

PROBLEMS OF SUPERVISION AND TRAINING IN CLINICAL PSYCHOLOGY

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7. DISCUSSION

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THE six papers presented here this morning are an extremely rich source of suggestions for improving the training of clinical psychologists. It is obviously impossible to do them justice in the few minutes I have at my disposal.

I should like to comment on a few of the points which appear significant to me. The first of these concerns the nature of clinical experience, which was discussed by Dr. Wyatt and referred to in one form or another by each of the succeeding members of the panel. If we ask what kind of clinical experience is most likely to be effective in producing sensitive and capable clinicians, it should be clear that such experience will involve intensive training in observing the behavior of others, in evaluating oneself in the interpersonal setting of the clinic situation, and in observing the efficacy of various procedures in understanding or helping others. This suggests that students should be exposed from the very beginning of the clinical training program to carefully graded types of situations in which they can effectively learn how they, *as participants*, can relate to and assist in the emotional adjustment of other individuals. Nevertheless, many of our training programs seem to be moving in the opposite direction. In my opinion, they are making the same kind of error which characterized medical training for many years and which it has only recently begun to correct. Psychiatry, for example, has learned how difficult it was to undo the stereotyped patterns of thinking about the body which were accentuated by four years of medical training, prior to participation in psychiatric areas of exploration. It has taken long experience and careful evaluation to learn that medical students, even in the earliest days of their training, and even for those who do not eventually become psychiatrists, should learn to understand the total person and learn something about the interrelationships between doctor and patient. Yet many clinical psychology training programs subject students to at least a year of academic study emphasizing theory, scientific method and factual data about human behavior, *before any experience in interpersonal relations is required.*

It seems to me that we should re-emphasize the important values of helping students to integrate from the beginning of training, the theoretical and

methodological aspects of psychology with its practical and clinical aspects. Students in clinical psychology must learn to experience the self in relation to others and must learn to integrate theory and practice from immersion in real clinical situations. To delay clinical experience until a later stage of the training program tends to emphasize intellectualization and to broaden the gap between theory and practice. It was good to note that the speakers today were well aware of this problem and that, in general, they suggested the orientation that training in clinical practice, even though it must start with very limited and carefully controlled situations, should involve participation in "clinical" situations from the beginning of the training program.

The importance of the supervisory relationship between the student and his supervisor, whether the setting be oriented toward diagnosis of the patient, or toward psychotherapy, has been stressed by Dr. Matthews and Mr. Wineman and by Dr. Gardner. They indicated the importance they attach to the development of a friendly, warm and accepting relationship between student and supervisor. Both papers stressed the need to guard against the orientation by the student to the supervisor as an omniscient and omnipotent figure. They suggested that the student should be encouraged to see the supervisor as a reality figure engaged in a mutual learning process. I think no one will quarrel with these formulations, but if we examine the actual practice of supervision, we find tremendous differences in the way such student-supervisor relationships develop and find tremendous variability in the amount of anxiety which is produced in students in different kinds of training situations. Dr. Gardner has indicated some of the difficulties in such relationships, even when the supervisor is clear with respect to his role; for the problem of the supervisor's countertransference, not only to the student, but also to the patient, becomes highly complex in a training situation.

It may help us to look at the total supervisory process, from its inception in the earliest days of training in the life of a student to its termination during the latter stages of training. In the beginning, the supervisor tries to focus upon the behavior of the patient as it is seen by the student and tries to help the student to understand what is going on in simple types of clinical interview situations. Subsequently, more attention is paid by the supervisor to the way in which the student's own defenses and his own needs interfere with or facilitate his understanding and management of the patient in diagnostic and psychotherapeutic settings. The more nearly the setting approaches intensive psychotherapy, the more complex and intensive become the interrelationships among patient, student and therapist. At some point in this process it may become clear that some of the blocks to learning by the student can be removed only by psychotherapy for the student.

It seems obvious that the supervisor cannot easily assume this role, although many of his contacts with the student will have a therapeutic orientation. Dr. Berman's suggestion of group discussions, psychotherapeutically oriented, with a number of student-therapists and with a leader who is not directly responsible for the cases which the students are seeing, seems to me to be an extremely worth-while technique. In such a setting, the group may assume a clearly psychotherapeutic orientation for the students, which still falls short of individual psychotherapy or psychoanalysis, but which may bridge the gap between the kind of supervision which the individual supervisor may offer for the individual student, and the more direct psychotherapeutic help the student may need. Moreover, the group setting has advantages of its own in that it permits the sharing of experience, the support of the group in the solution of individual conflicts, and the further generalization of different ways in which different clinicians react to somewhat similar situations.

One of the unique problems posed in supervision, however, needs further clarification. It is well to understand how important it is for the student to see the supervisor as a reality figure. Aside from the fact that the student may have a strong and involved need of his own to see the supervisor as omnipotent, there is also the reality factor which makes the supervisor omnipotent in fact. If the supervisor has the responsibility for evaluation of a student's progress, and particularly if this evaluation has a significant bearing upon retention in the program or elimination from it, or upon other phases of progress toward the completion of training, the reality indeed places the supervisor in a position of tremendous power. It would be well if the supervisor could be entirely divorced from this type of reality relationship. It is easier to point to the difficulty than to propose a solution to it. Nevertheless, this is a problem which needs very careful consideration. I do not have any ready solution to offer, but I should like to suggest one or two ways in which the problem may be approached.

If the supervisor can be divorced from the evaluative role in the student's program at the training agency, both he and the student will feel freer to interact in terms of the needs of the student and the needs of the patient. The supervisor's evaluations may then be directly related to the problem of helping the student in his diagnostic or therapeutic work with the patient. This is a difficult task in itself. How then should a student be evaluated, since evaluations seem to be a necessary part of the training aspect of the program? One possibility is to utilize the judgment of independent observers regarding the student's progress. Such observers might have access to records of the student's practice: recordings of therapeutic sessions; to notes made during them; to reports of diagnostic studies prepared by the students; and so on. These judgments might be made by a single individual from the

university staff, by a group of such individuals, or by others not directly involved in the particular student's supervision. The suggestions which I am offering will be difficult to accomplish where the number of people on the staff of the clinic or hospital or university department is limited. But since the data to be examined, recordings or case notes, can be transported, this should not be an insuperable problem, and judgments could be made by an individual or a committee not necessarily directly involved in the clinic's or hospital's functioning, for example. As I say, I do not have a solution, and my remarks may be taken simply as a stimulus to further thinking about the problem. It seems important, however, that we, the supervisors, also analyze the reality factors which in fact do exist, and not attribute the students' reactions to us as necessarily resulting from their own projections.

In closing I should like to re-emphasize the importance of a single theme which seemed to be implicit in all of the papers this morning. It is this: if a good relationship exists between a student and his supervisor, or supervisors, and if the intensity of this relationship can be utilized to stimulate the student to fuller exploration of himself in relation to the patients whom he is seeing, many of the complicated problems of research, training in scientific methodology, and training in clinical techniques can be integrated more effectively. I have suggested that this should be a continuous process starting from the earliest days of training and continuing to the end of such training. If this is done, the particular ways in which we may solve this problem will matter less than the orientation both the students and supervisors have. The training of our students deserves at least the same sympathetic understanding and consideration we try to make available to our patients.