My worst psychotherapy supervision as a supervisee

Qualitative and quantitative data from the Danish DPCCQ study of supervision

Psykoterapi- och handledningsforskning i dialog.
En nordisk konferens och nätverksbyggande
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  – The University of Copenhagen, Aalborg University, The Danish Association for Psychologist and “Det Obelske familiefond” for fundings
Development of Psychotherapist Common Core Questionnaire (DPCCQ)

• The DPCCQ is a comprehensive questionnaire developed by the SPR collaborative network.
• Currently the sample consist of data from approximately 11,000 psychotherapist from more than 30 counties.
• The most comprehensive review of the findings is Orlinsky & Rønnestad (2005).
The Danish DPCCQ

• Supervision is perceived as the second most influential factor on professional development and the most influential factor when only considering novices (Orlinsky & Rønnessetad, 2005).

• Thus, the Danish DPCCQ includes a series of supplementary questions on receiving and giving supervision plus supervision training:
  – 19 items on receiving supervision
  – 45 items on giving supervision
  – 4 items on supervision training
Supervision can be ineffective or harmful!

• However, supervision can be a negative learning experience, too.

• Some supervisees are dissatisfied with the quality of their supervision and see it as a hindrance or even as harmful to their professional development (Rønnestad & Orlinsky, 2000).

• Bad, negative or harmful supervisory events have been an subject of study during the lastest 15 years:
The present study

• The study I’m presenting today is based on qualitative analysis of written answers from 252 subjects to the following three questions:
The open-ended questions on the worst experience in supervision?

1. What was the **worst supervisory experience** that you have had as a psychotherapist?

2. At what **point in your career** did this occur?

3. What **impact** has it had on your development as a therapist?
The purpose of the study

• To explore what is considered “my worst supervision” through inducing meaningful categories based on the open ended written statements

• Furthermore, to continue the exploration of the formed categories by using the quantitative data from DPCCQ (yet to come)
### Numbers of subjects

<table>
<thead>
<tr>
<th></th>
<th>No. of subjects</th>
<th>No. Subj. excl.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of DPCCQ</strong></td>
<td>385</td>
<td></td>
<td>100 %</td>
</tr>
<tr>
<td>Written text</td>
<td>252</td>
<td></td>
<td>65 %</td>
</tr>
<tr>
<td>Erroneous answers (answer as</td>
<td></td>
<td>14</td>
<td>4 %</td>
</tr>
<tr>
<td>Supervisor or Therapist)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Included relevant written</td>
<td></td>
<td>240</td>
<td>62 %</td>
</tr>
<tr>
<td>answers (&quot;My Worst supervision as a supervisee&quot;)</td>
<td></td>
<td></td>
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### Additional details

<table>
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<tr>
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<th>No. Subj. excl.</th>
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<tbody>
<tr>
<td>Written text</td>
<td>238</td>
<td></td>
<td>100 %</td>
</tr>
<tr>
<td>No worst experience as a</td>
<td></td>
<td>22</td>
<td>9 %</td>
</tr>
<tr>
<td>supervisee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td>4</td>
<td>2 %</td>
</tr>
<tr>
<td>My Worst supervision as a</td>
<td>212</td>
<td></td>
<td>89 %</td>
</tr>
<tr>
<td>supervisee</td>
<td></td>
<td></td>
<td>55 % of total DPCCQ</td>
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</table>
Theoretical orientation – DK
(n=350 Psychologists)

I hvor høj grad følger din terapeutiske praksis følgende teoretiske orienteringer? (scoret 4 el. 5 på 0-5 Likert skala)
The Danish sample of WS - comparable with the total sample

<table>
<thead>
<tr>
<th></th>
<th>Total Sample (n = 385)</th>
<th>Valid answers (n = 212)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists</td>
<td>360</td>
<td>203</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>Female</td>
<td>77 %</td>
<td>75 %</td>
</tr>
<tr>
<td>Male</td>
<td>23 %</td>
<td>25 %</td>
</tr>
<tr>
<td>Mean age</td>
<td>50 yr. 3 mo.</td>
<td>48 yr. 2 mo.</td>
</tr>
<tr>
<td>Mean time being</td>
<td>16 yr. 8 mo.</td>
<td>16 yr. 6 mo.</td>
</tr>
<tr>
<td>psychotherapist</td>
<td></td>
<td></td>
</tr>
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</table>
The statements

• Length of 1 - 149 word
  – Average on 17 words

• Some statements contain two or more distinct examples of worst supervision

• Some statements point at several issues that made this specific event to be one’s worst supervision.
THE RESEARCH PROCESS
The qualitative data analysis

- I copied all statements from SPSS and pasted them into a Word table.
- Read them all thought and gave each a preliminary headline or name.
- Reading through once more remembering some of the preliminary scoring and sometimes changed one prelim. scoring into another previously used.
The qualitative data analysis

• Next I tried to sort the headlines into bigger chunks that looked the same or just somehow related.
• Then I read all the members in a chunk consecutively
• This lead to former a more comprehensive concept
  – some items were being put into other chunks
The qualitative data analysis

• This process was repeated (sometimes more than once) until relatively big, consistent and meaningful categories were induced.
• When I thought I had found a category, I was going to use, I finally checked membership by reading each answers and comparing that to the definition of the category.
• The preliminary coding, organizing, checking, re-coding, etc. is a “Hermeneutic circle” like process
Check on scorings

• I gave a colleague of mine the answers from 99 subjects
  – with the four categories seen on the next slide
  – without my scorings
• I had scores some of the 99 answers in one of the four categories
• The remaining answers I had given a preliminary score of
  – Prof. incompetent
  – Insults/transgressing borders
  – Breaches of confidentiality
• The purpose:
  – I wanted to see if my scorings in the four categories made sense and could be replicated.
  – I was insecure whether the remaining answers fitted into one or more of the four given categories
Check on scorings

- Overall, there is 4 * 99 scorings, as one can make more than one score pr. subject = 396
- Out of 396 scorings a comparison showed that we independently of each other had then same scoring in 356 instances (90 %)

<table>
<thead>
<tr>
<th></th>
<th>Critique</th>
<th>Unempath.</th>
<th>All-know.</th>
<th>My Way</th>
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</thead>
<tbody>
<tr>
<td>1 My worst...</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 My worst...</td>
<td></td>
<td></td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>....</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td></td>
<td>√</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Check on scorings

• I took that as a fairly good measure of, that the categories made sense/my scorings were precise.

• Furthermore, my colleague had herself invented two additional categories, as she found that some of the answers couldn’t be fitted into the four given categories.

• NB: She thought that I had scored all the 99 answers in the four categories.
Check on scorings

• Her categories were
  – Unprofessional or Incompetent
  – Borders/insults (this included items of breaking confidentiality)

• Remember, that mine were
  – Prof. incompetent
  – Insults/transgressing borders
  – Breaches of confidentiality
THE RESULTS
No worst experience

• 9 % said they had never had a bad experience in supervision.

• Furthermore, 2 % didn’t know
  – This could be due to no salient worst exp. or several equally bad experiences.

• Those 11 % (85 % women, 15 % men) has been in supervision from 2 to 40 yrs. (mean 15 yrs. sd.= 12)
  – so they have had their chances for having a “worst supervision event”
Supervisor gives too little (n = 28)

• This category contains items dealing with:
  – The supervisor
    • lacks professional knowledge or skills (incompetent)
    • is unengaged, uninspired and uninspiring
    • is too neutral, reluctant to speak, interfere
    • unchallenging
    • falls asleep.
    • doesn’t structure the sessions
Supervisor gives too little - examples

- Even though my supervisor was a licensed specialist in psychotherapy he was professionally insufficient and theoretically weak.
- Professional incompetence
- Supervisors, who wasn’t any better that me, and whose feedback wasn’t of any use!
- The supervision was trivial – unimportant.
- The worst were supervisors indifference
- It seemed like the supervisor was being bored
- The supervisor didn’t demand enough from me.
- Diffuse talk about general issues
- The supervisor was completely silent although I put up some specific problems
Supervisor doesn’t understand T (n = 33)

• The supervisee experiences that the supervisor doesn’t
  – empathized with or meet in his needs
  – understands the case or the supervisee’s problems
Supervisor doesn’t understand T
- Examples

• To show up with a problem that was totally ignored. Instead the supervisor steamrolled another issue through which to me felt completely irrelevant.

• Supervisor didn’t at all understand the case I presented. I felt misunderstood.

• A supervisor gave tons of advice that was completely unusable, because she didn’t take time to listen to the case I presented.

• I was treating a patient with BPD, whom I was afraid of. She was aggressive and acted out. I didn’t feel that the supervisor understood how anxious and insecure I was.

• A patient of mine committed suicide. I didn’t fell met or supported.
Supervisor it critical or looks for errors
(n= 23)

• Supervisor is (too) critical
• Supervisor seems only to look for errors and mistakes for him to pin point.
Supervisor it critical or looks for errors
- Examples

• A supervisor picked on a bad wording, while I was telling about a difficult patient.

• A controlling supervisor looking for errors. She winded, played and stopped my tape recordings at random and asked in an almost inquisitorial way why I intervened as I did.

• A very discontent and critical psychologist

• The supervisor was impatient, critical, judgmental, which made me feel incompetent and shameful – and even worse – it had a negative impact on the therapy.
The all-knowing and the belittling supervisor (n = 32)

• When supervisors
  – knows it all, are teaching, lecturing, preaches, or being educational

• This is found in many grading.
  – a very mild form is giving a piece of advice without listening careful to the supervisee/the case
  – most statements is on supervisor thinking they know-it-all or are a “besserwisser”

• Furthermore, this can turn into belittling, downgrading, condescending or patronizing
  – Included is also when supervisor speaks with disrespect of the patients (n = 6)

• It seems to be closely related to criticism
The all-knowing, belittling supervisor -examples

- “When I had an educational supervisor”
- “I had an all-knowing supervisor, who gave lectures/pontificated his knowledge.”
- “When supervisor is know-it-all, and speaks slightly downgrading”.
- “My supervisor were downgrading and correcting me”
- “My supervisor talked down to me and my colleagues.”
- “My supervisor told me that 100 % of what I did was unqualified”
- “My supervisor once said: You have not even caught the slightest glimpse of it!”
- “A greedy, arrogant and belittling supervisor”
“Do it my way!” (n = 22)
The dominant, authoritarian supervisor

- The supervisor acts in an authoritarian way, demanding that the therapy is conducted in a certain way: My way (the right way) or the highway!
  - Supervisor may sometimes even use threats to enforce his way.
“Do it my way!”
- Examples

• A supervisor who wanted to realize his own project. I should work just like him.
• An authoritarian supervisor who insisted on me working in a specific theoretical reference and disallowed all other orientations.
• The supervisor scolded me for not following her instructions.
• To be dictated by a dominant supervisor to apply only one perspective. She said she wanted other perspectives, but that was not what she actually did. I felt controlled.
When supervisor is the manager/boss (n = 16)

- This category deals with situations where the clinical supervisor is the boss, too.
- Most of these answers has to do with
  - the clinical supervisor in supervision steps into the role of being the leader
  - power and it’s misuse (threats).
When supervisor is the manager/boss

– “My clinical supervisor was my boss, too. He couldn’t separate these two roles”
– “My clinical supervisor suddenly stepped into her role of being my manager and hinted that I could be fired”
– “I was forced to have supervision from my boss. She wanted me to obey and made a direct threat that I could be fired.” (also a good example of “MY WAY”)
Breakdowns of internal borders of the supervision (n = 32)

• The supervision is contaminated with personal and private material either from the supervisor
  – being too open about his own private or personal life
  – indulging in telling his own case experience (n = 6)
  – transgressing the supervisee’s borders for personal or private material
  – offending, insulting or hurting the supervisee
Breakdowns in internal SUP-borders - Examples

• A supervisor who preferred to talk about himself, his competencies and own cases, rather than listen to me.

• My supervisor fell in love with me – but I rejected

• My supervisor humiliated me

• A fight with my supervisor
Breaches in the external frame (n = 7)

• Supervisor commit a breach of the professional secrecy/confidentiality (n = 5)
• Supervisor cancels or forgets appointment (n = 2)
Breaches in the external frame  
- Examples

- Once, when my supervisor forgot our appointment.
- My supervisor yelled confidential material from a supervision session at me when we later on went to a staff meeting at the ward.
- My former supervisor used confidential information from the supervision to slander me in the organization.
- My Boss wanted to force me to get supervision from her, but I refused. Instead the deputy chief did the supervision. However, after some time I realized that she told my boss all about it.
Group supervision
- Results -

• Out of the 212 valid answers, 47 explicitly states that their worst supervision took place in a group setting.
  – Many more examples could be referring to group supervision, but it’s not explicitly stated.
  – The number not surprisingly in itself, as much of (the training) supervision takes place in groups – perhaps even the majority (Bernard & Goodyear, 2009)

• However, of the 47 answers in groups 42 point to something about the group format as the major reason for this instance became their worst supervision.
**Group processes**
(n = 42 or 20 %)

**Group members’ contribution (n=33)**

NEGATIVE EMOTIONS: Unsafe/Anxious/Intergroup conflict/Aggression (17)

UN-EMPATHIC CRITICAL KNOWING: Critique/Belittle/Devaluate/Know-all/know what should be done (7)

DISTURBING: Too inexperienced/Irrelevant/Unfocused/Bad timing) (4)

(5 is unspecified, but is clearly related to group members)

**Supervisees’ contribution (n=6)**

NEGATIVE EMOTIONAL REACTION: Performance anxiety/Feeling incompetent/Exposed to ridicule/Misunderstood (6)

**Supervisors’ contribution (n=12)**

NEGLECT GROUP PROCES: Do not structure/Regulate/Understand or talk about the process when needed (12)
Group process
- Examples

• Conflicts from other settings between the group members made me/the group ill at ease – especially because no one spoke of it
• The supervisor did not include the group process
• The supervisor was completely without touch of the group process
• A group member interfered untimely
• I was aggressively attacked by a group member. The supervisor was passive. I felt deeply hurt, but didn’t have a chance to defend myself as it was at the termination of the group
• I was terrified and paralysed with performance anxiety in a supervision group
• One of my colleagues gave me supervision in a group of close colleagues. The colleague/supervisor was intimidating and downgrading. Neither the responsible psychologist nor the group helped me. I was being open, honest and insecure. It turned into an “absurd group rape”. Afterward no one picked up on it.
When bringing a difficult patient to supervision (n = 10)

• Discusses difficult cases
  – Severely psychopathology, aggressive, acting out (n = 7)
  – Patients, who have committed suicide (3)
  – and not feel helped, met, understood...
Negative reactions in the supervisee (n = 15)

• When the supervisee feels
  – anxious
  – cries
  – ashamed to one-self
  – incompetent
Negative reactions in the supervisee
- Examples

• I had a feeling of as a person to be incompetent to be a psychologist
• I felt like a bad psychologist, who hadn’t understood the client, I brought to supervision
• To feel a shamed to me self and my mistakes
• To realize that I could have done much better.
• To feel methodological ”stupid”
• When I was afraid of a supervisor, whom I saw as being perfect.
Year of experience a therapist

Total sample (n=378/385)
Year of experience of therapist
- The WS sample (n=209/212)
Currently in supervision x Experience
Danish sample

<table>
<thead>
<tr>
<th>Experience Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 yr.</td>
<td>80</td>
</tr>
<tr>
<td>5-10 yr.</td>
<td>70</td>
</tr>
<tr>
<td>10-15 yr.</td>
<td>80</td>
</tr>
<tr>
<td>15-20 yr.</td>
<td>70</td>
</tr>
<tr>
<td>20-25 yr.</td>
<td>80</td>
</tr>
<tr>
<td>25-30 yr.</td>
<td>70</td>
</tr>
<tr>
<td>30+ yr.</td>
<td>60</td>
</tr>
</tbody>
</table>
Supervision last 12 mth. / exp.

How many hours of supervision have you received for all your cases in the last 12 mths?
When did I have my worst supervision exp.?

Years as psychotherapist when WS occurred

- 0 - 1,5 yr.: 40%
- 1,5 - 3,5 yr.: 23%
- 3,5 - 7 yr.: 21%
- 7 - 15 yr.: 18%
- 15 - 25 yr.: 6%
- 25 - 45 yr.: 3%
- No WS experience (n = 25)

Years of experience as Th.
Impact of worst supervision?

- No impact: 14% (30)
- Negative: 15% (31)
- Learng/Self-Conf: 53% (89, 20, 14%)
- Choice of Sup.: 18% (37)
Impact of worst supervision?
WS 0-3½ yrs.

- No impact: 15
- Negative: 15
- Learng/Self-Conf: 11
- Choice of Sup.: 37
Impact of worst supervision?
WS 7-45 yrs.

Bars representing the impact of worst supervision, with categories:
- No impact: 7
- Negative: 6
- Learng/Self-Conf: 22 (7 dark, 15 light)
- Choice of Sup.: 17

Legend:
- Dark: Negative impact
- Light: No impact
WS: Negative impact

• Ever since I been a bit watchful when going to supervision.
• Even today I find it hard to trust, that a supervisor will it for the benefit of me
• For a period of time I was held on hold in my professional development due to high anxiety. Going to supervision became a matter of ”doing the right thing” (like supervisor would have done) and being fearful thinking freely.
• I stopped treating children
Impact: Learned from WS

- A stronger conviction that supervisees in order to grow need an recognizing, empathic and conflict free space
- I learned how useless it is to give advice unless you really know their problems/daily life.
- Don’t be too cocksure. Stay humble no matter how experienced you are.
- I’m very careful about how I express critique. I try to be respectful, speak in a polite manner, put recognition very high up.
- I really learned the meaning of a safe frame.
- When I’m supervising, it reminds me of how vulnerable the supervisee is.
Impact: Self-confidence

• I realized that it necessary to filter the feedback from the supervisor. It sharpens me to make my own assessment

• I became more self-confident, which I’ve never have regretted

• I learned to rely on my own feelings and intuition

• I’ve learned to say stop and set up limits.

• That I want to decide for my self
DISCUSSION
Discussion

• The data
• The analysis/forming of categories
• The need for an relational approach
  – The supervisor’s responsibility, role and function
• Correlations with personal items (i.e family background)?
Bedrevidende
Nedladende
Gruppe

Supervisor / Leder

Kritik
Fejl

S forstå eller møder ikke Ts behov
S uempatisk

S giver/kan/siger/gør for lidt

Do it my way!
Dominerende, autoritær

Indre ramme brydes:
Krænkelser, personlige grænser, krænkelser

T negativ reaktion
skam, angst

Pt. syg/suicid

Ydre ramme om sup brydes
- Tavshedsplicht
- Aflysninger
Remonstrances

• My worst supervision or my worst supervisee?
  – We really miss the relational context and knowledge of what really has been going on.
  – We have all met difficult supervisees (cf. Watkins, 1995 on pathological attachment styles in supervisees).
Have you received formal training in supervision before you started as a supervisor?

Prior supervision training?

- Yes: 46 (15%)
- No: 266 (85%)

n = 312
Some advice for the supervisor(!)

• Pay extra attention to
  – group supervision and the group process
  – severely disturbed patients, difficult cases, suicide

• Do never forget to be
  – empathic
  – regarding

• Do not talk too much about your own cases

• Try to follow the supervisee – where he want to go