Components of Supervisors' Ratings of Therapists' Skillfulness

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A questionnaire was developed to assess the skillfulness of therapists from the perspective of the supervisor. This supervisor report yielded two scores: one for psychotherapeutic techniques and one for the educational alliance. These scores had high internal consistency and were relatively independent of one another. Ratings of proficiency in psychotherapeutic techniques accounted for 54% of the variance in supervisors' ratings of global skillfulness; educational alliance contributed an additional 12%. Compared with other supervisors, those who espoused self psychology based more of their appraisal of skillfulness on the trainee's use of the supervisory relationship.

The supervision of psychotherapy is a unique learning process that is intended to integrate the theoretical concepts of psychopathology and treatment with an actual clinical experience. This process involves the student therapist and the supervisor in an analysis of the therapeutic interaction between therapist and patient. Supervision began in the 1920s and 1930s as an informal method of teaching psychotherapy. Pioneering attempts to further clarify this method of teaching were made by Fleming (1), Arlow (2), Searles (3), Ekstein and Wallerstein (4), Grotjahn (5), Tarachow (6), Windholz (7), and others. More recently there have been a number of important attempts to understand supervision from the perspective of process (8), developmental models (9,10), and outcome (11,12). Ultimately, however, there are two primary goals of supervision: to improve the therapist's knowledge, behavior, and attitudes regarding his or her psychotherapeutic work; and to achieve improvement in the patients who are treated by the therapists/trainees (13).

The supervision of psychotherapy has become an integral part of the education of psychiatrists and psychologists (14,15). In this educational effort, supervisors are called upon to monitor the development of clinical skills and to evaluate the professional competence of the therapist in training. The measurement of therapeutic skills, however, has been quite difficult to achieve (16). To assess the psychiatric resident's ability to do psychotherapy, Moline and Winer (17) devised a test of the trainee's competence to...
make the “right” interpretation in a particular situation. Later, Winer and Mostert (18) developed an instrument to measure residents’ “dynamic psychotherapy skills,” but no results have been reported.

Several excellent reviews of recent research on the teaching of therapeutic skills (19,20) seem to agree that the definition and measurement of competence in psychotherapy have progressed little over the years. Yet because of supervisors’ unique role in psychiatric education, they are called upon to evaluate the development of residents’ therapeutic skills. To further our understanding of these evaluations, it is necessary to have a reliable and valid assessment instrument. For this purpose, we have developed a new questionnaire, the Supervisor’s Report. In this article, we present this instrument, its psychometric properties, and an analysis of the components of ratings of therapists’ skillfulness.

METHODS AND PROCEDURES

The Supervisor’s Report (SR) was designed to evaluate the skillfulness of the therapist in conducting psychodynamic psychotherapy. It was developed as part of a naturalistic study of long-term psychodynamic psychotherapy supported by a five-year research grant from the National Institute of Mental Health (21). The setting for this project is a large outpatient psychiatric clinic that is part of Northwestern Memorial Hospital and the Department of Psychiatry and Behavioral Sciences of the Northwestern University Medical School. In the research project, questionnaires are completed throughout the course of treatment by patients, therapists, and supervisors. Supervisors of psychiatry residents and of clinical psychology postdoctoral students, interns, and practicum students participated in this study. These supervisors were faculty members of the Northwestern University Medical School Department of Psychiatry and Behavioral Sciences.

Supervisors

A background information form was sent to the 111 supervisors who supervise individual psychotherapy in the outpatient psychiatric clinic. However, 10 of these supervisors were not currently active in the program. Of the remaining 101, 90 supervisors returned a completed questionnaire, an 89% return rate.

The median age of the supervisors was 42. Two-thirds were male and 98% were Caucasian. Seventy percent were married (19% never married) and two-thirds were parents, typically with one or two children. Approximately half the supervisors were Jewish; one-third endorsed no religious affiliation. The supervisors were highly experienced in clinical work and supervision. The typical supervisor in this study had supervised at least 25 trainees. He or she had approximately 15 years of experience as a psychotherapist. All supervisors had seen more than 20 patients in psychotherapy; 92% had seen more than 40 patients for individual therapy; 72% had seen more than 40 patients in long-term psychotherapy (more than 6 months). Ninety-three percent of supervisors had been in personal psychotherapy or psychoanalysis themselves; all but 1 had had at least 2 years, and all but 5 had had at least 3 years of personal psychotherapy. Approximately half of the respondents were psychiatrists and half were psychologists. Fourteen were psychoanalysts or were in analytic training.

To gain an appreciation of the theoretical orientations of the supervisors in this study, the background information form contained the following question: “How would you describe your own present theoretical orientation?” Sixteen alternatives were provided, of which respondents could check as many as applied. No definitions of these alternatives were provided. The psychodynamic alternatives included the general term psychoanalytic as well as terms that denote theoretical subsets in psychoanaly-