OPEN SUPERVISION: MODELLING PSYCHOTHERAPY
SUPERVISION AS A TEACHING METHOD FOR FIRST
YEAR PSYCHIATRIC RESIDENTS

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The Open Supervision teaching method involves a therapist presenting process notes and correlated supervisory sessions of a terminated psychotherapy case to a group of trainees, accompanied by the therapist’s former supervisor of that case. Open Supervision reduces the trainee’s anticipatory anxiety about supervision by modelling the supervisory relationship, and by providing a realistic picture of the capacities and limitations of both supervisee and supervisor.

METHOD

In their first month of psychiatric training, the 12 first-year residents at the Massachusetts Mental Health Center participate in a psychotherapy seminar. This consists of 8 one-hour meetings in which process notes of a previously presented psychotherapy case are presented by the therapist, a junior staff psychiatrist, to a senior supervisor (who had formerly supervised him on the case) before the resident group. Although the senior supervisor is the primary discussant of the process notes presented, the resident group is also invited to participate in the discussion. The teaching exercise involves following the case longitudinally through the presentation of selected process notes which reflect the development and termination of the psychotherapeutic relationship.

The fact that the residents are relatively detached observers of and commentators on the Open Supervision process facilitates efforts to accomplish three primary goals of the seminar: (1) demonstrating to residents the working of a functioning supervisory alliance; (2) emphasizing the importance of the super-
visees' openness and self-disclosure about the process of their psychotherapeutic work in enhancing the value of supervision; (3) teaching theoretical aspects of psychotherapy as they relate to clinical decision making.

We have chosen three teaching vignettes from the Open Supervision sessions to demonstrate how we sought to accomplish these goals. The case presented (disguised to protect confidentiality) was that of a 31-year-old woman with a boyfriend who refused to offer marriage. The patient’s developmental history was marked by the death of her father when she was three and the prolonged absence of her mother throughout childhood due to the mother’s illness.

I. Demonstrating the Supervisory Alliance

The supervisee presented material describing the patient reporting impulsive sexual activity during the sixth month of treatment. The supervisee, when confronted by the supervisor, acknowledged that he had not examined the patient’s sexual feelings for him, feeling that such an inquiry would be “provocative” and “easily misinterpreted.” The supervisor observed that, unless discussed and integrated, her sexualized transference would be acted out in potentially self-damaging ways. The supervisee rationalized his behavior by noting that the patient had angrily rebuffed him weeks before when he had inquired more generally about her feelings toward him. In a psychotherapy session two weeks later, the patient described an experience in which her gynecologist allegedly made a sexual advance after an examination. Supported by his supervisor’s suggestions, the supervisee asked whether she felt the therapist was “violating” her privacy, and whether she experienced sexual feelings toward him as threatening. To the supervisee’s surprise, the patient was relieved to discuss these issues and her sexual acting out of transference thereafter diminished.

The resident group, discussing this episode, acknowledged feelings of inhibition in examining with patients how their role as therapist is perceived; they also acknowledged that they sometimes withheld sensitive issues from their supervisor for fear of being negatively evaluated or experienced as incompetent. We commented that trusting the supervisor was vital to the effectiveness of supervision, and that imperfection in understanding and empathy toward patients was universal and not cause for shame or proof of incompetence.

II. Emphasizing the Importance of Therapist’s Self-Disclosure

During another supervisory session presented, the supervisee noted a pervasive sense of boredom and lack of direction in several psychotherapy sessions during the fifteenth month of treatment. Upon direct questioning by the supervisor, he acknowledged feeling controlled by the patient’s persistent intellectualizations, and expressed the wish to withdraw from treatment of her. The supervisor observed that such feelings are important data, suggesting a characteristic pattern of the patient’s interpersonal behavior—by being controlling, she undercuts intimacy, preventing the possibility of loss. In a subsequent