Building the Supervisory Alliance with Beginning Therapists

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ABSTRACT. Outcome studies in psychotherapy research have indicated the importance of the therapeutic alliance independent of the therapeutic orientation. However, because of the multiple demands placed on beginning therapists and their supervisors, the therapeutic relationship is often neglected during supervision, often with problematic results. This article proposes that for beginning therapists, clinical supervisors must take into account the *supervisory alliance* as a means of helping therapists learn to develop their therapeutic alliances. Using ego-analytic theory as a guide to supervision, the authors underscore how to develop this alliance in an effective manner. Specific suggestions and case examples are given to highlight this trans-theoretical approach.

KEYWORDS. Alliance-based supervision, beginning therapists, cognitive-behavioral, ego-analytic, interpersonal, psychodynamic, supervisory alliance

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Beginning psychotherapists, preparing to see their clients for the first time, are acutely cognizant of the fact that they are being evaluated—by their clients, their supervisors, themselves. Although this is true of most any beginning professional, it is especially so for therapists. One reason for this is that, unlike the medical professional prescribing 20 mg of Prozac for depression, the beginning therapist is aware that she *is* the Prozac and actively worrying, "Am I really only 3 mg?" Added to this self-criticism is the fact that the therapist is required to pay attention to a bewildering variety of dimensions of the therapeutic context, such as the content of what the person is saying, the affect associated with that content, diagnostic issues, and any reactions she is having to the client. From these multiple and often contradictory sources of information, she must decide what to say, how to say it, and when it is said. With all this information to process, and knowing that she is the primary agent of change in the client, it is not surprising that a beginning therapist is acutely sensitive to what a supervisor will say about her performance in those early sessions. Put briefly, her professional self-esteem is very much at risk (Mollon, 1989; Reifer, 2001).[1]

On the other side of the supervisory relationship, the clinical supervisor must also attend to multiple and contradictory demands. On the one hand, she is working to help develop this beginning supervisee, but she is also responsible for the treatment of the supervisee's client. To effectively treat this client, the clinical supervisor must make sure that crucial data about the client is obtained and must determine the most effective course of treatment. In most instances, the supervisor does not have the luxury of waiting for the supervisee to develop fully as a clinician before assessment occurs and treatment is decided upon. This puts most supervisors into a predicament regarding professional priorities and responsibilities: is priority given to the supervisee's growth or to enforcing the optimal treatment of the client? How these two responsibilities are viewed and balanced by the supervisor often has a major impact on the supervisory relationship or alliance. Additionally the supervisor is often required by the training program to evaluate the supervisee's clinical work as well as her development

[1]When the gender of the therapist or supervisor is not explicitly stated, we use the female gender perspective for consistency and because the majority of therapists and supervisors are female.

as a therapist. Supervisees are often acutely aware of the supervisor's evaluative function while also needing the supervisor to be an advisor and an ally in the treatment of the client. How the supervisor negotiates the demands of being an evaluator and a mentor will also significantly shape the supervisory alliance.

Given the stresses placed on the supervisee and the multiple roles required of the supervisor, it is no wonder that the development of the therapeutic alliance is sometimes neglected in favor of attending to seemingly more important and pressing demands such as clinical assessment and formulating treatment plans. This negligence is in spite of the fact that the supervisor is likely well aware of the large body of research that indicates that the therapeutic relationship is a unique and important predictor of treatment outcome regardless of the therapeutic orientation that is used (e.g., Horvath & Symonds, 1991; Norcross, 2002).

This article will attempt to help the clinical supervisor increase the quality of the therapeutic alliance between the beginning therapist and the client through the development of the supervisory alliance between the therapist and the supervisor. By supervisory alliance we are referring to what Bordin (1983), Teitelbaum (1990), and others have defined as a partnership devoted to the learning and growing of the therapist, where there is a strong bond of care, respect, and trust. It is suggested here that building an effective supervisory alliance is best served through focus on decreasing the normative self-criticism that exists in beginning supervisees, and paying careful attention to common practices (e.g., offering advice, suggestions, direction, evaluation), which may inadvertently increase self-criticism and thus hinder the growth of this alliance, especially early on in the supervisory relationship (Feiner, 1995).

Development of the supervisory alliance is best achieved through the provision of a compassionate supervisory stance in which facilitation and exploration are favored above a more interrogative or accusatory style. It is believed that placing priority on supervisee development is the best way to ensure quality treatment for the client even though formal clinical assessment and technical intervention may initially appear to be slowed. It will be argued that a primary focus on building the supervisory alliance is effective even with those supervisees who appear problematic in various ways, for example, supervisees who have trouble seeing much in the way of complexity in their clients, appear to be overly confident in their abilities, or

who are excessively self-critical. In fact, this approach may be especially helpful for such cases, in that such "problematic" supervisees are likely to be very much attuned to and helped through the use of the supervisory alliance.

Finally, we will argue that evaluation of supervisees need not interfere with developing an effective supervisory alliance and can be used to provide ongoing and useful feedback for the supervisee's growth and development.

Ego-Analytic Theory as a Foundation for "Alliance-Based Supervision"

This "alliance-based" approach to supervision is translated from an individual and couple psychotherapy orientation termed ego-analytic therapy (Apfelbaum, 2005; Apfelbaum & Gill, 1989; Wile, 1984, 1994), which has its roots in contemporary psychodynamic theory. To define it succinctly, ego-analytic therapy holds that feelings of unentitlement to one's experience, including, in particular, feeling unentitled to have a particular problem, lies at the source or root of psychological problems (Wile, 2002). This unentitlement leads to a great deal of inner self-criticism as well as a sensitivity to criticism from others. To use a couple relationship as an example, the problem viewed through this lens is not some particular deficit that exists within an individual or with both individuals, but in each individual's self-reproach about perceived flaws, regardless of whether those flaws exist. In other words, it is the distress and anxiety that arises out of self-reproach, the fear of being reproached by others, and of being "discovered" as flawed, which ultimately causes much of the symptomatic behavior seen in the couple relationship. This fear of being discovered and the self-criticism associated with it often leads the individual to avoid vulnerability, ultimately causing the individual to become distant or resentful in the relationship. Thus, one of the goals of an ego-analytic therapist is to help each partner become entitled to their feelings in the relationship and in a sense *entitled to have a problem*. Put another way, the goal of the therapist is to help each member of the couple have a compassionate glimpse of how he or she has been feeling unentitled to having a problem. In so doing, each individual becomes more in touch with what is felt in the relationship, which leads to more vulnerability, closeness, and a space to discuss difficulties.

This ego-analytic approach to therapy can be easily extended to the supervisory and therapeutic relationships. In the context of the therapeutic relationship, beginning therapists typically come to supervision with anxiety, self-criticism, and uncertainty about their abilities ideas, or perceptions of their clients (e.g., Fried, 1991; Stoltenberg & Delworth, 1987; Stoltenberg, McNeill, & Crethar, 1994). Just as a couple fears being seen as flawed, broken, or toxic, beginning therapists often fear being seen and seeing themselves as ineffective, lacking, or ignorant. These fears often get in the way of building rapport and making a genuine connection with the client. This is because the increased attention that is needed to protect oneself from being seen as lacking in some way is allocated away from building rapport and a genuine connection with the client. This defensiveness is best expressed as an attempt to *not be seen* clearly by the client, and by not being seen for who she is, the therapist is by definition distant from the client.

Of course, there is some normative and cultural distancing that will exist early in therapy that is independent of the process of being a beginning therapist. In addition, there will likely be a great deal of variation from supervisee to supervisee in regards to their level of insecurity and defensiveness, and to the degree that they are consciously aware of this insecurity. Nonetheless, we argue here that because the professional task is novel, difficult, and requires a large application of the self, self-criticism and unentitlement to experience are ubiquitous for beginning therapists. Furthermore, we hold that the supervisor will play a key role in either heightening these negative feelings towards the self or in diminishing them. If this self-reproach and fears of negative evaluation by the supervisor is decreased, the supervisee is more able to attend to the nuances of the therapeutic relationship and her own feelings and reactions to the client, all of which are crucial to the development of the therapeutic alliance (Norcross, 2002).

This process can be mirrored and modeled in the developing relationship between supervisor and supervisee. The desire to be "seen" in certain ways—as competent, as expert, as an authority versus the desire "not to be seen" in other ways—as uncertain, as not knowing, as making mistakes, as not perfect—is operating in both supervisee and supervisor as they settle into their relationship. The way in which the supervisor monitors and attends to the development of an authentic and quality supervisory alliance parallels the supervisee's ability to attend and develop the therapeutic alliance.

Although building the supervisory alliance is not a new idea, especially in psychodynamic writings (e.g., Bordin, 1983; Ekstein & Wallerstein, 1972; Gill, 2001b), the alliance-based approach described here is not limited to the supervision of beginning therapists in psychodynamic or interpersonally oriented psychotherapies. This approach is trans-theoretical because it focuses not on intrapsychic developmental arrests that are conscious or otherwise, but on alleviating the normative self-reproach and subsequent defensiveness that is common in beginning therapists regardless of orientation (Reifer, 2001; Stoltenberg & Delworth, 1987).

Developmental Models of Supervision

Previous authors have noted the importance of evaluating the developmental level of therapists and emphasizing that supervisors need to take a different approach with each developmental level (e.g., Stoltenberg, 2005; Stoltenberg & Delworth, 1987; Tryon, 1999). Stoltenberg and colleagues have described beginning therapists as "Level 1" therapists and note that they have several characteristics, including a high motivation to learn, high anxiety, low autonomy, and a low "self-other awareness," defined as confusion between their own and their client's experiences. The high motivation to learn in beginning therapists often makes supervision an enjoyable process. It could be argued that this high motivation to learn is very much related to the anxiety that beginning therapists are feeling early on. In other words, the anxiety that they feel as a beginner can fuel the desire to learn and grow. However, depending on how this beginner's anxiety is handled in supervision, this desire to learn and grow can either be fostered or squelched.

From an alliance-based perspective, the normative experience of anxiety in Level 1 therapists must be differentiated from self-criticism. Although the presence of both are normative to a certain degree, normative anxiety is viewed as necessary and even helpful in the development of a therapist, while self-criticism is not. In fact, self-criticism will likely decrease the motivation to learn and grow, and may even foster stopgap attempts to bolster one's sense of ability through a false sense of confidence in skill or defensiveness about criticisms in technique. Thus, from this perspective, the supervisor needs to pay careful attention to differentiating the two.

In terms of low autonomy, or a dependence on the supervisor, and a low ability to differentiate self and other, an alliance-based

approach focuses on helping the supervisee become mindful of these experiences and all others and on helping the supervisee move forward in their goal of mastering the therapeutic process. In particular, through development of the supervisory alliance, the supervisor models a collaborative environment that very much depends on the therapist tuning into and sharing their experience with the client and their growing skills and attention to the therapeutic process. This, by design, helps facilitate the movement of the therapist to the next developmental level. As for difficulties in distinguishing self and other experience, an alliance-based perspective encourages an explicit focus in supervision on the particular experience of the supervisee in relationship to the client. This fosters a critical distinction between what the therapist is experiencing in the room and what the client is experiencing, thereby making the therapist more aware of her individual experience. Put concisely, this approach to supervision is designed to help facilitate a rapid development of Level 1 therapists to the next level.

Psychodynamic and Psychoanalytic Contributions to the Supervisory Relationship

As the emphasis in psychoanalytic theory has shifted from an intrapsychic or one-person model of fixation to one based on relational processes, so too has the psychoanalytic literature on supervision moved from portraying the role of the supervisor as a neutral senior "expert" giving advice, techniques, and making interpretations to one focusing on building the relationship between the supervisor and the supervisee (Frawley-O'Dea & Sarnat, 2001). In fact, there is a great deal of psychodynamic literature on the "working alliance" in supervision that is generally in line with what is proposed here (e.g., Ekstein & Wallerstein, 1972; Fleming & Benedek, 1983). From this literature, two issues seem particularly important to the discussion of the supervisory alliance from an alliance-based perspective: the use of parallel process and countertransference in supervision.

Parallel process is defined as relationship patterns between the therapist and the client, later occurring between the supervisee and supervisor (Rock, 1997; Searles, 1955). For example, a therapist may have difficulty gathering information from a client that would be helpful diagnostically, leading the therapist to feel frustrated with

the client, perhaps resulting in her asking the client several questions that turn out to be interrogative in nature. When discussing the client with the supervisor, she may have difficulty describing the session in any detail, leading to the supervisor feeling frustrated with the supervisee, perhaps resulting in several questions that the supervisee has trouble answering. In other words, the interpersonal pattern that is playing out with the client and therapist can play out *in parallel* with the supervisor and supervisee. Much of the psychoanalytic literature on this process has focused on the expertise of the supervisor to notice and interpret this pattern (Frawley-O'Dea & Sarnat, 2001). However, from an alliance-based perspective, it is very important not to interpret parallel process in a way that will heighten the supervisee's self-criticism (e.g., "You are holding back information in much the same way as your client held back information from you. . ."). Instead, parallel process should be thought of as something for the supervisor to attend to, as a way of knowing what the interpersonal experience may be like for the therapist to be in the room with the client so that she may be able to provide a clear validation of the supervisee's experience. Attention to parallel process also provides the supervisor with the opportunity to acknowledge, in vivo, that, like the supervisee, she is also human and therefore vulnerable to the influence of relationships (Arkowitz, 2001). In the above example the supervisor may say, "I'm not sure if you felt this way, but all of the sudden I felt that I was asking you too many questions, as if I was pulled to hurry up and ask a lot of unhelpful questions of you. I wonder if that was how you felt when you were in your session with your client. Maybe that pattern is being played out here with the two of us as well?"

Working with the countertransference or the emotional/interpersonal reactions of the supervisee is another main area of focus in the psychoanalytic supervision literature. Although much of the debate here has centered on whether supervisors should teach or treat beginning therapists' psychopathology (for a review, see Frawley-O'Dea & Sarnat, 2001), there is also an important distinction in the definition of countertransference that is made between the interpersonal psychopathology that the supervisee may bring to the table and the interpersonal and emotional interactions that a client is eliciting in the supervisee that is independent of the supervisee's interpersonal and emotional past. Focus on this latter definition of countertransference is particularly important to the therapeutic alliance, and thus

important to the supervisory alliance. In particular, it has been argued that paying close attention to this aspect of countertransference allows the therapist access to how other people feel around this client and, more importantly, allows the therapist the ability to attune to what the client is needing in the therapeutic relationship (e.g., Kiesler, 2001). When this dimension is attuned to, the therapist can make crucial decisions about how to behave with the client in order to not play out problematic interaction patterns. Furthermore, it is the supervisory relationship that provides the ideal environment for empowering beginning therapists to attune to this dimension of the therapeutic relationship. In the section that follows, we will give several examples of how to apply an alliance-based approach to supervision along with case examples. To a large extent, the application and examples given are designed to foster an environment that allows for a supervisee to explore her countertransference to her clients, thereby increasing her connection to her client.

Application of an Alliance-Based Approach to the Supervision and Case Examples

The goal of developing the supervisory alliance is to increase the quality of the therapeutic relationship between the new therapist and the client. According to an alliance-based approach, the mechanism that allows for this to occur is through decreasing of self-criticism in the supervisee and increasing entitlement to experiences of the therapeutic relationship. The question that arises, of course, is *how* best to decrease therapist self-criticism, lack of entitlement to feelings and experiences, and defensiveness in a manner that is practical and effective? Offhand it would seem obvious to encourage the supervisor to focus only on positive reinforcement and encouragement. However, research indicates that beginning therapists are not satisfied by supervisors who are merely "cheerleaders" that provide positive reinforcement at every turn (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). Beginning therapists need and want suggestions on how to behave and interact as a therapist, substantive feedback on their progress and development, and constructive criticism when things are not going well. In addition, supervisors, as evaluators, need to have a clear sense of how the beginning therapist is developing. Alliance-based supervision offers several approaches that can facilitate a strong connection between the supervisor and supervisee.

Provide a Compassionate Supervisory Atmosphere

Research has indicated that it is not atypical for supervisees to keep certain crucial material from supervisors (Bauman, 1972; Ladany, Hill, Corbett, & Nutt, 1996; Yourman & Farber, 1996). This is especially true if the supervisory relationship is felt to be overly judgmental and evaluative; if the supervisee feels the supervisory relationship is hostile and critical, it makes sense that she would want to protect herself from this negative evaluation and become hypervigilant to what is revealed. One way to facilitate a compassionate supervisory atmosphere is to decrease the power differential through judicious self-disclosure by the supervisor about his or her practice. This can be accomplished through pointing out that everyone needs to develop many of these beginning therapy skills; that these skills are not a talent or a trait that people are born with, but instead are learned through practice and trial and error. Many beginning supervisees are under the mistaken impression that people come into this field with given abilities, and that therapeutic skill is a personality trait you either have or you don't. Helping them see how this develops over time with clients can be extremely helpful for supervisees. Another important part of a compassionate supervisory atmosphere is to respect and be curious about the "understandable reactions" that the therapist is having to the client. That is, the supervisor should start from a position that the supervisee's experience should be accepted as real and therefore validated, as opposed to questioned, evaluated, and critiqued. It is in these early supervision sessions that beginning therapists establish a way of understanding what they are experiencing in the room with their clients and whether their experiences are valid. Many beginning supervisees believe that they should only have positive feelings toward their clients and work diligently to hide from themselves important information about how the client makes them feel. Giving priority and respect to the experience of the supervisee and being willing to engage the supervisee as a collaborator gives the supervisee a clear model of how to engage with their client in the therapeutic relationship.

Exploration not Interrogation

In a valuable insight into processes related to how therapists help their clients open up and become more vulnerable, Wachtel (1993)

argues for the importance of a "gentle inquiry" as opposed to an interrogative model of questioning. In particular, he underscores that in many cases the job of the therapist is to help the client explore areas that are uncomfortable. By definition, these areas are frightening or anxiety-provoking for the client, or may in some way threaten their self-esteem, and therefore the therapist's role is to find a way to explore this area without over-activating defensiveness. This is also crucial in supervision of beginning therapists, as the supervisor is often in the position of asking a lot of questions about the client. Initially, the supervisee will likely not know many of the answers to these questions and will likely feel bad about not having these answers at the ready. Thus, it is important not to rapid fire questions at the supervisee, but instead to work collaboratively with the therapist to gather information about the client. A central point here is that the supervisor should be attuned to the many reactions a supervisee may have to a particular question or line of questions by a supervisor and not just focus on the "answer" to a given question in order to underscore the importance of exploration.

A corollary to this is approach is the establishment of an atmosphere of curiosity, respect, and excitement about the work that is most easily achieved when the supervisor involves the supervisee in the "fun" of investigation and exploration. In this atmosphere, even mistakes and problematic material are made more accessible. In the first supervision session, one of the authors gives the general questions he will be asking of supervisees about each client so the therapist can know going into first supervision sessions what information the supervisor will be expecting. This is an instance where having an audio or videotape can be helpful for the supervisor. If the supervisor is able to gather the information herself, there is less of an issue about asking too many questions at once.

Decreasing Self-Reproach

As mentioned above, beginning therapists are plagued by a great deal of self-criticism, including self-doubt, anxiety, worry about being seen as an impostor, and feelings of ineffectiveness (Reifer, 2001; Stoltenberg & McNeill, 1997). Beginning therapists need to know that this is a common experience and that most of these experiences will pass within a few sessions. After some exploration about the specific worries and concerns that the therapist feels, it is often helpful to

note how common and understandable these worries are. As part of this process of normalization, it is incumbent on the supervisor to focus on seeking out and commenting on the strengths seen in the initial sessions, or perhaps even in supervision meetings that happen prior to the first session (e.g., Corcoran, 2005; Rapp & Goscha, 2006). This is another instance where commenting on strengths seen in the first sessions can be most effectively done when the supervisor has access to the audio or videotape, or is present in the initial sessions of the supervisee. The strengths reported on need to be specific and ideally connected to the supervisee's self-criticism (Falender & Shafranske, 2004). For example, a specific comment by a supervisor may be, "You mentioned that you were worried about being seen as a novice and that being anxious about that would show up with you jumping in too early during silences, but when your client was quiet after talking about his mother's death you let him pause for quite a while before he went on. This did not sound to me like a neophyte therapist. It was clear that you were really working on giving him that space."[2] A common concern is how to facilitate the first session(s) when the therapist is just beginning. Helping the therapist see that they come into the role of the therapist with skills from other relationships, such as friendships, can be useful in diminishing the feeling that they are entering therapy with nothing.

Increasing Entitlement

It is also important from this perspective to target how self-criticism prevents or blocks the new therapist from tuning into and trusting their own experience of their client. For example, if a supervisee appears hesitant to elaborate on how a client frustrates or bores her, it can be helpful to use what Wachtel (1993) and others refer to as "facilitative" as opposed to "accusatory" interpretations. A facilitative supervisory interpretation is one that validates and highlights

[2]Though this example is from a psychodynamic/interpersonal oriented supervision, it could easily be used from another orientation as well. For example, if the goal of the supervision was to help the therapist assess a functional analysis of behavior or harmful thinking patterns, the same concerns would likely exist for the supervisor—specifically, that any critical evaluation of the work of the supervisee might add to an already existing self-criticism. Thus, the feedback needs to be specific to the strengths seen in the initial sessions.

the direct and conscious experience of the therapist in the room with her client, rather than looking for negative countertransference or underlying psychopathological reasons for this experience. In practice, such an interpretation might be, "Yes, I've always had a hard time feeling bored in a session. I have a hard time feeling like I'm a good therapist when I'm bored. It's good that you are aware of your feelings of boredom rather than blocking them or pushing them out of awareness." Such an intervention gives the message that *all* experiences of the therapist are fair game to discuss in the supervision and that the self-criticism is the problem, not the experience. In other words, the goal here is to convey the message to the therapist that a full range of experiences is common in psychotherapy and should be explored in supervision. In addition, it can be helpful to model how a genuine experience of a client might be used to facilitate therapeutic work, either from a case a supervisor has seen or using the therapist's client, assuming the supervisor has access to the audio or videotape. For example, the supervisor above might continue, "I had a really difficult time staying attuned to what your client was saying. I found myself thinking about other things, like what I was going to have for dinner, rather than on the content of the session." This can allow the therapist to see that the supervisor also has human reactions to clients. Going on to comment "I started to wonder why I was feeling this way and what might be happening with this client at that time because I certainly was not feeling inattentive earlier in the session" can help the therapist begin to validate and value their own experiences. It also models to the supervisee that "negative" feelings toward a client happen and can be valuable therapeutic tools if not blocked and used effectively.

In fact, it is hypothesized here that the blocking or repressing of feelings in the therapeutic relationship comes from this lack of entitlement to one's feelings. An example of this is "Christy," age 40, who returned to graduate school to become a therapist after a successful career as an administrator. Used to being in control and understandably nervous about being a neophyte again, she was highly invested in proving to her supervisor, who was also female and roughly the same age, that she was a competent therapist. This took the form in supervision of talking incessantly about her cases and appearing highly reactive and defensive to any comment from the supervisor no matter how benign. It seemed that everything the supervisor might say, even compliments, Christy already knew, had already thought of, or thought were irrel-

evant. This was indicated by her interrupting and talking over the supervisor's comments. From one perspective, this supervisee appeared to have an overwhelming need to be superior. However, reframed from an alliance-based perspective, Christy could be seen as experiencing intense nonconscious self-criticism and her behavior in supervision reflected attempts to cover up very strong feelings of inadequacy and anxiety about being seen as ineffective and a novice.

The supervisor refrained from directly criticizing or commenting on Christy's manner in supervision or her work as a therapist, but instead focused on apparently non-therapy commonalities between Christy and the client. For example, the supervisor focused on how the client shared some similar life experience as Christy, being also female and in her 40s, in order to decrease Christy's self-criticism and emphasize the importance of her entitlement to her genuine feelings. The supervisor asked Christy what she thought the client's experience was of turning 40, of getting older, of having her children need her in different ways, and disclosed in a general way that the supervisor also was in the midst of struggling with these issues. This took the acute focus off Christy as a therapist, gave Christy a chance to be an "expert," and additionally made the supervisor less of a threat and more of an ordinary woman having common issues and feelings. It also modeled to Christy that tuning in to your own feelings as a therapist was acceptable and desirable. Christy eagerly took pleasure in "informing" the supervisor of what Christy thought of how the client felt. Christy was able to listen to the supervisor contribute some of the supervisor's experiences, including feelings of inadequacy and invisibility. Feeling heard and valued and less threatened, Christy started to contribute some of her own experiences as a middle-aged woman, a mother, and finally as a professional who was now a beginner. The supervisor was highly complimentary of Christy's ability to voice and share these genuine experiences and highlighted them as extremely valuable therapeutic tools. This emphasis on the supervisee's entitlement to her feelings allowed for a much more collaborative supervisory relationship. In addition, there was a marked increase in Christy's ability to allow her client to more fully explore problems and concerns without Christy feeling as strong of a need to jump in with hasty and premature interventions.

Gill (2001a) also suggests with such supervisees to create an explicit contract early on in supervision that focuses on "learning issues,"

directly questioning the supervisee how she "learns the best." This is done in contrast to focusing on "strengths and weaknesses" or "what she has and has not been getting from supervision," which ultimately may highlight the underlying nonconscious self-criticism.

Highlighting Strengths, Areas for Growth, and Progress

Realizing the goal of a strong supervisory alliance requires helping the therapist decrease their self-criticism and validate their experience in the room with their client. This might appear to be in direct contrast with another supervisory goal of evaluating the work of the supervisee. However, we would argue that these goals are not at odds, so long as the supervisor focuses not on deficits or flaws within the supervisee, but instead emphasizes strengths and areas for growth. Beginning therapists know that they do not have all of the skills to handle all situations and crises that they face—they experience this in nearly every therapy session that they are faced with. In order to develop competency and a sense of being capable, beginning therapists are in fact looking to supervisors for specific and constructive feedback (Falender & Shafranske, 2004; Spence et al., 2001). This is true even in supervisory relationships where evaluation is not an explicit part of the structure of supervision, such as supervisory relationships outside of training programs and employer settings. Therefore, regardless of the set-up of the supervisory relationship, it is the job of the supervisor to be attuned to and have a clear formulation of the skills that the therapist possesses and the areas where growth is needed. From here the supervisor needs to point out these strengths and, importantly, to positively reinforce any movement or attempts of the therapist to make substantive changes or to grow. Connecting what the new therapist is doing well or attempting to do well with suggestions for how to take that one step further is often very useful for the beginning therapist. Validating the therapist's anxieties and concerns with wondering together about a range of possible reasons often broadens the therapist's ability to conceptualize the client and the therapeutic relationship. When working with new therapists, it can be crucial to do these things incrementally: notice the small steps that are made when a therapist starts to think differently or tries something new, highlight this progress, and encourage a next small step; acknowledge the larger overall progress that has happened over time. Once progress is made explicit, the supervisee is often more

open to explore what might have been getting in the way in a particular area up until now.

It should be noted that commenting on strengths or areas of growth can be particularly difficult with supervisees who are extremely self-critical. For example, "Richard," a beginning therapist was very much focused on the idea that he was not a good therapist and did not have much to offer his clients. The supervisor attempted to reinforce strengths seen in Richard (e.g., his ability to clearly empathize with clients, to summarize a problem clearly, to provide feedback to his clients, and the fact that his clients made a quick connection with him), but Richard often dismissed these points as minor compared to his experience of not having much in the way to offer his clients. Over time, the supervisor noticed that she was not providing much in the way of substantive feedback for Richard regarding areas for growth compared to her feedback for other supervisees. She concluded that she was colluding with Richard's harsh self-criticism through a concern of not wanting to "add fuel to the fire." Noticing this allowed the supervisor to pay more attention to the areas for growth needed for Richard. One client Richard was working with was a very depressed woman who had had a very neglectful and abusive childhood. Richard had built a fairly strong connection with this woman although he had some difficulty allowing his client to sit for very long with any negative affect. This would manifest by Richard jumping in whenever he perceived that his client might be focusing too much on a negative event or experience. Richard's inclination was to offer suggestions or to alleviate her suffering by whatever means available in that moment. After exploring this in supervision over time, it became clear that Richard felt that he was in some way responsible and even causing her suffering in that moment, and he felt that he needed to help immediately. This experience was validated—clearly she was in therapy and he was there to help her—however, Richard was encouraged to expand on his feelings with his client around this issue. On further exploration, Richard found that he felt helpless with her, and, because of her persistent and unyielding depression, he acknowledged that he felt quite frustrated and resentful with her. In line with suggestions made above, the supervisor offered, "Perhaps you are trying to protect her from her depression and from your feelings of frustration"—emphasizing the desire to protect her and not just his negative feelings towards her. Together the supervisor and therapist determined that an area for

development for the therapist was to learn to sit with her negative experiences and memories, and not rush to her aid immediately. In a session soon after, the supervisor listened to the audiotape and noticed a marked decrease in the therapist rushing in to rescue the client. The supervisor was so taken by the shift in the approach that she called the therapist and left a voice mail message for him highlighting the shift, rather than waiting for the next supervision meeting. At the end of the year, the therapist stated that this call was one of the biggest markers of success that he had made that year. He noted that he could sense that he was making progress, but that the call motivated him to try other suggested interventions with his clients.

The example above highlights how the lack of a clear formulation of the areas needed for growth can exacerbate the existing self-criticism of a supervisee. By not explicating clear directions for growth for the supervisee, the supervisor is indirectly siding with the existing internal environment of the supervisee. That is, likely unbeknownst to the supervisor, she is complicit in the supervisee's self-criticism by not providing feedback. The supervisee is aware of the fact that she needs to grow and develop. No information from the supervisor implies that the supervisor does not disagree with the supervisee's assessment of her performance. Put another way, were the supervisor not in agreement with this supervisee's self-criticism, the supervisor would be offering clear and concrete messages of what the supervisee did well, and specific areas where she is developing or working to develop new strengths. This last point underscores that the manner in which feedback is given is crucial. In addition to validating the likely adaptive nature of the supervisee's current approach with a client, it is important to frame the intervention with the supervisee in a way that highlights what specifically needs to be worked on and how difficult this can sometimes be. If a supervisee is clear on what needs to be changed and knows that the supervisor understands that this will take some time and work on the supervisee's part, the supervisee is much more likely to make changes.

Attention to Supervisee-Expectancy Effects

According to Wile and others, our assessments of our clients, particularly our negative assessments of them, fundamentally influences how we interact with our clients and, by association, crucially influences the degree to which our clients allow themselves to change

(Shawver, 1983; Wile, 1984). In other words, if we see our clients as flawed, lacking, fixated in a developmental stage, etc., then our clients will be less likely to change; our assessment of our clients provides the space, or lack thereof, for our clients to grow. Additionally, seeing our clients in critical ways can distract us from appreciating what they are struggling with, what it is like being them, what they are experiencing, and ultimately keeps us from helping them grow. This is also true for how we as supervisors view our supervisees. Although, as described above, evaluation is a central part of the role of a supervisor, how the supervisor goes about this evaluation is crucial. If the supervisor thinks of the supervisee as being limited in therapeutic skills, unable to think flexibly, emotionally stunted, lacking insight, not psychologically minded, or a concrete thinker, then the supervisee will likely stay fixed in that place. In other words, it is the job of the supervisor to reflect on his or her ongoing assessment of a supervisee and to make adjustments when that assessment focuses solely on the negative, since having an entirely negative view of the therapist leaves no room for growth or change. To capture this point concisely, if the supervisor is unsure how the therapist can improve, it is very unlikely that the beginning therapist will figure it out on her own.

An example of this was with a supervisee, "Eric," who had some initial difficulty getting clients to continue beyond the first session with him. In order to figure out why this might be, the supervisor listened carefully to the audiotapes of clients that ended prematurely in order to figure out "what was wrong" with Eric and why he might be having this trouble with his clients. Not surprisingly, the supervisor was able to find several "flaws" and began to think of Eric as a therapist who primarily had difficulty seeing much in the way of complexity in his cases. For example, in one case Eric saw his older male client's depressive symptoms as coming solely from early criticisms by his father and ignored many other contributing factors. Over time, this idea of Eric as a supervisee who "could not see the complexity in cases" began to solidify in the mind of the supervisor who saw confirmation in this hypothesis in all of Eric's cases. Many of the suggestions offered here (e.g., working on self-criticism of the therapist, positive reinforcement, providing a compassionate environment) did not appear to be helping Eric. At some point, it became clear to the supervisor that it was his own view of Eric that was in need of change. Instead of thinking of him as someone who is unable to think about cases in complex ways, the supervisor began to focus

on helping Eric develop the ability to hold many contributing factors in mind about a client. In other words, he began to think of Eric as someone who was working on the skill of seeing the complexity in clients' lives. Over time, Eric began to quickly learn to take in more aspects to a client's experience, without rushing to a simple explanation. It appears that how the supervisor thought of Eric, and likely how the supervisor responded to him in supervision, was more helpful than any specific intervention directed at Eric. Although the main difference that the supervisor was aware of was simply changing how he allowed himself to think about Eric, it is likely that this shift in thinking affected not only the specific interventions taken with Eric (e.g., seeing and reflecting more positive attributes to Eric's work, picking up subtle attempts at change), but also provided an overall supervisory environment more conducive to change.

It should be noted here that the process of how a supervisee is evaluated is often fairly subtle but can have an enormous impact on the supervisory alliance. For example, when one supervises several supervisees during the same timeframe, it is not uncommon to think about which supervisee is the "most talented" or the "best therapist." However, from the perspective presented here, it is very important to be mindful of these evaluations as they will likely be conveyed directly and indirectly to the supervisees, inhibiting the development of the supervisees and the supervisory alliance.

Evaluating the Supervisory Alliance

As the supervisory relationship develops, there are several aspects to the supervisory alliance that the supervisor can assess to evaluate if the overall supervisory alliance is developing appropriately. Broadly, as supervision progresses, the supervisor should see a greater awareness in the therapist of how the client is making the therapist feel, and she should be able to explore these feelings openly in supervision. In addition, over time, the therapist should feel and express some form of mastery in ability or technique, be willing to experiment with different approaches, and start to develop some independent ideas about what might be helpful for the client. More intangible progress is seen in the development of pride and self-confidence, balanced by an awareness of how much there is to learn. It is always healthy to see the supervisee take pride in the progress of their clients and to have a sincere appreciation of the work and potential of psychotherapy. In

general, the supervisory alliance should facilitate the supervisee's sense of empowerment of their self as a therapist together with their ability to empower their clients through the development of the therapeutic alliance.

CONCLUSION

This article has focused on building a supervisory alliance with beginning therapists through the creation of a gentle and compassionate supervisory environment. It should be clear, however, that to do this in a thoughtful and substantive way the supervisor must not be cheerleader or purely a supportive figure. Instead, in order to create a supervisory alliance that works, the supervisor must have a well-thought-out formulation of the strengths of the supervisee as well as knowledge of areas that are needed for growth. It is certainly the case that beginning supervisees are highly attuned to our evaluation of them and that they want such feedback. It is our job to make sure that this evaluation is helpful for the developing therapist. It has been argued here that the best way to that goal is to use techniques to help supervisees diminish their own self-criticism and encourage their experience of the therapeutic relationship. It is likely that successful supervisors are already using many of these strategies; our hope in presenting this approach to supervision is that it will make explicit existing strengths and highlight areas where supervisors need to grow and develop.

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