity. For instance, a survey on psychiatry training found that when trainees were disappointed by their supervisory relationship, they coped poorly with adverse client-related events (Kozłowska, Nunn, & Cousens, 1997a) and experienced high levels of despair and psychological difficulties (Kozłowska et al., 1997b). Other research indicates that a weakening of the supervisory alliance impacts on understanding and working well with clients and can lead to avoidance of supervisory input (Nelson & Friedlander, 2001; Quarto, 2003). The resulting guardedness may prevent positive supervisory experiences and foster an unwillingness to seek help, even when it is critical for the client (Kozłowska et al., 1997a; Ladany et al., 1997).

Management of Supervisory Difficulties

Since difficulties in supervision can lead to conflict and ruptures within the supervisory relationship, it is important to explore how such difficulties can be managed successfully. A recent study of expert supervisors found that although they were very uncomfortable with conflict, they believed that it was important and highly productive to address (Nelson et al., 2008). Strategies for managing conflict included consultation with colleagues, contextualizing conflicts both developmentally and organizationally, “self-coaching,” directly addressing conflict, reinforcing supervisee strengths when addressing conflict, interpreting parallel process, and withdrawing from the dynamics enacted. However, other studies of supervisors indicate that they use indirect interventions such as modeling, listening, questioning, and holding general theoretical/methodological discussions before addressing specific issues, particularly when issues of personal style and qualities needed to be addressed (Skjerve et al., 2009).

Researchers generally recommend that a supervisor attend immediately to conflict and ruptures and highlight the importance of modeling conflict management skills (Gray, Ladany, Walker, & Ancis, 2001; Nelson et al., 2008). Delayed conflict resolution can lead to detrimental effects on both supervisees and clients, while anticipation and discussion of ruptures (Safran & Muran, 2000) can lead to insight, adaptation, and a corrective emotional experience (Nelson & Friedlander, 2001). In addition, formal “role

induction” reduces supervisee anxiety, particularly with trainees (see review by Bernard & Goodyear, 2009).

In terms of managing strong countertransference, supervisors have reported using strategies such as processing the experience with colleagues or engaging in self-reflection (Ladany et al., 2000). Although some researchers recommend appropriate supervisor self-disclosure of countertransference (Burke, Goodyear, & Guzzard, 1998), others believe that such disclosure interferes with the supervisory process (Skjerve et al., 2009). In particular, supervisor disclosure of sexual attraction toward supervisees has not been recommended as a strategy (Ladany et al., 2000; Skjerve et al., 2009).

Despite clinical wisdom pointing to the need to actively manage difficulties, some research indicates that supervisors often withhold negative feedback from supervisees, because of concerns about adverse reactions, triggering supervisee resistance to learning, or uncertainty about feedback validity (Ladany & Melincoff, 1999; Skjerve et al., 2009). Furthermore, supervisors have reported that easier feedback is generally related to clinical problems, while difficult feedback pertains to the supervisory relationship, the supervisee’s personality, or professional behavior. In particular, they struggled with the boundary between supervision and therapy in such feedback (Hoffman, Hill, Holmes, & Freitas, 2005). Supervisors avoided difficult feedback when there was ambiguity about the supervisory boundary, a weak supervisory relationship, or lack of supervisee openness or when the supervisory relationship was at risk (Hoffman et al., 2005).

There are now a number of investigations about managing specific difficulties. However, specific difficulties often do not occur in isolation; for example, managing unethical behavior may elicit countertransference in the supervisor that also needs to be managed. Given the specificity of previous investigations, it is timely to consider management of difficulties from a broader perspective; this study includes four broad areas of supervisory difficulties previously elucidated. In addition, although both research and theoretical models indicate individual management strategies, there has been little consideration of the process of moving from one management strategy to another or of managing multiple difficulties. This study aims to contribute to the emerging picture of supervision through an in-depth investigation of how experienced supervisors managed a range of difficulties that arose in supervision and the processes involved in moving from one strategy to another.

Although, there is a growing body of evidence about supervision, a recent systematic review argued that it is predominantly limited to the supervision of trainees (Wheeler & Richards, 2007). Yet, research shows that supervision is increasingly a career-long endeavor (Grant & Schofield, 2007), and further research is needed to examine how supervisory dynamics differ across supervisee experience levels. In addition, very few studies have used actual supervision sessions as a source of data, instead relying on retrospective report of events (Wheeler & Richards, 2007). Researchers have also noted that few studies have examined difficulties in supervision from the perspective of supervisors (e.g., Nelson & Friedlander, 2001). In the current study, we addressed some of these limitations by examining the perspectives of highly experienced supervisors with supervisees who are fully qualified, and we used recordings of actual supervision sessions to elicit more in-depth reflective data on the management of difficulties. It is

drawn from a larger study of supervisors and their supervisees on the processes of supervision that build competence.

Method

The methodological framework guiding the study draws on three conceptual domains: the social constructivist assumption that knowledge is socially constructed through interaction with others (Neimeyer, 1993); phenomenology's focus on understanding inner experience and its relationship to the external world (Moustakas, 1994); and the integration of these two theories in the reflective practitioner model (Schön, 1991).

A mixed method qualitative approach was utilized, involving in-depth interviews with supervisors about their theory and practice, followed by a second interview, while reviewing a DVD recording of one of their supervision sessions. The first interview used a semistructured interview guide to elicit open-ended reflections on the theory, practice, and experience of providing clinical supervision. The second interview developed this exploration further with both social constructionist and phenomenological lenses used to explore reflections on the observed supervision session. The interpersonal process recall (IPR) interview method (Kagan & Kagan, 1990) encouraged a reflective practitioner stance (Schön, 1991) and sought to understand the moment-by-moment thinking, action, and experience of the supervisor in interaction with the supervisee. Participating supervisors were regarded as the experts and the researchers as collaborators in eliciting and interpreting the supervisors' expert knowledge and practice, drawing on social constructionist notions that knowledge is constructed and refined through dialogue.

Research Team

The first two authors are counseling and clinical psychologists who head up university programs and engage in research on therapist development and psychotherapy processes, while the project officer has completed a master's degree in counseling psychology. They all view supervision as a collaborative process grounded in the supervisory relationship, and this view may influence the interview process and interpretation of data. To address this, they chose a modified consensual qualitative research (CQR; Hill et al., 2005) method to guide the analysis. The rigor and trustworthiness of analysis were enhanced using a collaborative dialogic method among the three authors to enhance understandings and agreements about the data. Ethical approval was obtained from two university human research ethics committees. Participants provided informed consent.

Sampling and Recruitment

A purposive sample of highly experienced supervisors was identified by the first two authors through professional networks in Australia and the United Kingdom, and through peer identification (e.g., asking senior academics, senior practitioners, and heads of training institutes whom they would consider expert supervisors). Eligible supervisors were invited to participate and were sent written information and consent forms. They were also asked to provide study information to supervisees who might be willing to participate. The supervisees contacted the researchers directly. The

sample size was considered adequate, due to the expertise of participants and richness of data gathered and was sufficient to allow for variability and consistency across cases (Hill, Thompson, & Williams, 1997). The sampling criteria privileged supervisor expertise over sample size or representativeness.

Participants

Twenty-four supervisors were invited to participate, and 16 agreed. There were 11 male and five female supervisors ranging in age from the mid-forties to the late sixties. All were of European descent. Two practiced in the United Kingdom, and 14 practiced in Australia; of those 14, four were born outside Australia. They had a mean of 27.5 years in clinical practice (range 15–40), were currently involved in training therapists, and had served on executive boards of professional associations. Their supervisory experience ranged from 6 to 35 years with a mean of 20 years. Their psychotherapy models included experiential/humanistic ($n = 6$), psychodynamic ($n = 6$), cognitive behavioral ($n = 2$), family therapy ($n = 1$), and integrative ($n = 1$). Half of the supervisors used a formal supervision model, while others drew from their dominant theoretical orientations. Eight supervisors were counseling or clinical psychologists (with additional accreditation in one or more psychotherapies), and eight were accredited psychotherapists or counselors from backgrounds of psychiatry ($n = 2$), clinical social work ($n = 2$), psychotherapy ($n = 3$), and counseling ($n = 1$).

Of the supervisees recruited, 10 were women and six were men between the ages of 30 and 59 years. There were six psychologists, four accredited psychotherapists, four accredited counselors, one psychiatrist, and one social worker. In terms of supervisory dyads, the most common gender pairing was male supervisors with female supervisees (seven dyads). There were also four male–male dyads, four female–female dyads, and one female supervisor with a male supervisee. Supervisees' level of experience ranged from 1 to 20 years, with a mean of 8.8 years. Most were aligned with their supervisors' theoretical approach.

Procedure

Phase One interviews were undertaken by either the first or second author, both experienced supervisors. Interviews were recorded on digital voice recorders and ranged from 1 to 2 hr. Phase 2 required that a supervision session be DVD-recorded by the supervisor with a consenting supervisee. Then, the supervisor and supervisee were separately interviewed about the session using IPR (Kagan & Kagan, 1990). This involved an interviewer watching the session with each member of the dyad, engaging them in reflections on the session. These interviews lasted from 1 to 2 hr and usually occurred 2–4 weeks after the first interview (range 0–8 weeks).

Interview Method

The Phase One semistructured interview comprised open-ended questions covering three broad domains: practice, theory, and experience of supervision (e.g., what does a typical supervision session look like?). These guided the interview and were supplemented by probes and elaborations. Specific questions used to

probe their experience of managing difficulties included “Can you describe a session that wasn’t effective?”; “What made it not effective?”; “Can you describe a time when there was a major problem in the supervisory relationship?”; “How did you deal with this?”; “In general, how would you raise and explore relationship difficulties in a session?—Can you give an example?”; “What are the characteristics of supervisees with whom you think you are most/least effective?—Are there specific examples you can think of?”; “What sort of supervisory events do you find most difficult to deal with?—Can you give examples?”

The Phase Two IPR interview involved questions and probes to elicit responses to the recorded session. Those relevant for this article included “What was the most significant part of the session for you?”; “Did any difficulties emerge, and if so, how did you manage them?”; “How do you think this session may assist the supervisee in future work with their client?”; “What prompted you to make that particular response?”; “What do you think the supervisee most needs at this point?”; “How do you think the supervisee views you/your supervisory relationship?”; “What might you have said/done differently?”; “What did you do that was helpful/unhelpful?”

Analysis

The recorded interviews were transcribed verbatim by a professional transcriber and checked for accuracy by interviewers. The 32 supervisor transcripts (retrospective interview and the IPR interview with the DVD-recorded session for the 16 supervisors) were analyzed with a modified form of CQR (Hill et al., 1997, 2005). Analysis commenced with a detailed examination of transcripts for one supervisor. This process entailed reading the interview transcripts a number of times and identifying emerging themes, which were then categorized to create an index of domains (e.g., interventions to manage difficulties; theories of supervision), core themes (e.g., confrontative strategies), and subthemes (e.g., confront tentatively; confront directly). Further synthesis of the master index was achieved by analyzing transcripts for two more supervisors, incorporating material into previously identified themes and identifying new ones. New themes were checked against previous transcripts, and the master index of core themes and subthemes was revised. This recursive process was applied to the remaining transcripts.

The research team comprised two chief investigators (JG, MS) and the project officer (SC). While the project officer conducted the initial coding of data independently, regular meetings were held with the first author (JG) until consensus was reached over the categorization and assignment of data. The results were then “audited” by the second author (MS), who checked the assignment of data to themes, ensuring that all the data had been captured. Revisions led to the introduction of a new core theme and subsequent subthemes, as well as the reassignment of subthemes across core themes. For example, an audit of the initial core theme of “confrontative strategies” led to the development of a fourth core theme of “relational strategies,” capturing a more subtle range of strategies used by supervisors to manage difficulties prior to confrontation. Themes were progressively checked and refined by the entire research group until consensus was reached.

Results

Our supervisors reported managing a wide range of difficulties, including the broad domains of supervisee incompetence and unethical behavior (e.g., inappropriate interventions; sexualization of therapeutic relationship); supervisee characteristics (e.g., arrogance, defensiveness, validation-seeking); supervisor countertransference (e.g., anger, criticalness, boredom); and specific problems in the supervisory relationship (e.g., transference, triangulation, parallel process, attraction). The more serious and entrenched difficulties tended to be associated with previous supervisees, and most supervisors described their relationship with the study supervisee in relatively positive terms.

These experienced supervisors described a rich array of interventions used to manage the difficulties that emerged. Our analysis revealed four overarching core themes with 23 categories of interventions and four subcategories (see Table 1). The four core themes are relational; reflective; confrontative; and avoidant.

Relational Interventions

Like therapy, supervision is conducted in the fulcrum of an intense and focused relationship. Supervisees and supervisors develop feelings, beliefs, and attitudes toward each other (Bernard & Goodyear, 2009) that become part of the supervisory alliance, along with the tasks and goals of supervision. The relational

Table 1
Interventions Used by Supervisors to Manage Difficulties

Intervention core theme/subtheme	No. of supervisors using
Relational	General
Name the difficulty	Typical
Validate and normalize	Typical
Attune to supervisee needs	Typical
Support	Variant
Anticipate	Variant
Explore parallel process	Variant
Acknowledge mistakes	Variant
Modeling	Variant
Reflective	General
Facilitate reflectivity	Typical
Remain mindful and monitor	Typical
Remain patient and transparent	Typical
Process countertransference	Variant
Seek supervision on supervision	Variant
Case conceptualize	Variant
Confrontative	General
Confront tentatively	Typical
Confront directly	Typical
Withdraw, deny, avoid and then confront	Variant
Assess level of directness before confronting	Variant
Confront but recognize limits of supervision	Variant
Use immediacy to confront	Variant
Refuse or terminate supervision	Typical
Take formal action	Variant
Refer to personal therapy	Variant
Become directive	Typical
Avoidant	Typical
“Struggle on” and await external intervention	Typical
Withhold	Variant
Withdraw, ignore, or deny	Variant

Note. General = all cases; typical = at least half; variant = less than half.

interventions described here held a dominant place in the supervisors' approaches to difficulties and included those focused on the supervisory relationship, the supervisee relationship with client, and the supervisee relationship with self. Our supervisors reported that relational interventions were important in addressing not only aspects of the supervisory relationship but also the supervisee's feelings and attitudes toward themselves as practitioners. Bringing their skills as therapists to the task, these experienced supervisors did not avoid direct discussion of supervisee difficulties, supervisory relationship difficulties, and parallel processes; however, they were also equally focused on validation, normalization, support, and attunement to supervisees, their needs, and their views of themselves as practitioners. Although their relational capacities were strong in approaching difficulties, our supervisors also provided examples where they felt they had made errors.

Name the difficulty. Supervisors largely agreed that naming the difficulty along with using immediacy were extremely important strategies to bring the issue out into the open:

"You seem uncomfortable with this. What is this about for you?" . . . Just try and name it for her [the supervisee], bring it out in the open.

Supervisors often named supervisee internal processes:

I know you are a person that takes a lot of pride in your practice and that you have got high standards for yourself. One of the hazards in supervision, I guess, is that you are your own toughest critic, and potentially I might be another critic, you know. So, it is a kind of a tricky process we are doing there.

Validate and normalize. Participant supervisors also recommended that prior to giving feedback or naming difficulties, supervisors validate the supervisee, normalize, and build his or her confidence, particularly for beginning supervisees. There was a strong focus on preparing supervisees to be open to discussing difficulties and to reducing shaming.

Helping her with positively reinforcing her confidence in what she is doing and continually reinforcing that for her, you know: "Remember . . . be empathic, let things unfold, and when you have tricky problems . . . ask for help." She has fed this back to me very specifically that she finds it very helpful when she comes along, and she thinks she has done something catastrophic, but I say, "Well, look, it is normal to do that"—the normalization of what she is doing and . . . cheerleading all the things she is doing right, which are most of the time.

Attune to supervisee needs. Supervisors were attuned to the developmental and relational needs of the supervisee and were intentional in matching their approach to the supervisee's needs. For instance, with beginning supervisees, they would proactively address the fear of being judged and try to minimize the supervisee's tendency to idealize them:

The sort of transference dynamic that a beginning supervisee would bring . . . is an authority sort of thing in the room. I would play with and start to name it. . . . And that goes together with the notion that "it is okay to make mistakes, it is okay to talk about it. This is not the place where you are going to be judged. . . . We can think about it, and we can think about alternatives, but it is totally about the learning process; actually to learn from the things that went wrong is ultimately . . . much more powerful than to confirm the things we did right.

Most supervisors highlighted the fact that they would approach difficulties with care, attend to supervisee needs, and explore less direct strategies when there was potential for resistance or for the supervisee to feel shame:

How do you work with resistances? . . . If they are very steely underneath, you have got to try and find a way around them. You don't just push on them, because you just know that they will just throw up several more brick walls. . . . I can knock on the door, but I don't want to actually push the door open. So, it is just trying more subtle ways of getting underneath.

Another supervisor talked about it in these terms:

She's kind of acutely gentle and sensitive, and I'll put it out there as it is. So it was a bit of a challenge as to how to drop the speed, drop the rate, listen more, articulate less, get her to speak in such a way that she wouldn't feel her privacy had been disrupted, that it had been respected.

Support. Supervisors provided support to supervisees during difficult situations (e.g., managing suicidal clients) in order to de-isolate and contain them. Strategies used included "holding" them, guiding them, sharing responsibility, encouraging increased supervisory contact/sessions, offering to speak directly to their manager or manage their client (for very difficult situations), and reminding them of their legal responsibilities. In managing minor boundary violations, one supervisor also supported the supervisee by "sitting with it" until "they can work it out almost with the client and get themselves clear again."

Several of our supervisors dealt with highly complex client populations and felt it was important to contain the supervisee's anxiety and potential to feel overwhelmed:

His clients are . . . people in highly chaotic situations who are often self-harming and threatening to do drastic things. . . . In private practice, I would watch them very carefully or ask them to call in to see how a client is going. If we meet once a fortnight, I will up the number of times we meet or have telephone consultations if I think they have got no one else supporting them, and someone is at risk.

Anticipate. Supervisors anticipated potential difficulties such as a supervisee shifting from a trainee to a work supervisory relationship, compatibility in the supervisory relationship, or sexualization of a relationship. They anticipated by raising the potential issues early with the supervisee and contracting to address them, should they surface within the supervisory relationship. For instance, to facilitate a trainee in shifting from trainee to practitioner status, one supervisor highlighted the change in status, acknowledged the supervisee's own expertise, and tried to "level the field."

Explore parallel process. Supervisors drew parallels among clinical, relational, and supervisory patterns:

She doesn't actually acknowledge what I have said, or elaborate on what I have said, or give me any indication that she has been able to integrate what I have said. So, there was a time when she was talking about one of her staff saying that he needed acknowledgment and wasn't getting it. I used that as an opening to actually explore her experience with me, because at times I feel like I have no idea whether what I have said has made sense or not, or has been useful to her or not. She was quite surprised by that and said how useful it has been.

Acknowledge mistakes. At times, difficulties arose from mistakes that supervisors felt they had made. Mistakes mentioned included triangulation involving another supervisor, dual relationships, suggesting inappropriate interventions, and failing to take account the supervisee's stage of development. Supervisors reported that they tried to openly discuss and acknowledge supervisory errors, although sometimes the damage caused was irreparable.

Modeling. Modeling was seen as a key aspect of the *supervisor as mentor* role, particularly for these more advanced supervisees who had chosen their supervisor. One supervisor modeled self-acceptance by withholding reassurance, a strategy that is less likely to be used with trainee therapists. Another actively modeled the behavior to be encouraged:

"What pleases me is that you can tell me . . . when my comments don't help." It was something to do with how clear can we be with each other, and I remember saying, "I find it good here because even in this interview you told me where my comment didn't help." So it's also a little bit of modeling what we're trying to do here.

Reflective Interventions

Reflective interventions focused on endeavors to think deeply about and understand difficult supervisee processes with clients and supervisors; in addition, there was an emphasis on using these interventions to process the supervisor's own disturbing internal responses. Our supervisors actively engaged supervisees in a reflective process, sometimes through modeling reflectivity, and at other times engaging in questioning that would facilitate reflectivity. These interventions were centered predominantly on assisting the supervisee to case conceptualize more deeply and to reflect more profoundly on therapeutic processes or their internal responses. Reflectivity is core in supervision and can lead to "changes in perception, changes in counseling practice, and an increased capacity to make meaning of experiences" (Neufeldt, Karno, & Nelson, 1996, p. 8). However, such reflectivity actually requires a safe psychological space and trust in the supervisory relationship. The relational interventions that supervisors used helped to create and intensify the supervisory bond, which in turn created the conditions for deeper reflection.

In addition, supervisors used reflective interventions themselves, to help make sense of difficult supervisory dynamics; these included processing countertransference internally, seeking supervision on supervision, and remaining mindful, patient, and carefully monitoring what was happening. Such personal reflectivity can be significant in providing a reflective context for others, both through active modeling of such processes—"thinking aloud" and through deepening the capacity within the supervisor for reflection with others.

Facilitate reflectivity. Reflectivity was often used to explore an underlying issue that could not be easily named by either the supervisor or supervisee, to follow up disclosures of supervisee relationship boundary violations, and to encourage supervisees to take responsibility and develop clarity in understanding their choices. For instance, one supervisor felt that her supervisee was often superficial in his understanding and wanted him to fully understand the impact of his successful interventions:

Obviously something very important has happened or shifted. . . . So, it was a bit like he was saying, "Gosh, I sort of chucked something and hit the bull's eye." I will say, "Well, actually, how did you throw it? Why was that the bull's eye?" Yes, so I really just wanted to get him to think it through a bit more.

Reflectivity was also used to assist highly anxious supervisees or those who initially seemed unable to think deeply about therapeutic issues:

Some beginning supervisees present initially . . . with concrete and unimaginative thinking, but as soon as you start creating an ambience where they can explore the material, reflect on it, think about their own experience or the client's, some are most quick to take that on.

Remain mindful and monitor. Supervisors felt that they needed to remain mindful when they felt bored, experienced personal attraction toward or from supervisees, and when they experienced potential ruptures. For instance, one supervisor described monitoring his internal responses: "I don't feel like I've got to find an answer. I've just got to be mindful . . . and then maybe the explanation will emerge. . . . Most of the time I'm just paying attention and trying to see if it has any salience."

Another supervisor talked about the need to remain mindful by bracketing client information obtained from other sources.

He was in a pub waving a shotgun around, and the police were there, and we had to try and profile what his likely responses were going to be. . . . So, I have already got what is probably an incomplete ad hoc unsatisfactory formulation in mind, and I am aware that every time she talks about him, I have this urgency . . . to not think about him in the way that I normally think about him. So, I am trying to sort of segregate that off.

Remain patient and transparent. Supervisors managed supervisee wariness, defensiveness, incompatible pace, and resistance through patience, transparency, and persistence. For instance, in managing supervisee wariness, one supervisor described "allowing it time, you know, that kind of testing of trust and the kind of negotiating and finding the way we work, and of being transparent about it, 'Let's talk about what is happening here.'"

Process countertransference. Supervisors rarely disclosed their internal reactions to supervisees, unless it was deemed beneficial to the supervisory process. Strategies to address countertransference most often involved monitoring the reaction internally, with a view to understanding the material and processing the reaction with the supervisee:

She's telling me a lot of stuff, and my biggest challenge at this point is just . . . being able to process it all because I'm getting a little overwhelmed; which is why I got up and got my coffee. I'm just trying to get enough space to think clearly because it's all just kind of flowing out . . . so I'm just trying to find a way of thinking. . . . I allocate a bit of a space within me to be overwhelmed and allow that to happen, but I also allocate a space that's an observing space to be able to think about that. I think it's the maintenance of those two spaces that's important because if I'm just allocating a thinking space, I'm not really connected to her and I'm not really allowing the emotional dimension of the experience to register.

One supervisor described an incident from the past, where disclosing her countertransference irreparably damaged the supervisory relationship. The supervisee had engaged continually in

minor boundary violations, in spite of recurring supervisory coaching and exploration over a number of weeks. When the issue next emerged, the supervisor just “lost it” and said to the supervisee, “Oh, you didn’t say that, did you?” This experience damaged the relationship and taught her a lot: “Like, every now and then, I do react internally to supervisees. It has just taught me to sit and think and just slow things down.”

Seek supervision on supervision. Supervisors sometimes sought advice through their own supervision to deal with complex issues, such as dual relationships, supervisee resistance to supervision, supervisee negative feedback, and supervisee incompetence. Supervision on supervision was considered very beneficial when such tricky issues arose.

Case conceptualize. Consistent with current supervision models, supervisors played a key role in facilitating case conceptualization about complicated issues and assisted disturbed supervisees to formulate carefully, in order to contain anxiety. For example, one supervisor talked about putting “a little bit of a fence around this in terms of diagnostic shelving” to help containment, when supervisees were faced with highly traumatized and chaotic clients. Another used more sophisticated frameworks to understand what was occurring:

Where I find that the supervisee has some struggle of their own, that is really a complicated mess—I spend a lot of time thinking it through. . . . I choose frameworks and usually what I fall into would be a more psychodynamic framework on how to work with it. I am fortunate because I have got this supervisor who is very steeped in Lacanian ways of working. So that gives me a broader framework of thinking about containers and thinking about how development takes place within a relationship and some of the defenses and struggles and so forth.

Confrontative Interventions

When attempts to address difficulties through reflective or relational strategies were unsuccessful, supervisors typically progressed to more direct and confrontative strategies. Confrontative interventions involve challenging the supervisee about some aspect of his or her therapeutic practice or professional behavior. Our supervisors used confrontative interventions that focused predominantly on inappropriate supervisee attitudes and behavior toward clients, supervisors, and managers. These strategies ranged from tentatively raising difficult issues, to direct confrontation, through to very directive instruction, referral to personal therapy, or, in very serious cases, formal action or termination of supervision. Although supervisors reported that they often attempted other strategies first, they all saw confrontative strategies as necessary on occasions, in dealing with difficult issues but also acknowledged the challenge of doing this sensitively and appropriately.

Confront tentatively. Supervisors demonstrated a high degree of tentativeness in raising sensitive issues with their supervisees, at least as their first approach. They would express this by statements such as “How do I respectfully and gently bring him around to see this differently? Or, I always think, ‘How do I say this in a way that they can hear?’ That is always my bottom line.” Another supervisor used the concept of “inviting supervisees to come to some sense of responsibility and clarity about themselves and their choices.”

Confront directly. All supervisors confronted issues directly by identifying and exploring them as clearly as they could, usually after exhausting relational and reflective approaches. For instance, they confronted supervisee personal characteristics which they found challenging, as well as issues such as supervisees being mandated to attend supervision and cultural differences. One supervisor directly addressed the poor professional boundaries of a young female supervisee directly as follows:

I said to one . . . trainee that the task for her was to make a step between being seen as an attractive, fun-loving girl and being a professional woman, . . . She was able to receive that and actually thanked me for it when she left.

Another supervisor directly confronted the arrogant attitude of a supervisee and warned him, “If you continue doing that here, I will suggest you go elsewhere.” Confrontation was also used to focus on difficult clinical situations such as the supervisee engaging in risky therapeutic behaviors (e.g., “engaging in a folie-à-deux with a suicidal client”), demonstrating inexperience in dealing with complex or novel cases, and contributing to the sexualization of client relationships.

Where supervisees were confronted and were not willing to address the issue, supervisors often took stronger action, such as threatening to terminate supervision, withdraw support for registration, insist on managing the client personally (i.e., in the case of live group supervision), or report concerns back to the employer:

I said to him, “Look, I gather that you want to become a . . . therapist.” He said, “Yes I do,” and I said, “Look, let me tell you now, I will not sign off on your registration until certain things have happened. Until we have actually talked about the nitty gritty of your work. Until I have actually seen it, until you have actually produced it, until I have actually got a clear sense of where you are up to and what you actually do. . . . I get a sense that you really want to do a good job but that you are too charming for your own good and that people don’t actually nail you down to produce it. . . . If you don’t produce a videotape of some kind by this date, I will, in fact, write . . . and say that I am no longer your primary supervisor, and we will part on good terms.” He said, “That’s it.” And he just melted. He said that no one had actually nailed him down. That he has been able to evade and hide and that he was in quite serious trouble. . . . And then we started working.

Withdraw, deny, or avoid, and then confront. Supervisors sometimes used delay or avoidant strategies in order to manage difficulties before eventually confronting the supervisee. Issues that required a “delay” in confrontation included managing a ruptured supervisory relationship, or managing supervisees who took on complex cases, adopted controversial treatment strategies, lacked self-awareness and experience, rushed, were overly self-critical, acted defensively, or flirted. For example, one supervisor reported, “Initially I deny that it [flirtatiousness] is happening and pretend that I am immune to it. Then, reality strikes . . . a couple of hours later I realize that I have got to address it at some point.” In hindsight, another supervisor also considered the benefits of being patient prior to challenging a supervisee’s differing opinion on a topic, stating that “rather than defending the new policy, I should have . . . been much more empathic about his long experience using the old policy and then [started] working from there, but I was impatient and not very skillful.”

Avoiding difficulties was a strategy supervisors typically used earlier in their development as a supervisor or when they did not know how to approach the issue, were not able to articulate the discomfort they were feeling, or were supervising anxious or defensive supervisees. This process of avoidance before confrontation, however, could wound supervisees and damage the supervisory relationship, sometimes beyond repair:

But actually this particular trainee was so rewarding. I suddenly realized that the . . . whole of her effort there was to impress me. . . . She kept me constantly informed of everything that she did and would be very rewarding of my suggestions afterwards. It was very hard not to be flattered by that. In fact, I didn't really spot what was going on until well into it. . . . This was a long time ago. I did find the recovery of that very difficult. Of course, what I should have done was seen it earlier and prevented it from the start, but actually what I did was try to deal with it once it was recognized, . . . raised it in supervision . . . in a way that she perceived as rejecting.

Assess level of directness before confronting. Supervisors assessed the level of directness required in confronting difficulties by considering the nature of the supervisee, supervisee's stage of development, supervisory contract, quality of the supervisory relationship, complexity of the situation, and appropriate timing of the intervention. Generally, a less direct form of confrontation was utilized when the supervisee had a fragile personality, was resistant to supervision, or was a trainee who required more opportunity to explore his or her own solutions. Higher levels of directness were used with supervisees who engaged in risky behaviors, were highly resistant, were involved in novel or complex situations, or were very experienced practitioners.

Confront but recognize limits of supervision. Supervisors reported that although confrontation was used to address differences and problems, sometimes supervision was not the appropriate medium to resolve all problems. In one instance, the supervisor later realized that the supervisee's motive was to have his job.

Use immediacy to confront. Letting the supervisee know how a particular behavior had impacted on the supervisor was also found to be effective. For instance, one supervisor used immediacy to confront the way the supervisee avoided discussing their relationship:

It is very hard for me to bring up something about what is happening between us, because when I do, you often quite immediately go back to your case load again, you know, so it is very hard to stay in this sort of consistent relationship.

Refuse or terminate supervision. Supervisors sometimes refused to supervise individuals due to previous negative experiences with a particular individual, training background, incompatible therapeutic approach, and incompatible expectations of supervision (e.g., expecting personal therapy by presenting oneself as the case). Supervisors terminated supervision when faced with supervisees who lacked appropriate training, appeared incapable of learning, and were incompatible in terms of temperament. Supervisors usually suggested that they were not a good match for the supervisee.

Take formal action. Unethical and unprofessional behavior was sometimes managed by taking formal action. However, supervisors approached ethics committees usually after confrontation had failed to address the issues. Confronted with at-risk clients and

unresponsive or incompetent supervisees, supervisors risked rupturing the supervisory relationship by informing the supervisee's agency of the situation, particularly when there were potential boundary violations. They did, however, advise the supervisees of the intended course of action beforehand and also encouraged the supervisee to liaise with their agency:

So a few times I have had to say, "Look, either you front up to your agency and talk about this and then they let me know you have talked about it, or you and I talk to the agency, or I talk to the agency whether you like it or not." I find those awful moments.

Refer to personal therapy. In general, supervisors referred supervisees for personal therapy when it became evident that personal material was impacting on professional practice and also when previous discussions had failed to address the issue. For one supervisor, however, the supervisee was already engaged in personal therapy but was still "pushing" against the therapy-supervision boundary. Consequently, the supervisor required realignment of supervision with the original contract. Some supervisors suggested conducting a "solid intake" interview to identify where personal issues impacted on thinking as a therapist.

Become directive. Some supervisors reported that they sometimes became more directive when confronted with less competent supervisees. This reduced supervisor anxiety; however, because the supervisor was doing "too much . . . in drawing everything together and instructing," the outcome for the supervisee was thought to be "disempowering." Upon reflecting on a DVD-recorded supervision session, one supervisor decided, "I should have just sat back for a bit longer after I had that first intervention and let her reconstruct it herself." At other times, becoming very directive was quite effective:

Now, they feel very uncomfortable about that, but actually in the end, they have responded very well and suddenly are providing a good service. My confidence in them grows and their confidence in themselves grows, and they become less defensive as a result.

Avoidant Interventions

Appropriately, the least frequently reported approach involved avoidant interventions, where supervisors refrained from raising difficult issues. Avoidance was mainly used to manage unhelpful supervisee characteristics and professional issues that were deemed too entrenched to change. In some instances, when time for supervision was very limited, supervisors avoided difficult issues because they did not believe the supervisee could "hear" or benefit from such discussion; at other times, the supervisor reported being unable to obtain conceptual clarity about the supervisory dynamics. However, clinical issues were rarely avoided.

"Struggle on" and await external intervention. Confronted with unhelpful supervisee characteristics such as defensiveness, supervisors sometimes "struggled on," disguising their negative feelings or desires to terminate the supervisory relationship:

I was always a little bit wary of this person. It was like they [sic] were a little bit prickly, very demanding, and always gave a sense of never being completely satisfied with what we were doing, but it was never made overt. When asked, they [sic] would say, "No, that's fine. Yes, I'm getting stuff from the supervision," . . . but I felt there was something underneath. I thought, "We'll ride this out; I'm providing her requirements for supervision. . . . It is going to come to an end. I

think we have a personality mismatch . . . and probably would not be profitable to try and address.”

At times, external interventions such as a change of job for the supervisee also provided the opportunity for the supervisor to opt out of the supervisory relationship.

Withhold. Although our supervisors emphasized validation, there were times that this was withheld for a particular purpose. For one, withholding validation assisted in the management of the validation-seeking of the supervisee:

[He] would be looking for approval. . . . It was a bit like he was sort of saying, “See, I won,” and I think I had my own sort of counter-transference response to that . . . “I am not going to be pulled into telling you that you are a good boy” sort of thing.

Withdraw, ignore, or deny. Supervisors occasionally withdrew, ignored, or denied a difficulty. Typically these difficulties involved management of sexuality or flirtatiousness in a cross-gender supervisory pair and were particularly hard to address in the early years as a supervisor. One supervisor withdrew and ignored the sexual behavior of an intoxicated supervisee during an informal social gathering and did not raise it until 18 months later, despite his extreme discomfort: “I dealt with it very badly. I was new to supervision, and I was thinking, ‘Oh God, how do I deal with this?’ All I wanted to do was hide.”

Management of Difficulties: Case Studies

The analysis has identified the variety of specific strategies employed. However, it is difficult to gain a sense of the processes involved or the sequence of events in short excerpts. The following case studies illustrate typical sequences of intervention used by supervisors.

Michael and Julia. Michael is a senior clinical psychologist and manager in an inpatient and outpatient unit for forensic clients, including sex offenders. Julia is his supervisee, a recently qualified clinical psychologist. Michael has supervised numerous clinical and forensic psychologists and has a developed sense of what it is to be a professional psychologist. He has strong expectations of his supervisees and anticipates that they will “develop unique psychological interventions that are creative and carefully considered for unique psychological problems.” He feels they need to do that on the basis of breadth of understanding and awareness and puts “pressure on people to live up to that.” In helping supervisees to assess where they are headed with a client, he often uses his own experience to offer wisdom about a case, indicating what he had tried and why it did not work.

It became apparent that an inpatient was sexually interested in Julia, her first experience with this sort of situation. Michael focused the next few sessions on her responses and how the situation could be managed most effectively. He raised the possibility of transference and countertransference with her. He began with reflective and relational strategies, naming the difficulty, supporting her, facilitating reflectivity, and processing counter-transference. However, these interventions were not enough to change the dynamic, so he moved to confront more directly:

I had to raise with this . . . young woman aspects of how she presented herself, about signals that she offered in this environment by the way she dressed and the way she conducted herself, and the informality of

her approach . . . her willingness to spend time with people on an informal basis and the implications of that for how she might be perceived. . . . that she is constantly available because she is interested in someone, right down to the clothes she wore, because sometimes there is a bit too much flesh being exposed. Now, that was very difficult. It wasn’t pleasant for me. . . . But these were things that had to be . . . gone through. As a consequence, she developed a very kind of clear strategy, which is actually the clarity that the patient needed in this relationship, which was really good. She did a very good job of recovering that situation without having to disengage from them. That is a very hard thing to do, and she managed to do it and sustain a fairly close affiliation with me. We continue to do supervision, and it continues to work. So, a very good session sometimes is the most discomforting . . . where the most learning occurs, despite the discomfort.

Although this confrontation was very direct, it was done in a supportive manner, and only after he had used both relational and reflective strategies. The inevitable tension between support and challenge can be seen in his sequence of strategies, but he also was clearly saying that without appropriate challenge, supervisees sometimes do not learn what they need to.

The supervisor was also attuned to the potential shame inherent in assisting the supervisee to think about the impact of her dress, professional presentation, and behavior on the male offenders in the unit. The cross-gender dyad and power differential make this a particularly sensitive issue. However, by first exploring the client’s potential transference and her countertransference to the client, he was able to help her to understand some of the complexity of the dynamics with clients. Thus, his initial focus on self-presentation was in the context of what it elicited in the therapeutic endeavor and the difficulties this was causing her, rather than a judgment about her. There was clearly enough safety in the supervisory relationship built through support and validation for the supervisee to tolerate and learn from the confrontation. This sequence of interventions enabled the supervisee to reflect deeply about her behavior, to tolerate his direct confrontation, and eventually to develop a much more sophisticated understanding as a therapist.

Elaine and Rebecca. Elaine is a senior psychotherapist with a master’s degree in integrative psychotherapy and formal supervision training. She has over 20 years’ experience, is in private practice, and is director of a psychotherapy training program. Her supervisee, Rebecca, is in her forties, with about 9 years’ post-training experience, and she had graduated from the supervisor’s training program some years earlier. Elaine described the supervisee as an experienced clinician who sought her out for supervision after a bad supervision experience: “[A] shocking experience—It actually became an abusive situation in terms of the relationship, but she hung in there for 18 months . . . her practice began to deteriorate.”

One difficulty that Elaine faced was to decide whether it was appropriate to provide supervision for her former trainee or whether it was fostering a prolonged dependency. After deep reflection and peer consultation, Elaine agreed to become her supervisor; she felt that she could provide the containment, support, and challenge that were required to reactivate Rebecca’s skill and confidence base.

This process was consistent with her relational approach to addressing difficulties in the supervisory relationship. First, she would name the difficulty, validate the issues or concerns, and

attune with the supervisee in order to explore the dilemma collaboratively. She recognized the need for clear boundaries for Rebecca, who brought challenging client issues. Elaine worked to provide good support for the supervisee as she was being oriented to explore her practice in a nonshaming way. She modeled openness in examining difficult issues, and the contribution each could be making:

Yeah, I would name it, . . . “This is what I have noticed; this is what I am experiencing. Let’s take some time to think together about . . . what is possibly going on between us, and are there things that you are wanting that you are not getting, and are there things that I’m doing that are not particularly useful . . .?” By opening it up in a genuinely mutual way, that it is actually my problem as well as theirs.

The IPR interview on the DVD-recorded supervision session further reinforced this model of supervision. The supervisee described a case that she believed demonstrated the value of a spiritual approach to psychotherapy. Her male client, whom she had seen for several years, had a history of complex early trauma including maternal sexual abuse and an inability to reach out or ask for his needs to be met. The client had cut himself off from the family and planned to spend the forthcoming holiday period alone. He had asked Rebecca if she would contact a spiritually oriented relative of his and ask her to pray for him, as he felt unable to ask for this himself. Rebecca had agreed, despite realizing it was outside the usual frame of therapy. She reported that the client had demonstrated a remarkable improvement in his mood and approach to life by the following session, which she attributed to the spiritual intervention. Elaine was mindful of not wanting to shame the supervisee, but at the same time needed to tentatively confront Rebecca about her understanding:

I want to share (my) dilemma with you, and I want you to think through with me . . . whether this is in his best interests or whether somewhere this has been a co-created enactment. . . . I don’t want to collude with the fact that it has been such a profound change.

Through attuned exploration, the two were able to arrive at an understanding of the investment the client had made in the therapeutic relationship; his improvement was most likely linked to having been able, for the first time, to ask directly for something significant from his therapist and experiencing her agreement to that request, despite the fact that it went beyond the normal contract. The supervisee was confronted with her “flight into spirituality” as an external explanation for the client’s improvement, rather than focusing on the significant shifts occurring in the therapeutic relationship. The complexity of balancing support and challenge in confronting the supervisee is illustrated by Elaine’s response (in the DVD) when she was asked to reflect on her style: “I notice quite a stillness in me, and yet I’m very busy inside. . . . I sit back and watch and watch, and then I pounce.”

Elaine has a strongly relational, collaborative, and integrative approach to supervision. She finds the greatest difficulties are serious ethical issues, because addressing them will inevitably interfere with the supervisory relationship. She also has difficulty with supervisees who lose compassion or interest in their clients. When one supervisee expressed boredom with her client, she was able to challenge as well as support the supervisee:

I switched it from her being able to share this discomfort to inviting her to imagine how her client would feel if she was eavesdropping on this session and to imagine into that. The whole session changed to where she became very moved by what it would be like to have invested 3 years of a relationship and to find yet again that the impact you have on another is that they [sic] are bored, disinterested, and actually don’t want to be with you. We began to jointly make sense of that together about her and also about the client, and actually what was really needed in the therapy that perhaps she couldn’t give and that she needed to attend to in herself.

Discussion

A considerable body of research has examined the process of clinical supervision, particularly the supervision of trainees from the perspective of the supervisee (Jacobsen & Tanggaard, 2009; Nelson & Friedlander, 2001). Another body of literature has focused on theories of supervision (Bernard & Goodyear, 2009; Stoltenberg, 2005). However, the heart of clinical supervision expertise and how it contributes to the building of clinical competence in the supervisee remain elusive. This study contributes to existing research by examining the practice wisdom of highly experienced supervisors and is among only a handful of studies where expertise was an active sampling strategy (e.g., Nelson et al., 2008).

Supervisory Expertise

Expertise been defined primarily as “the clinician’s capacity for adaptation and creative use of theoretical understanding and technical skills in ways that meet the unique needs and interpersonal style of the patient” (Betan & Binder, 2010, p. 142). The design of our study sought to capture how highly experienced supervisors adapted their knowledge and skills to flexibly and intuitively meet the demands of problematic supervisory challenges. We used a mixed methodology that did not rely solely on retrospective recall and surface knowledge, but rather involved a deeper analysis and reflection on “live” data. The use of IPR with DVD recordings of supervision sessions is a relatively novel application of the methodology that holds promise for future research into supervisor expertise.

Consistent with research on expertise (Hatano & Inagaki, 1986), these supervisors demonstrated a high degree of reflectivity, capacity to articulate nuanced approaches, and adjustment to the needs of the supervisees or context. This reflectivity was demonstrated within the context of a strongly relational approach, congruent with previous research (Nelson et al., 2008; Nelson & Friedlander, 2001) and professional guidelines (Grant, 2006; Safran & Muran, 2000).

Relational Approaches to Managing Difficulties

These highly experienced supervisors were able to demonstrate advanced capacities in maintaining (or repairing) a good supervisory alliance, in understanding the supervisory dynamics, in reflecting on the needs of different supervisee styles and stages of development, in recognizing when their approach was not effective, and in identifying more flexible ways to meet the demands of the situation and adapt to the needs of the supervisee. They were also free in acknowledging mistakes they had made and showed

that they had used the experience to reflect deeply and develop more complex understandings.

Another indicator of expertise was their capacity to anticipate potential difficulties and commitment to clarify expectations early in supervision. These findings are in line with guidelines for supervision that stress early discussion of supervisee expectations and how inevitable conflict will be handled (Safran & Muran, 2000). In marked contrast with some previous findings (Hoffman et al., 2005; Ladany & Melincoff, 1999), participants actively provided feedback and addressed difficulties across the spectrum of personal, professional, and clinical issues. This may be more possible where evaluation is not central, where supervisees are more established as professionals, and where they have chosen the supervisor.

Most models of supervision warn against addressing supervisees' personal issues. However, consistent with relational theory (Miehls, 2010), an important characteristic of our supervisors' expertise was their capacity to understand the relative contributions of personal and professional issues and to address them in a more integrated manner. They were also able to acknowledge their own contributions to the supervisory dynamics. Of interest, our experienced supervisors were less concerned than has been found in previous studies (Hoffman et al., 2005) about crossing the boundary between supervision and therapy when managing issues. This focus on confronting personal and professional issues may be partially explained by the advanced experience levels of participants, compared with those of the participants in most previous studies, helping to address gaps in our knowledge about the experiences of those undertaking career-long supervision. Certainly, they did not provide personal therapy; however, they did give nuanced descriptions of how they recognized the close interplay between the personal and professional. This is in line with more current views on relational and intersubjective perspectives in which the self and others are viewed as interconnected and exerting mutual influences on each other (DeYoung, 2003; Miehls, 2010).

Part of this relational capacity was their exquisite attunement to the shame that can be inherent in the learning process. They described using validation and gently moving under or around resistance, rather than just pushing at it. They would change their own natural pace and style to attune more to the supervisee's style, personality structure, stage of development, fragility, and level of resistance. They worked hard to create an ambiance where supervisees could move past their resistances, concrete thinking, and simplistic conceptualization to collaborate on issues or think more deeply about a client. Rather than allowing their countertransference to determine their practice, they struggled with how to help the supervisee move past resistance by working with it, interpreting it, understanding it, and going under it. They formulated and conceptualized instead of judging.

Reflective Approaches to Managing Difficulties

The supervisors' capacities were enhanced through a deep reflectivity about their practice as supervisors. Reflective capacities are revealed in the supervisors' demonstration of *intuitive knowledge in the midst of actions* (Schön, 1991). They had internalized theory comprehensively enough to apply it to unique and ambiguous situations—a process of “metabolizing the theory” (Betan &

Binder, 2010, p. 144). These capacities enabled them to articulate processes underpinning their practice, to learn from their errors, and to actively incorporate the learning for future supervisees. They also used their own experiences as a supervisee to inform and shape their supervisory practice. They were often self-critical when reviewing the DVD of their session and did not hesitate to seek peer consultation on difficult supervision issues, being very open to exploring their own part in difficulties.

Perhaps most striking, however, was the capacity of these supervisors to use reflectivity to maintain the inevitable tension between support and challenge. Bernard and Goodyear (2009) persuasively argued that when supervisors are able to find an appropriate balance between support and challenge this reduces supervisee anxiety and resistance. The detailed practice of this balance is clearly illuminated by our supervisors who described the capacity to join with positive aspects of supervisees, while still reflecting on major difficulties. They were able to facilitate supervisees' reflections on their internal struggles and views of self and link these to areas where difficulties were occurring in clinical practice or supervision.

Maintaining the balance between support and challenge requires supervisors to manage their own countertransference. Theoretical writers have argued that this is particularly important in better understanding the supervisee's client (Grant, 2006; Grant & Crowley, 2002; McKinney, 2000), and previous research has demonstrated the benefits of understanding and processing countertransference (Ladany et al., 2000; Zaslavsky, Nunes, & Eizirik, 2005). Our supervisors clearly understood and utilized these principles in their supervision practice; for example, they offered elegant interpretations by drawing parallels between the supervisory relationship and relationships described with clients or others.

Some of the supervisors disclosed countertransference material to their supervisees, when it was considered relevant and did not undermine the supervisory relationship, in contrast with other research (Skjerve et al., 2009). Countertransference involving sexual attraction was not disclosed, but rather monitored and reflected upon, in line with previous findings (Ladany et al., 2000; Skjerve et al., 2009). Acting out the countertransference was seen to damage the supervisory relationship, sometimes irreparably.

Confrontative Approaches to Managing Difficulties

When relational or reflective approaches failed, all supervisors recognized that more direct and confrontative approaches were necessary. They frequently tried other strategies first, including withdrawing, denying, avoiding, and using immediacy to confront, before eventually confronting directly. In addition, they carefully assessed the level of directness and appropriate timing needed. In essence, the supervisors addressed issues directly but often took time to do so. Congruent with previous findings (Nelson et al., 2008), many reported some level of discomfort with confrontation, even though they believed it was productive.

Our supervisors acknowledged that they were less likely to use direct forms of confrontation with trainees. Confronting and challenging may be less risky with more advanced supervisees, where identity as a therapist is more solidly established than with trainees; in addition, the absence of formal evaluation may make it safer for supervisees to disclose serious difficulties. The greater focus on confronting issues also represents a more integrated

understanding of the relationship between the personal self and professional self of the professional (Skovholt & Jennings, 2005).

Supervisors demonstrated skills in “softening the blow” of confronting. For instance, they often anticipated possible difficulties by naming the personal characteristics in a nonjudgmental manner. They offered high levels of validation; this was not about false reassurances, but about clearly seeing and naming the supervisee’s capacities and strengths as well as areas needing improvement. They seemed to tread carefully with confrontation, although they did not hesitate to confront, when deemed necessary. In essence, they found ways of confronting supervisees, while at the same time solidly supporting them. Thus, these supervisors were able to support emerging mastery and competence in therapists, while also tackling aspects of practice or the “self” of the therapist that were impeding competence.

A number of supervisory difficulties involved sexual issues, and these were seen as some of the more challenging ones. Sometimes this involved the sexualization of a client relationship, but often it concerned the supervisory relationship, including issues of charm, flirtatiousness, inappropriate dress, or overt sexual behavior in social gatherings. This issue appeared far more frequently with cross-gender dyads; perhaps this makes the issue more salient. Supervisee attraction to clients is a difficult issue to manage, and most supervisors do not explicitly facilitate such discussions or provide the validation, support, and normalization required to openly discuss these issues (Ladany et al., 1997). Many of our supervisors were able to engage in such reflection about sexual attraction to a client, while others confronted the impact of dressing seductively on therapeutic work (Ladany et al., 2005; Skjerve et al., 2009). Preventative measures such as early discussions about professional dress codes or enlisting help of same-sex colleagues may help to avoid humiliating the supervisee. These results contribute to the sparse supervision literature on managing sexual attraction (Ladany et al., 1997; Pope, Keith-Spiegel, & Tabachnick, 1986; Rodolfa et al., 1994).

Avoidant Approaches to Managing Difficulties

While less than half the supervisors used avoidant strategies, many felt that this was the most appropriate intervention in certain circumstances. Reasons for withholding feedback included avoiding a rupture in the supervisory relationship, concerns about accentuating the problem, personality mismatch, and uncertainty about feedback validity. However, some also mentioned negative effects of withholding feedback, such as wounding the supervisee, damaging the supervisory relationship, and compromising therapist development and client outcome; such concerns support previous findings (Hoffman et al., 2005). Analysis indicated that their avoidance generally occurred earlier in their careers and that they learned through experiencing the negative effects of avoidance.

Limitations

Although the supervisors’ expertise was a strength of the study, the extent to which the findings can be extrapolated to a wider population of supervisors may be limited. In addition, the majority of supervisors were male, which does not reflect the current gender balance in the field of psychotherapy in western countries. Comparisons across theoretical orientations were not possible due to

low numbers for some orientations. However, past research suggests that master therapists, regardless of orientation, have much in common with each other (Skovholt & Jennings, 2005). The same may well be true for expert supervisors.

Like any method where the researcher is an overt participant in the data collection process, interviewing involves researcher effects. Characteristics of the interviewers, such as their collegial relationship to participants and professional standing in the field, may have influenced the participants’ willingness to disclose information honestly. Given the sensitive nature of the topic, however, participants appeared to freely express themselves, and the rich transcripts provide little evidence of withholding. Findings are based largely on experiences of voluntary supervision with supervisors selected by the supervisees; thus, they may understate difficulties that are more likely in mandatory supervision or where there is little choice over supervisor selection. However, our supervisors also reflected on earlier supervisory experiences.

Conclusions

Managing difficulties in supervision is a complex process requiring a thoughtful, attuned relational stance that takes account of supervisee needs, stage of development, and personal characteristics. Although these aspects have been described in previous models, our data have provided rich contextual descriptions to illustrate how these aspects are enacted in practice. Our study also highlights the inner challenges faced by even highly experienced supervisors and how they work through these challenges. Expertise in such a nuanced approach requires a high degree of reflectivity and openness to observing one’s own part in the process. In addition, there appears to be a definable process, where experienced supervisors begin with relational or reflective strategies but will move to a more challenging approach if these are not sufficient. Thus, conflict is not avoided, but neither is it usually the first-line strategy.

Expert supervisors manage the delicate balance between support and challenge; the implications of such a balance for practice are that good supervision thoroughly validates the actual competence of the supervisee and that this, in turn, provides a solid container for the often shame-inducing process of helping supervisees develop where they are not so competent. However, this level of expertise in supervisory processes is not easily won. Our supervisors described their very human struggle to stay in the professional, reflective space, rather than follow their own reactivity or countertransference. They also described many early career incidents where they had made significant errors. These were often painful learning experiences. Like excellent therapists, they were able to reflect deeply on such events and use them to substantially improve their practice as supervisors.

The mix of confidence, authoritativeness, and nondefensiveness is a model for good management of supervisory difficulties. Supervision is a highly significant activity of mentoring, guiding, and shaping the next generation of competent therapists, and it is important that we come to understand how to do this well. These supervisors illuminate the process of managing the inevitable difficulties that arise in supervisory relationships and the hard-won spoils of deep immersion and reflectivity in this very human endeavor.

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