Psychotherapy supervision is an essential aspect of psychiatric residency training. The authors surveyed the attitudes of the PGY I–IV psychiatry residents in the Baylor College of Medicine residency toward psychotherapy supervision. The results were compared to those of a previous nationwide survey of Canadian psychiatry residents. The Baylor residents identified three factors as the most important elements of satisfactory supervision: the supervisor’s teaching ability, rapport between the supervisor and the trainee, and the supervisor’s fund of knowledge.

What determines whether the psychiatric resident will perceive psychotherapy supervision as a satisfactory experience? Or, to borrow the term coined by D. W. Winnicott (1) in his writings about infant development, what factors constitute a supervisory experience that is “good enough” for the resident to compensate for any deficiencies and to regard this element of training as positive and successful? Our study was designed to test the ideas we found in the literature by surveying the attitudes of psychiatry residents toward psychotherapy supervision.

Supervision by attending psychiatrists is the primary method of teaching the psychiatric resident to use psychotherapy as an effective treatment modality. Several articles have focused on the supervisors’ half of the experience (2–4), and at least five studies have surveyed trainees’ experiences with supervision. In 1966, Miller and Oetting (5) tried to identify elements that students considered characteristic of good and poor supervision. Using two projective questions, they grouped 15 counseling psychology graduate students’ responses into four key aspects of supervision: the supervisor’s personality, the supervisor’s attitude toward the student, the supervisor’s professional competence, and the student’s ability to communicate his feelings to the supervisor.

They found that the students depicted the supervisor’s personality as “nonthreatening,” “tactful,” and “nonauthoritarian” in a “good” experience and as “biased,” “rigid,” “domineering,” and “defensive” in a “poor” experience. The supervisor’s attitude was considered “supportive,” “reassuring,” and “understanding” in a “good” experience and “fault-finding” and “nonreassuring” in a “poor” experience. The supervisor’s competence was viewed as the ability to “recognize and call attention to specific details that would enable the student to improve his effectiveness” as a therapist. Tacit or specific permission for the student to discuss his mistakes, question the supervisor, and challenge the supervisor’s
opinions also characterized “good” supervision.

A study ten years later by Gale (6) tested psychiatry residents’ opinions of whether a good relationship between the supervisee and the supervisor was essential to learning. Gale determined by open-ended surveys that two factors—rapport and teaching ability—were important but varied independently; when rapport was rated “poor,” it was not possible to predict teaching ability.

Nelson (7) surveyed beginning and advanced clinical psychology, counseling psychology, psychiatry, and social work trainees’ preferences in supervision, particularly about supervisory goals, supervisor’s characteristics, and supervisor’s role behaviors. Forty-eight trainees ranked their goals for supervision and listed attainment of therapeutic competence as primary, followed by professional confidence and independence, self-awareness, theoretical knowledge, increased awareness of how a professional therapist functions, increased interest in therapy, and a positive outlook about what it’s like to be a therapist. The supervisor’s interest in supervision, experience as a therapist, and theoretical or technical knowledge were ranked highly as desirable characteristics of supervisors.

When asked to rate preferences from a list of opposing supervisory characteristics, the trainees chose flexible, self-revealing, permissive supervisors who displayed “confidence in particular therapy techniques.” In rating supervisor’s role behaviors, trainees preferred supervisors who did therapy themselves and engaged in teaching.

A fourth study, by Hutt et al. (8), used a phenomenologic approach to determine what constituted “positive” and “negative” supervisory experiences for three trainees. In open-ended interviews, post-master’s level trainees in counselor education, social work, and clinical psychology were asked to describe previous positive or negative supervisory experiences in as much detail as possible, and then to clarify what made the supervisory experience positive or negative.

The authors found that in a positive experience, the task emerged as a cooperative exploration of the therapeutic process and of any impediments to the supervisee’s discovering better ways to treat patients. The developing supervisory relationship was characterized by “warmth, acceptance, respect, understanding, and trust.” The supervisee became less anxious and felt comfortable dealing with any conflicts that arose with the supervisor. The supervisee also recognized increases in skill, knowledge, self-awareness, competence, self-confidence, and trust in his own judgment. This process culminated in the supervisee’s improved therapeutic interaction with patients.

Hutt et al. found that the characteristics of negative supervisory experiences were not the opposite of those of positive experiences. Rather, they concerned the supervisory relationship itself, which was marked by anxiety, frustration, anger, distrust, disrespect, and inhibited self-disclosure. Professional needs went unmet as the supervisee concentrated on avoiding the threat of exposure inherent in the process. Neither party explored the supervisory relationship, and the supervisee’s conflicts, anxiety, and resistance frequently created an “impasse in the relationship.” The authors therefore suggested a “creative tension” between the teaching and rapport aspects of supervision, linked by mutual self-disclosure.

A nationwide survey of 167 Canadian psychiatry residents by Perez et al. (9) studied six elements of supervision that were hypothesized to be significant variables in residents’ perception of the quality of the experience. The elements studied were demographic and educational characteristics, residency program characteristics, the type of training available in different psychotherapeutic modalities, the quality and quantity of attention to selected elements of supervision, the degree of importance attributed by the resident to the various features of super-