

An Interview with Barbara Temaner Brodley About Client-Centered Supervision¹

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Interview #1

DM: To start, I would be interested in hearing about how you approach clinical supervision.

#1: It depends on the setting of course. If I have the freedom, I don't consider it supervision, I consider it consultation and that's theoretically based. That is, I really don't think one could supervise a therapist who is on the spot with the client and also I don't think that it's good for therapists to feel they're being evaluated all the time and supervision has that connotation. However, if it's supervision there may be certain things I have to check out, that are administratively required.

DM: You have certain responsibilities?

#1: Yeah, there may be something of the sort, and if there is, then I deal with that in a straightforward way. But that's understood between the supervisee and me, and then I do whatever I need to do in order to meet that expectation in as considerate a way as possible with the student or the person coming to me or assigned to me. First of all, I assume the person wants to, or is willing to get from me a client-centered perspective on their work. I really don't want to provide, even if on a purely intellectual way I could, provide something along other lines. I just don't want to do that, so I have to be in a situation and have people coming to me who have some minimal interest in getting the client-centered perspective on their work and getting help of that kind.

¹ This interview with Barbara Brodley is found within: Metevier, D. J. (2002). *On client-centered supervision: Its attitudes, processes and dilemmas* (Unpublished clinical research project). Illinois School of Professional Psychology, Chicago, IL (see Appendix E).

DM: So that's like a condition in a way?

#1: Yes, it's a condition for me. I think that I have the most to offer that way and I'm really not interested in fostering other approaches, so it depends on whether the person feels they can benefit. Although, I've never been in a situation where that wasn't an acceptable understanding. The problem has come up that the person, though willing, was so uninformed about client-centered, and working out of such a different set of premises and using techniques that are not consistent, that it becomes difficult, because what I have to offer in that situation can be so easily perceived as being critical of them and I feel that's not helping them. So, that is a possible problem. If the person is at a very elementary level, but who is trying to get it, that's to really learn how to function as a client-centered therapist, then there could be a problem too, because out of just not knowing they may have misconceptions or what have you, so then I feel that I would need to correct them more, inform them, and that's risky in terms of the person feeling that they're not doing acceptable work.

DM: They would feel judged.

#1: Feel judged and so on. But in general, if a person is motivated, then the way I work is, -- there are really three things. One is, I do like to hear an example of the person's work on tape, and I prefer that with a transcript, because it's just easier for me, and in general, I think making transcripts once in a while is a useful thing for a person learning to do. It gives you a closer scrutiny of what you're doing. I would ask people to bring in maybe just a segment, it doesn't have to be a complete tape. Some people want to be more listened to and sometimes a whole session or more of consultation has been listening to tape, and sometimes of course, I do it without the transcript. I'm not rigid, but I strongly prefer the transcript along with the sound. So, that was one thing because I do like to have a direct access to the voice and the manner of the therapist in their work. Obviously, when you're supervising or consulting, you're far from getting a complete sample of what people do.

DM: You can't really get the real experience.

#1: No. Well, you can't get the range, and people differ. Some people really want to bring in something they consider problematic. Other people feel too vulnerable and they prefer to bring in something they think is good. In any case, it's useful to me, to get a sense of how the person is functioning. I'm interested to know what their level of capability is in empathic understanding and a sense of their presence, which is their tone and manner, insofar as you can judge that from sound as well as the words and the wording of responses. Because my whole attitude toward the consultation is, does the person, -- has the person grasped the attitudes. So one thing are the tapes to listen to, another is the person talking about a case, talking about a client and talking about the way they work with them, any problems they may have. It's very much up to the trainee, except at some point I want to hear a tape. If it's an ongoing supervision thing, then I ask them kind of as soon as they can to bring that in.

DM: You mentioned, if I can roll back just minute, that, -- Is this right, that your purpose is to see to what extent the person has grasped the attitudes or has been able to provide them, --

#1: Yes. Both how well do they understand them and how well do they manifest them. So I was saying there are three things. One is the tapes, the second thing is the person volunteering a dialogue with me about their work with client or clients, and that's very frequently the way it goes. The third is my giving literally instruction, explaining theoretically or explaining how they might meet a situation. People will ask me, what should I do, should I call the client, should I be telling them about this response that I have that's inconsistent with the attitudes, whatever. My approach is really across the board, -- My approach to teaching is to try to represent the therapeutic attitudes, not only congruence, unconditional positive regard, and empathic understanding, but the non-directive attitude, responsiveness, the protection of the client's self determination, the protection of the client's sense of self. I feel that there are an array of attitudes. If you're talking about client-centered therapy, not the universal or the generic theory, which is the necessary and sufficient conditions, -- If you're talking about client-centered therapy, you need to talk about more than the basic attitudes, even though they're central, and so what I tend to do if I'm being asked or I decide that I think it would be the best thing

in the situation to, in a way instruct the person, is I review the attitudes that they're trying to manifest in the situation and then review the nature of the situation and then the task is to figure out how these attitudes can be most fully realized in that situation. In general, I think the approach should be to work from the attitudes, not from technique or solving, -- in a way you're solving a problem, but the questions you ask yourself, I think, from a client-centered perspective are - there are these attitudes that I want to manifest as much as possible, how can I do that in this situation, and obviously I'm referring primarily now to situations where for some reason empathic following does not seem to be the answer or isn't a sufficient answer to meet the situation.

DM: So maybe the consultee has found that they've attempted to do that and something has come up that they need, --

#1: Yeah, the client keeps asking them questions. Or a response to their empathic responses is if they feel like the therapist is doing something manipulative or has some other intention or something like that. I mean it depends on what the input is from the client and the situation. I mean it might be a management situation too. The person is struggling with whether to kill themselves or not and then the question is, is there something in addition to empathic understanding that seems like it would be appropriate in this situation. Sometimes it's just something about the client or the way the client seems to be, or doesn't seem to be making progress, something like that. One thing that comes up fairly often in the big scheme of things over the years is the therapist feeling that somehow they're doing something wrong, insecurity in the therapist of some sort. Now, some consultation is identical to therapy and for me that's fine. I mean if I don't have some kind of institutional responsibility to fulfill, that I have to get in there somehow.

DM: In that case it can become much like therapy, is what you're saying?

#1: No. I'm saying that if, -- If there's some institutional requirement, that I'd sort of get that out of the way or I'd make sure I do that, whatever it is. The consultation might basically be the same as a therapy session with the consultee because the consultee is talking

about maybe something that directly has to do with their response to the client or clients or it may have something to do with their life situation that is just so much on their mind that that's all they can really, in an authentic way, give themselves over to, and generally those things bear on the quality of work. I mean if I can help a consultee in themselves separate from their work, it's probably going to help their work too.

DM: So there's a connection?

#1: Yeah, I feel that. And I feel it's up to people, as much as possible, how they use the consultation.

DM: Okay. I'd be interested to hear about some of your "best" experiences of being a supervisor if you can think of them.

#1: Best. I don't know how to answer that. Generally people are pretty satisfied and feel it's helped them. I think that I'm very accepting. The set that I have with clients is generally pretty much the set I have with students, except that I have with students or trainees, a didactic part of myself in the relationship. I don't have that with clients. I don't know how to answer that. I mean I feel that the important thing is the acceptance of the student and giving the student a sense of being valued and appreciated, and supported. I feel I do that pretty well and that people respond and feel that. So I don't know how to describe a particular one. Maybe I'll think of something that stands out.

DM: I next want to ask the reverse, possibly some experience that's been your worst or a sort of bad experience.

#1: Well, way back, probably 1961 or 1962, it was at the University of Chicago Counseling Center, there would be people going through the practicum in client-centered therapy, and those of us who were on the junior staff, as well as the faculty, would be the consultants to them for the therapy they were doing while in the practicum seminars. I did have a woman once who was kind of like a Lady Bountiful or something. In other words, her attitude toward clients was that she was somehow this great giver. (Laughter) She

gave all sorts of advice, all well intended, and even though she was a graduate student working on a doctorate, she seemed, -- To me she seemed dumb, except she wasn't dumb. She just had a certain kind of intelligence that didn't fit client-centered at all; she couldn't get it, and of course, it was the counseling center. Although there was a general aim to help people to develop, just develop as therapists, it was a client-centered counseling center. I wanted to help them to become client-centered. I would explain things and she would agree and then she would just do what she wanted to do.

DM: So she would state her agreement as if she had gotten it and yet, the actions didn't bear out.

#1: No, the actions and the actions she described herself. Not only listening to the tape. It was as if conceptually she had the words, but she didn't have the attitudes at all, and it was very frustrating. I felt pissed at her. I don't think I hurt her. I think she wasn't a person who could be completely authentic. I don't know. I didn't criticize her, I just kept telling her that this is a different thing and providing her with what the assumptions were and she would nod.

DM: And go about her way doing her thing?

#1: Yeah. So that was very frustrating.

DM: So you said you became, -- you felt angry?

#1: I felt angry at her, yeah. I felt, "Why is she here, what is she doing here? Getting the benefit of this resource?" Of course, I didn't like what she was doing with clients. People do things that I don't like that they do. They report something and I can see how that could be hurtful to the client, and if I feel that, I feel kind of hurt for the client, I have a sensitivity about it, but then I feel my task is to help the person to respond differently, and I don't usually get angry. This was a lot earlier in my career. Over the years I've become more accepting. I was very accepting already with clients, but with students, --

DM: So as a consultant or supervisor, you, --

#1: Yeah. I've evolved and become more what I want to be, which is really a supportive, understanding, acceptant person for the person working with me. That experience really stands out. Of course, there were other people who didn't get it very well, but this particular person just seemed so self-satisfied in the way she was making pronouncements to her clients and then there was this weird agreement with the language of the theory and, complete contradiction -- very discrepant. I still should have been able to be more accepting in my feelings toward her. So it was hard working with her. I didn't look forward to her coming in. But I haven't had any problems in years with anybody. People made mistakes and they report it or reveal things that sort of upset me for the client, but I haven't felt pissed at my students. Then people coming generally, they really want to learn and they're open, and they try.

DM: So their intention when they come to you is to learn from you and learn the client-centered approach?

#1: Yeah, and if they make a mistake it can be hurtful, because sometimes the client can be somewhat hurt from their mistakes, but I don't feel angry about it.

DM: My next question was going to be something about the nature and direction of your growth as a supervisor. You mentioned that you became more accepting over time. I wonder if there is anything else that comes to mind?

#1: I think that as I become more sophisticated in my theoretical understanding, that along with that, I've become freer to explain things to a student, to be directly didactic.

DM: Like you've become more confident in your, --

#1: Yeah, more confident, more competent, I think. Really more competent as well as confident. Definitely more confident, but more competent. I think that I have a capability to explain a problem so that it connects with the mind of the student pretty well. It's from the years of teaching and articulating things in many different ways in many

situations that gives you sort of an adaptability in how you express theory.

DM: You find a way that fits for that person.

#1: Yeah, that fits for that person. I was more exclusively, empathically responsive in supervision situations on the whole much more early on and now it's more of a mix.

DM: Of that plus the didactic, --

#1: Yeah. Because I feel that often I can impart some concepts in a way that give the person a better grasp of what they're trying to do. That helps them to function better. That's a way, I think, that I've developed and what I said before, I think that I've definitely become more accepting and more tolerant of mistakes, more easy in my own emotional reactions to mistakes. The subject matter is work with people, and so what this trainee is doing is affecting the people they work with and so there has to be, to help them, a generosity toward them and trust and good intentions. It's the mix of attitudes that help you be accepting toward them and help them in a way that doesn't set them back or make them scared or insecure.

DM: Or tentative or halting, --

#1: Yeah. It's difficult. Let's say the student is living with a kind of dislike of the client, some reservation toward the client, then I see my task as to help them find a way out of that so that they can relax with the client and be more accepting of the client, but until they do, I'm aware, --

DM: That they are where they are.

#1: Yeah, and the way that's falling short for the client. It's very important to develop a tolerance and generosity, acceptance, so that you really are supportive. People are going to do better if they feel supported, and yet I certainly don't want to mislead people and give them the impression that when they're doing X, Y and Z, they're doing what I think is consistent with the approach. There's an art there to

helping them. So I guess those are the ways. Of course, I just have much more experience as the years have gone on. I've dealt with more and more situations and give more examples of things that seem to relate or illustrate something.

DM: Okay. At this point what I'd like to do is take each one of the client-centered attitudes, some of them at least, and see if, in trying to maintain each of the attitudes, if and where that might have caused a problem or a dilemma. Let me start with non-directivity. My wheels are spinning a little bit with some of the things you just said. To the extent that you try to maintain that attitude with a trainee, --

#1: Okay.

DM: What I'm thinking about is the didactic piece might come into play sometimes.

#1: Yeah. As a supervisor, I have a directive intent that's different than my intent in the therapy situation itself. I don't know how to talk about kind of levels, -- I'm not invested in the way people work in the most general sense. It's their business. People are doing all sorts of things. Most of the things they're doing I don't think are right to do and I think harm. But then most things also help while they're harming, so I don't know what it adds up to. I'm not a missionary, even though I'm committed to teaching this approach and I want to foster it, but it's not a religious kind of feeling; or I don't know what would that be. There's a word.

DM: I was thinking dogmatic or, --

#1: It's having the zeal, the righteousness, the conviction that makes one want everybody to be a certain way. I certainly wish that people who do therapy would do it from this framework, because I think it's the most helpful, while being the least harmful. I don't know how to express it. But there's sort of structures here. In the most general sense, I would say I'm indifferent, but when it comes to my actual functioning as a teacher/consultant to somebody. As I said, I only want to do it with somebody who wants to learn from me, which means learning a version of client-centered.

DM: So within that context?

#1: So that's a directive. I have a directive intention to help them become client-centered in the way they work. Then within that, I think that my more general therapeutic non-directive attitude tends to come and go in that situation. In general, I would prefer to conduct consultation along the lines that the student is inclined to receive it at the time and that's what I generally do actually. But then I'm also motivated to teach and bring the person to a higher level of understanding. What I generally do is work out with somebody a kind of understanding. They will both ask me for ideas and I'll say I can give you some theory on this or I can give you something on this. It's like with our group. It's getting permission to do it, even though it's not an elaborate statement. I try to be sensitive. I don't think I push that. That is, if the person's just not open to it at the time or just can't be open to it at the time, I don't feel like I have to do that. In general, people are interested in hearing my ideas, because they find them useful, I think. They seem interested. So as a consultant, I would say that I have a propensity to be non-directive, but I also am interested in teaching, so sometimes I'm interested in explaining something or imparting something, which is a directive intention in the situation. So it's a mixture.

DM: And it depends on whether the person is wanting something or open to it?

#1: Yes. One or the other, or it may be sourced in me, they might not even expect it.

DM: So in that case you might ask and then if they're open, you'd go ahead?

#1: Right. Then with certain people who are ongoing, it just becomes a natural thing. They want to hear from me if I have something to say.

DM: So it's sort of a natural agreement, to negotiate it as part of the process?

#1: Yeah, it's implicit. They certainly could say, "I'd rather talk about something that's going on with me," or "I'd rather talk about this client, how I'm feeling about this client." In teaching, you have to have a receptive person, so even for my didactic motivations, I have to be to some extent empathic and enter into the other person's frame of reference enough to have cues that they're with it.

DM: To know that that's appropriate and that they're waiting for that or wanting it.

#1: Yeah. Yeah.

DM: Let's move on to the attitude of unconditional positive regard.

#1: I think that's crucial.

DM: Have there been times when, for example, the Ms. Bountiful, --

#1: That's the way I remember her.

DM: That might be an example.

#1: Yeah. It's been a long time, that my acceptance is strong and my capacity to offer that in a consultative supervising role is strong.

DM: I wonder if you have an idea, -- I was just thinking of how it came about that you evolved in that direction where you were more acceptant over time.

#1: I think it comes from conviction about therapy or it's sourced in the therapy work and the theory. I think unconditional positive regard, acceptance of a person, is just a big part of a good, favorable interpersonal environment. People are a lot more creative, constructive, more intelligent, more capable in a lot of ways if that's their context of feeling accepted. So as a teacher and as a consultant, I want to achieve that in a consistent way, so it comes out of the theory and comes out of my experience. It comes out of my experience as a student. When I didn't feel threatened, I feel I did better. I certainly felt better.

DM: So you, yourself experienced it and saw in yourself the benefit?

#1: Oh yeah, definitely. My first sense of it was through being sort of the client of my second husband who was a Rogerian psychologist and who offered that, along with teaching me the theory and teaching me about the therapy. -- He really was amazingly accepting and it felt right, it felt good. It was a very fostering relationship in that way. So it was a big part of my conviction when I started practicing, the acceptance, -- I felt it was clear; acceptance was basic to being a helper. The job was to find a way to be accepting and to change to become more accepting, have a wider range of situations and things that might otherwise bother you, become ones you could accept. Except for Ms. Bountiful.

DM: Okay.

#1: Yeah. I really had trouble with her. I regret that I couldn't sincerely give her more. But I faked it, treated her respectfully, and didn't feel good about it.

DM: We can move on to the attitude of empathic understanding. I don't know if I understood, -- going down the list, some of these may not be things that are problematic, but, --

#1: You have to be careful if you're teaching not to go too far in presenting your own frame of reference without touching in on the other person's framework and so the way in which the empathic effort and process of interaction gets interworked with self-representing is in itself a kind of art. It is in therapy and it is in consulting. Of course, in explaining things, you get caught up. One does get caught up in explaining and loses touch.

DM: So you get so involved in explaining something that you kind of lose track of the other person?

#1: Yeah. I don't touch in enough. I see that as sort of an ongoing thing. There isn't some formula. It's keeping in mind that you do want to maintain an empathic contact even though you're doing an explanation of something. You do it better or worse, depending on all

the factors. I think it's even more important with clients that your empathic orientation to the person remain very salient even if you're answering a question or explaining something. There should be more restraint on one's self in that mix than in the consulting situation. I think it depends on the trainee. I'm just using that word. Some of the people who come to me are very experienced therapists, they're not trainees in any real sense, they're very advanced. I'm using that term to refer to the role and the situation.

DM: What you are saying is that you try to keep in touch with the trainees in order to have a sense of what might be appropriate or acceptable or, --

#1: If you're going on too long or whether you're being followed. It may simply be, "Is this making sense?"

DM: Is this useful?

#1: Yeah, right. "Is this enough?" There's another example I'd like to give. Just being mindful that you're not doing it just to enjoy your own capacity to theorize; you're really trying to help the person get a better idea about something or get a different angle on it or whatever. Then of course, if it's pretty much following the trainee because they're talking about the client or they're unfolding an experience or they're talking about some personal matter, then it's primarily empathic following. So it has a big role.

DM: Is there ever a time where it can become problematic that you can think of?

#1: Well, no. Just that wanting to maintain the empathic connection in a didactic piece isn't as easy as simply following.

DM: Yes, as you were describing, it's almost like an art form.

#1: Yeah. I think it is kind of an art form. With a client there might be a kind of conflict. Not in the sense that I believe one should not respond to the question, as a question. It might be I don't have an opinion. But with a client, I think there should be more of a struggle,

because you want to maintain the empathic relation and yet you want to respect the person by honoring their question or their request. The art is not as easy. It's easier with a consultee, "What do you think about what I did?" she asks. I just shift over. Not that there isn't still a concern, because if I think they made a mistake, then I have to be mindful of how I would, --

DM: The impact of what you might say.

#1: Yeah, because I don't want to hurt them and I don't want to punish them by a criticism. So then it becomes sort of the art of giving a criticism in a way that's least likely to be felt as punishing. With a client, I think it's sort of a higher art and more of a struggle, and there should be. There is a kind of conflict of purposes. You want to meet the situation. It's the different manifestations of the non-directive attitude. One manifestation is to honor the person's want, what they want in a situation. The other is to not direct them or influence them any more than possible.

DM: Right.

#1: But it's the non-directive attitude being manifested different ways, contradictory ways in the same situation and so it's more difficult.

DM: It seems very subtle.

#1: It's an art.

DM: Okay.

#1: Next is congruence?

DM: How did you know?

#1: It's essential. I view congruence as basically the integrated state of the therapist and I don't view communications as congruence. Statements can be congruent communications, but they're not the congruence. Congruence is the integration or in more strict theoretical

terms, the isomorphism of the experience to the symbols or the isomorphism of the symbols and the language, which is a very complicated thing, I think. Basically, its genuineness, authenticity, transparency in the sense that you are what you seem to be, which I wasn't with the Lady.

DM: You were one thing and, you -- felt something different.

#1: Yeah. I didn't know how to meet the situation with all the attitudes at that time with that person. I think that being in an integrated state and to have the techniques. First of all, self instruction and then you go into consultation and you aim to be integrated. I think that's a pretty relaxed state, a responsive state; not a tense responsive state, a more relaxed responsive. Hopefully you won't have anything else on your mind, so you can be genuinely empathic.

DM: And have a presence and can be with the person.

#1: With your whole presence, giving attention to the person, undivided attention and extending your interest. There is part of the self instruction which is to be present. Because if you just give yourself the instruction to be empathic, acceptant, congruent, non-directive, and this whole meld of things, then you're going to have a presence. But, if you're coming out of distractions of various sorts, it doesn't hurt to say, "And be present." It's sort of like an extra push to be there, which is basically to give your attention fully there. Being present is just bringing into the forefront of one's self these attitudes, that is therapeutic presence, that's the way I think of it -- I think one wants to have basically a therapeutic presence with a consultant even if one has some didactic purposes.

DM: Okay. I want to check in with you and see how we're doing on time. Are you okay?

#1: Yeah.

DM: As we're going along on the questions, I feel like some of these following questions may have been touched, but I'd like to just ask them anyway to see if there's anything else that comes to mind. Next,

I'm wondering how you have addressed situations where you felt like the trainee or the supervisee isn't, -- You felt they weren't doing very well in their work with the client.

#1: What about that?

DM: How you might address or how you have addressed that situation. A situation where you're let's say listening to a tape or you're listening to the person's dialogue about the client and they're not doing very well. How might you approach that?

#1: The people I have been working with in recent years generally, -- they bring it up, usually, that there's something wrong.

DM: So they realize it.

#1: They realize they're something wrong and they want my help in teasing out what it is and help them to change that. Usually, I just observe. I might say, listening to a tape, "Your tone doesn't have as much warmth as I think would be best, that I think you have with other clients. Is there something about this?" Or if I'm listening and I hear a person's empathic responses seem to be off, they don't seem to be as accurate, I just would directly say my observations. If it's what they're describing and they're describing something that to me sounds problematic but they're not acknowledging that they perceive it that way, then I'd probably do the same thing.

DM: So you notice something and then you, --

#1: I ask, and bring it up. The first step is, "Do you see it? Do you see what I'm referring to?" "Do we have consensual observations here?" If there's that, then the next thing I would ask them, "Do you have any idea what's affecting you? Is it something about the client or yourself?"

DM: I'm just wondering about the case where you notice something and you bring it up by asking if they recognize it as well and they say no, I don't.

#1: I can't remember any examples of that, but it probably has happened.

DM: If there's not agreement?

#1: If there's not agreement, I probably would say let's just keep an eye on that, because it seems that way to me.

DM: And kind of let it go at that point?

#1: Yeah. If the person didn't see it or for some reason is unable to at that time. I might be able to drop it, but then ask them a question about how they're feeling, something kind of specific to check out and it turns out that they are aware of that, and it's something that could be affecting behavior. That came up not too long ago. The consultee was suffering from some physical pain and I knew about that, and then there was something that I thought was kind of overly intense in the way they were relating to the client and they didn't think so and then I asked about how much they were having pain at the time and then they remembered that they were. So then they thought maybe there was some tension that they couldn't hear, but they were thinking of that and had forgotten about the pain but then remembered. That sort of thing, knowing something about what's going on in the person's situation.

DM: Might lead you to some, --

#1: Might lead to some connection, yeah. Mostly people see what I see and they're more likely to mention it first. If a student feels safe with you, then they don't hide things. They're in a more open frame of mind. They noticed something they hadn't even thought about in the context, with you, because they're comfortable. I think some of these problems have been more with someone who was really aiming to be a different kind of therapist.

DM: My next question was going to be on that very topic, although we touched on that very early on, so I'm not sure if it's even worth asking the question, but it would have been, having interest in your experience of supervising people who are even not committed to

client-centered therapy or felt that they were, but you had a sense that they weren't.

#1: You know, I've taken that on in private consultations.

DM: You've taken on people that, --

#1: The funny thing is that people will, -- Susan and Marge and others will tell you this too, that people who are functioning a very different way will come to a client-centered therapist or sometimes come for a client-centered consultation because they really want the acceptance. (Laughter) It's kind of weird because why is this person coming to a client-centered therapist, and they've been coming for three years, you know. (Laughter)

DM: And they're not making the crucial connection. (Laughter)

#1: Somehow what's good for them isn't what they think is good for their clients. (Laughter) It's very strange.

DM: Or what's good for them as a client isn't good for them as a therapist.

#1: I don't know. It's very puzzling. In the last few years, a couple have come in. It hasn't been a problem, but I think if I were to work with them on a regular basis for consultation it could be. They might be using it differently in thinking the use is really kind of working through a problem, an upset with a client or some difficult situation with a client and basically almost all that's required is to be with them in the same way as with a client, -- just accept what they're presenting, and they explore a problem. Clients explore problems from perspectives that I don't agree with, and it's irrelevant that I don't agree with them, because that's not my set whether I agree or disagree. I'm just there to understand.

DM: Like someone exploring something from a religious point of reference or, --

#1: Right. Do it all the time.

DM: And here, their “religion” is some other orientation.

#1: Yeah. The belief system is different from my own, but it’s irrelevant that it is not from my point of view. Of course, if they were going into some of their thoughts about what they ought to be doing with clients and wanting, -- we might have problems.

DM: Wanting validation or, wanting advice in that regard?

#1: If people are just assuming that getting the client to address such and such a problem, -- For example, I wasn’t the consultant, but Myra Leifer used to work at the University of Chicago and I had dropped in to see her. She was supervisor of the department, and one of her staff came in. The woman was all up in arms because she was working with a Latino family where the toddler-age child was in the family bed, which I consider perfectly normal in any culture, but certainly in the Latino culture. This woman was acting as if somehow she had to get this family to stop doing that, and I was just there. I had nothing to say. If she had been coming to me about this situation, we would be in direct opposition. She felt this had to be changed and her task was to get these people not to do this, and so that would be an example.

DM: I wonder if you have an idea what you might have done in that situation if you were the consultant.

#1: Well, it would be difficult. I don’t know. It’s hard. I would have to challenge her assumption somewhere in there. I probably would ask her if she’d be willing to explore her feelings about this and the concerns that she has about it and so on, because probably there’s a morass of theoretical and personal stuff that’s mixed up in her reaction to that, fears of abuse, a mixture of concerns and assumptions and ignorance, and as far as I can tell, she didn’t have any grounds to think that there was anything wrong going on. They were not people fucking their kid. They were just doing what they do to sleep. Kids sleep in the same bed as the adults, so probably if I did it right, I would start with asking if she would go into what her whole context is and that might be resistant, so I’d probably start by saying that whatever you need to do in this situation you’d be able to do it best if you’re not as

distressed as you are about it, so let's see what your feelings are, which might work. I mean it's true.

DM: When you say which might work, work to?

#1: Which might work in the sense that she would be willing to do it, to explore her feelings.

DM: To not resist that.

#1: Yeah. To ask someone to do that when they're saying this is just an awful situation and they're all upset about it, to intervene in effect by saying I think that one thing that might be helpful here is for you to review what the factors are in your reaction to this to see what's at work. "Why should I do that, this is a bad situation." I think whatever is best to do in the situation you'll be able to do better if you're not so worked up about it and it's obviously upsetting you. I don't know if that would work or not in the sense that the person could say "you're right" and go into it or they could be, -- That's an example.

DM: I just wish you'd tell me how to do this thing I need to do.

#1: Yeah. She needed to have a little perspective for one thing, a cross cultural one. She was really panicked about it.

DM: I wonder, do you think you would try something didactic from the cross-cultural standpoint in that case?

#1: Yeah. It depends where. Another way to go about it is say, "Can I give you some perspective on this kind of situation?" Again, I don't know whether the mind would be open.

DM: That's where you need to touch on the person's frame of reference to see what might be appropriate or workable.

#1: Yeah. There are different strategies, I think, in that situation. That's a situation where the person is coming from really a different view of therapy in the first place. Because a client-centered therapist

could be ignorant about those matters too and be upset about it, but they would already be looking at it as a problem in acceptance and what to do in the situation where they think there might be some kind of abuse to the child going on and how to work with that. So you'd already be a step closer and it would be easier to give perspective.

DM: Okay. I'm getting towards the end here.

#1: Yeah. I should stop soon.

DM: Okay. Let me ask just one last question. The topic I have is dealing with so-called ethical issues or issues relating to following a code of ethics for our profession. My understanding of what I call a more mainstream or traditional role of a supervisor is to insure that ethical standards are met, etc., and I'm wondering if that plays any kind of role in what you do?

#1: Depending on the student's background, I may suggest they read the APA ethical standards and discuss their reactions with me. If the student is getting close to overstepping any ethical standards, I discuss it with them and inform them of the problems that may come up for the client, for themselves, for their employment setting. We spend time focusing on their feelings, views, or limitations that are bringing them into this realm. I am not moralistic about the ethical standards and tend to emphasize that the standards are there, whether one agrees with all of them or not; breaking them puts the therapist at risk, even if there is no harm to the client. In regard to romantic or sexual attractions to client, I try to help students explore their feeling and avoid physical expressions of those feelings. I recommend transferring the client if the therapist's emotional responses, positive or negative, are strong enough to color their therapeutic behavior or lead them out of the therapeutic range. There are more situations where therapists have trouble accepting client than situations where they are in love with or sexually enthralled by clients. Either way, therapists need help in transcending those feelings to be effective with specific clients and I tend to be very accepting towards them as part of how I help them.

DM: Okay. I'm going to stop here with the questions. I wonder if you have any questions of me at this point regarding the interview or the study or if you have any reaction?

#1: No. I think the interview is good. I think you'll get some interesting variations in people.

DM: One thing I'm thinking about now and I don't want to take any more time. There's one question I should ask and that is, is there anything we haven't talked about that you feel is important regarding this topic? Either client-centered supervision or issues that might come up?

#1: I can't think of anything, no. I think it was a good interview and well connected.

DM: Thank you.