



Who's Teaching Whom: The Parallel Process of Field Instructor and Student

This narrative relates the process between a social work student, a field instructor, and a client in a residential facility for delinquent adolescents. It explores the issues that arose for each of the players and the ways in which they grew and learned from each other during the eight months that they all worked together. The story is told by the field instructor and the student. Particular attention is paid to the countertransference and to the use of a journal by the student to assist in the clarification and management of these issues.

by
**Stacey Peyer and
Kelley Berglund**

Stacey Peyer, LCSW,
CALSWEC field consultant,
Department of Social Work,
California State University,
Long Beach.

Kelley Berglund, MSW, is a
social worker in Los Angeles.
She works with adolescents.

This is a story of three people—a young, eager first-year Master of Social Work (MSW) student; a dedicated, enthusiastic field instructor; and a 15-year-old, angry, neglected boy. We have a number of characteristics in common: a somewhat rough exterior, are often misunderstood, and have a great deal of tenderness just below the surface. We have all been hurt in the past, leaving with feelings of abandonment and a sense of unfulfilled neediness, which we try to cover with varying degrees of success. We all protect ourselves by holding back or by moving ahead in relationships and connections only with great caution. The story is told from two perspectives: that of the supervisor and that of the student. We would have liked to have included the client in this process, but his whereabouts are unknown. We feel that it is important to acknowledge that his experience is portrayed through our eyes.

This is a story of how the three of us moved through the pain and mistakes of our pasts to open our hearts to an incredible journey.

The Instructor (Stacey, or "S")

I was in my seventh year on staff at the Diane K.

Smith Center when Kelley began her internship as a first-year MSW student. The Smith Center is a public, locked residential treatment program for adolescent boys and girls ages 14 to 17 who are placed by the court as a result of having committed any of a variety of crimes, ranging from property crimes and sex offenses to other violent crimes. Most of the residents have histories of being physically abused, sexually abused, and/or neglected. Their families suffered from multiple problems and in many cases overtly supported their children's delinquency. During my years there, the severity of the residents' emotional disturbance, the amount of gang involvement, and the level of violence had increased. A significant number of the boys were growing up in families where one or more of their role models were active or ex-gang members.

Residents at the Smith Center live in "cottages" of ten each. Each cottage has a treatment team which consists of an MSW (the team leader), three bachelor's-level line staff, and a part time consultant who may be a licensed psychologist or psychiatrist. The MSW conducts group psychotherapy four or five days per week. Family treatment is considered essen-



tial, especially if the plan is for the resident to return home upon release. Individual therapy is provided on an as-needed-basis, mostly in response to a crisis or in preparation for a family session. The average length of stay is about eight months. The approach is primarily psychodynamic. Residents are encouraged to verbalize their feelings as opposed to acting them out, to understand the impact of their past on their current behavior and delinquency, and to learn to make more conscious and responsible choices. Behavior modification and family systems theories are also incorporated into the treatment approach.

The Smith Center is a rich agency for clinical training due to the intensity of the available experience, the multi-disciplinary approach and the dedication of clinical staff to training. For four years, I had been a Field Instructor at the Center for the two major local schools of social work. Kelley was to be my seventh student. The seven students and four field instructors involved that year. It was to be the largest and most diverse group with which I had worked at Smith. We had always provided group supervision in past years, but this year the group took on a very different quality. It began to develop rather quickly into a process oriented supervision group in which the focus was transference and countertransference among all the group members and supervisors and between the members and their clients. Much time was spent on addressing

the multitude of emotions—including but not limited to anger, sadness, and frustration—that are raised in working with this challenging client group within the intense setting of the Smith Center.

Students are immersed into the activities of the Center, students acting as co-leaders in cottage groups (and multiple family group if it is in existence in their assigned cottage), carrying a caseload for individual or family therapy, conducting some groups on their own, and participating in the daily happenings involving their clients. These might include school conferences, case presentations, or conferences between residents and line staff aimed at conflict resolution.

The process of supervising social work students had become perhaps the most stimulating and rewarding aspect of my job at the Center. I loved my work, and the openness and enthusiasm of the students. I looked forward to the beginning of each new academic year with enthusiasm and anticipation, and the year Kelley began was no exception. What I did not know was that it would prove to be the best training year for me yet, that I would grow more than I could have imagined, and that it would leave me with a sense of accomplishment that would enable me to take the next step in both my personal and my professional lives.

I don't remember much about my first impressions of Kelley. I have decided not to refer to notes of her early work for a number of reasons: We are

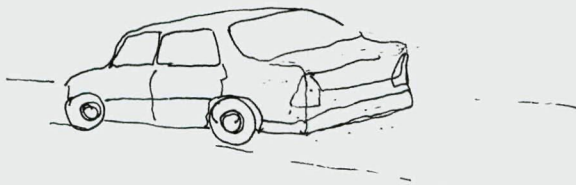
writing this as a joint project; she does not have the same access to case files as I do; and we agreed to keep the "reporting" as parallel as possible. Also, I want to write as much as possible from memory. It is the existence, after all, of such a rich and emotion-filled memory that makes this story worth telling. The only written material we use are things that we both have access to, such as her evaluations and her countertransference journal, both of which we will discuss in detail.

The characteristics that I remember most are Kelley's youth, naivete, genuine caring for others, and large, idealistic goals. She was enthusiastic about having been placed at the Smith Center and approached this new and challenging experience with an openness and desire to learn. She saw her role in social work more as that of a macro practitioner; she was committed to improving the lives of inner city and gang-oriented youth via program development and community involvement. Kelley had just completed her Bachelor's degree in Exercise Science and saw recreation and sports as a way to connect with and serve at-risk youth in order to prevent delinquency, gang involvement, and drug abuse. I remember thinking of her as rather vulnerable, although she had a tough exterior and a "Don't mess with me" attitude. She considered herself a strong feminist and spoke out about women's issues.

Rick was placed at the Center about one month before Kelley began her field place-

ment. He, too, struck me as vulnerable, with a similar "Don't mess with me" attitude; rather typical of minors at the Center, especially in their first month or so when they were trying to find their niche and prove themselves. Rick had a beautiful dimpled face, huge dark eyes, and long eyelashes. His face was impossible not to notice, and he knew it. He also knew how to use his good, sweet looks and charm to win his way. This is probably what I remember the most about Rick's early days at the Center, along with his intense underlying loneliness, which he tried so hard to conceal. But I saw it. We all saw it.

Rick knew that his father had left the state with no forwarding address. He felt a great deal of shame and sadness about this, and so, rather than tell me, he let me call all of the numbers in his file until I eventually learned the facts on my own.



When confronted with the truth, Rick acknowledged that after his father's mother died about one and one-half years before, his father had become involved with drugs. It was about that time that he told then 13-year-old Rick that he could no longer

take care of him and that Rick was on his own. Rick went in and out of placements, on and off the streets, involving himself with gangs and drugs in order to survive. The death of his grandmother was a great loss to him. His father's downslide into drugs was another loss, followed by the actual abandonment of being sent out to fend for himself. Rick had seen his birth mother only once and was told by his father that she abandoned them when Rick was an infant. He denied knowing the whereabouts of any other relative, except to say that he did have a number of half siblings somewhere in the Midwest. Absent his street connections, Rick was essentially alone in the world, with no emotional or social support system.

I had made a habit of asking students, following their first group, if there were any residents with whom they might like to work. I did this because I feel that it is best for the student to experience the first group unencumbered by notions or anxieties about one boy or another. Further,

this allows them to observe all residents and their interactions without any undue influence from me. In the case of Rick and Kelley, I had pretty much decided to make the assignment before that first group. I tried to assign the boys with no fam-

ily contact or visitations to students because they often benefit from the extra attention. I also tried to diversify my students' caseloads in terms of ethnicity, age, motivation for treatment, level of verbal ability, and potential for insight in order to maximize their learning. Rick quickly proved himself to be bright, verbal, and capable of self-exploration, although it was clear that he would be quite resistant based on his tendency to self-protect and his reserved nature in group. Rick was African American and Kelley was Caucasian, as was her other individual client, John. So Rick's case was also a good choice due to ethnic differences. By the time Kelley began at Smith, it was clear that Rick would have no family involved in his treatment. And she picked him out of that first group as a kid who touched her heart.

The Student (Kelley, or "K")

I started graduate school in the fall of 1993 when I was 22 years old. I decided to get my MSW because I wanted to work with adolescents in gangs. I wasn't sure whether I wanted to work in treatment or prevention. I only knew that I was passionate about doing something to address the gang problems in Los Angeles. I didn't know much about social work, but I was advised by a friend that an MSW program would be the logical step to building a career working with gangs. I envisioned the program as one which would help develop my skills and my un-

derstanding of working with marginalized populations. I had no idea that the social work field had a clinical component; I thought that it was all about community organizing. Needless to say, I was in for a big surprise.

On the first day of orientation, all of us first-year students showed up at school to find out where we would be placed for our internships. I was not familiar with the "Diane K. Smith Center." We split up into smaller groups and Frankie, one of the women in the program, told me that she had the same placement. Then another woman, Claire, said that she was placed there, too. I felt relieved to know that I would have some companionship. Claire told Frankie and me that Smith was a great placement. I knew then that I had made the right decision about entering the program. I anxiously and somewhat nervously looked forward to my first day at Smith.

All students were required to go to the agency prior to the first day of field placement to meet the field instructors and to be introduced to the agency. I got there a few minutes early, exchanged my driver's license for a visitor's pass, and was told that my field instructor, Stacey, would be with me shortly. The building was smaller than I had expected. It looked like a junior high school in a small town. The glass partition between the receptionist and me reminded me that it was not a school but a facility which housed juvenile delinquents. When Stacey came out to the

lobby, I realized that we had to be let in and out of the door by a buzzer controlled by the receptionist.

Stacey led me to her office. She asked me about myself, how I ended up in the social work program, what my work and educational experiences had been, and how I felt about being placed at Smith. After we talked, she took me on a tour. It looked like a fairly nice facility, as far as juvenile detention centers go. We went inside Stacey's cottage so I could see what it was like. It was barren and depressing. With a tile floor and brick walls, the last thing it reminded me of was a cottage.



There was one big room with a kitchen, and a smaller room for group therapy. There were ten rooms down the hall and a common bathroom with no door. Each room held a bed, a desk, and a closet. I don't know what I expected it to look like, but I immediately felt sympathetic for the boys who had to live there. I knew that they had committed crimes, but I still thought that a more "homelike" environment would be more therapeutic. After we left the cottage, we went to the recreation area. I

saw all of the kids, boys and girls, playing games, looking as though they were having fun. I thought that if only these kids, and others like them, who were brought up in gang-ridden environments had been raised in stronger, more well-developed communities, they probably wouldn't have ended up at Smith.

I wasn't sure what to think of Stacey. She seemed like a nice person, interested in me and in my opinions. I felt fairly comfortable after meeting her, but I was still somewhat unsure of what it would be like to work with her. I don't know what I expected her to be like, but of all the people I knew who worked with kids in gangs, she did not fit the stereotype. She seemed more like an outdoor type of person rather than a big-city gang worker. That was actually one of the things that I liked about her, though, because sometimes I felt like a small-town suburban girl in a big city trying to tackle the gang problem. I looked forward to beginning my field placement the following week.

My first introduction to the kids in the cottage was in group therapy. Stacey introduced me as the intern she had told them about and explained the time frame of my internship. The kids were really nice to me. The awareness of the fact that I was very close to them in age is perhaps part of the reason why I felt as if they were sizing me up. Did they think of me as a social worker, the way they thought of Stacey? Somehow I doubted it. That day was my

first introduction to the clinical aspect of social work. I found myself only halfway able to concentrate on the process of the group, with the other half of me concentrating on the kids—trying to figure them out, as they were doing to me.

After group that day, Stacey asked me if there were any kids with whom I would like to work and why. I had noticed Rick in group because he seemed to be very similar to people I had known who had contributed to my developing interest in working with this population. During my four years in college, I had met several people who were in gangs or who had grown up in communities affected by gangs. I had a friend in college who was a member of one of the largest gangs in Los Angeles. At the end of our sophomore year, he was arrested and sent to a state prison to serve a 13-year sentence. I wondered if something could have prevented this. Maybe if enough people in his life had tried to help him...maybe if I could have helped him, he would have stopped engaging in criminal activity. This impacted my interest in working with Rick because he, like my friend, seemed to be an intelligent, sensitive person, not the stereotypical "thug" or gang banger. It reminded me of the fact that people get involved in gangs for a variety of reasons, not just because they want to be criminals. Rick reminded me of a composite of some of the people in my

life. I believed that just below the surface of the hard exterior of many gang members was a much softer character. I wanted to be the one to break through the hard exterior. I believed that if everyone could just see what I saw in these "criminals," they would be more willing to help them and to find a better solution than locking them up. Needless to say, I was very excited that Stacey was going to let me work with Rick. I tried not to let it show too much because



I was afraid that she would be able to detect just how interested I was in him and perhaps begin to wonder why. I thought that if she knew that he reminded me of men in my life whom I cared about, she might question my motivation for wanting to work with him.

I was also concerned because I was keenly aware that the age difference between us was not significant. I knew that I would have a hard time being a social worker to the kids at Smith when I had a strong desire to be their friend.

S: The initial plan for Rick's treatment included weekly individual psychotherapy with Kelley for approximately 50 minutes to one hour, along with daily group. Kelley was present and co-led the group on two of those days. Rick would also attend bi-weekly multiple-family group (all residents in the cottage were to participate regard-

less of whether they had family in attendance). Kelley and I agreed that the issue of the therapeutic relationship, while primary in all social work treatment, would be especially in the forefront in her treatment with Rick. I tried to predict the way that Rick might act out his abandonment issues in the therapy by trying to keep Kelley at a distance or by pulling her in and then pushing her away. And so, the work began.

K: Stacey and I talked about the goals for Rick's case. The main goal in working with Rick was to develop a relationship with him in which he could work on his interpersonal skills. Rick needed to learn how to trust, communicate, and be in a caring relationship. These were things which were underdeveloped in Rick as a result of his family history. Rick had a lack of respect for authority figures. He hated having people tell him what to do. He repeatedly stated that he didn't care about or need anyone in his life. These issues were directly linked to Rick's history of being abandoned by the two most significant authority figures in his life thus far, his parents. Thus, the secondary goal was to help Rick express his feelings about being abandoned by his parents.

S: Kelley's attachment to Rick developed rather quickly. He attempted to keep her at a distance, as was expected, and provided her with quite a challenge as he resisted her early efforts to engage him. Early in the year, during group supervi-



sion, Kelley was discussing an interaction with Rick in which he had been rude to her, and another supervisor asked her what it was that she liked in this 'child.' She became tearful, responding as if a statement had been made challenging his worth. As we began to address these feelings and her sensitiveness to such comments and questions, a bit of defensiveness became evident on her part. I never experienced this in our individual supervision, but I saw it in group supervision. As we explored this defensiveness, we learned that it was connected to her feeling often misunderstood (i.e., the "tough exterior") as well as confused and troubled about her level of concern for Rick. Kelley was proving to be pretty raw emotionally. Her feelings were just below the surface, and she often became tearful in both group and individual supervision. Her tears were commonly triggered by her relationship with Rick and what was going on in his therapy. In general, she felt overwhelmed by his sadness and loneliness. She expressed a great deal of anger towards his family and the families of most of the other minors, blaming the families' inadequacies for the minors' delinquency and accompanying pain. Kelley often referred to how lucky she felt to have had the love and support of a close knit family, and how different the minors' lives would have been if they had had a similar upbringing. Kelley did an excellent job as a young, inexperi-

enced student in using her feelings in the service of the treatment. She worked hard to help Rick to identify and verbalize his feelings, and she was consistently empathic.

K: When we first began our work together, I had no idea what to expect. I didn't understand what a significant role transference and countertransference issues could play in a treatment relationship. Almost instantly, I was drawn to Rick's



charm. He had dimples and a smile that went straight to my heart. I thought he was adorable. I knew that he was the type of guy I would have a huge crush on if I met him in my personal life. In fact, he very much reminded me of a friend from school whom I had known for five years. Rick reminded me of my friend in the way he looked at and interacted with me. He was very flirtatious. Also, they were both on their own, without parents. Rick's parents had abandoned him and my friend's parents had both passed away before he began college. I had

always felt an attraction towards my friend, coupled with a desire to take care of him. I felt similarly toward Rick and these feelings intensified as our work continued.

I could sense from Rick that he was willing to work with me, even though he was at Smith involuntarily. I didn't fully understand the importance of the initial development of trust in a therapeutic relationship. I tried to dive right into Rick's family issues. I wanted him to express anger and sadness at what had happened to him. Rick vehemently denied that his parents' abandonments had any effect on him. He professed that it didn't matter to him and that he didn't care about either of them because they didn't care about him. My initial response as a first-year student with no clinical experience and very little understanding of the therapeutic process

was to want to convince him that they did care about him and that he did care about them and was actually hurt and angry at what they did to him. However, I saw that this approach wasn't working, and it was not helping me to establish a relationship with him. I didn't know what else to talk about with him. I was stuck and knew I needed a new approach. I didn't want him to get mad and refuse to work with me, so I decided not to push this subject. Instead, we began to develop the treatment relationship.

As our work progressed, I

found myself becoming very attached to Rick. I was consumed by thoughts of him, while I was at Smith and while I was at home or at school. I wrote almost all of my papers in school about his case. I desperately wanted to help him, but I didn't know how to do it.

I cared about him and I knew that even though he didn't want to care about anyone, he was starting to care about me because of how he interacted with me. In group, I used to feel him looking at me. When I looked back at him, he would grin and I had to look away because he tried to hold on to the look. I found myself enjoying the attention he paid to me. He began asking me personal questions such as how old I was, where I lived, where I went to school, and if I had a boyfriend. I knew that his interactions felt flirtatious to me and I was aware that I found myself wanting to flirt back, but I knew that I couldn't do this and I felt as if I was doing something wrong by even feeling tempted. I thought that I could make up for the love his parents didn't give to him and then he would be okay. I thought that if someone would just care about him and give him a home he wouldn't go back to being a gang banger and a drug dealer. I wanted to be that person. I wished that I wasn't his therapist so that I could take care of him. I thought that even having these feelings was bad and I was afraid that if anyone found out, especially Stacey, I wouldn't be able to work with Rick anymore. I couldn't let that happen, so initially I didn't tell

her what kinds of thoughts and feelings I was having. I didn't know that they were countertransference issues and that it was important for me to understand them so that I could make sure they didn't have a detrimental effect on Rick's treatment. Stacey knew that I was becoming attached to him but she didn't know to what extent.

S: By about the sixth week of Kelley's internship at Smith, two things were becoming increasingly clear to me:

- 1) Transference and countertransference were going to play a large role in Rick's treatment; Kelley's emotional reaction to her work primarily, but not exclusively, to Rick would need to be a focus of supervision, and

- 2) Termination, now seven months away, would be an issue to be addressed directly and consistently throughout the treatment.

It seems important to acknowledge at this point in our story that the term "countertransference" does not have "one" widely accepted meaning, and to define it for our purposes. Traditionally, countertransference included unconscious, unresolved issues on the part of the therapist that impact on the treatment. In more recent years, it has come to include the wide variety of emotional reactions a therapist may have to a client, regardless of the level of consciousness or lack of same. In my teaching and for the purpose of this article, I define

countertransference as encompassing both of the above.

Because of these two realizations, I decided to introduce the use of a "countertransference journal." I had become acquainted with this tool from a social worker named Cheryl Goluch, who had done some training on its use for a local social work graduate program. The essential idea behind the journal is for the student to write about the emotional experiences related to her work and training in a free and unstructured way. My responses would be mostly to normalize, validate, and identify issues for further discussion in supervision. Where appropriate, I would suggest that she address issues in her own therapy. The journal was to be confidential between Kelley and me; no information would be used "against her" in evaluations. Some might wonder about the ethics involved in such an agreement. After all, what if the student were to divulge something truly problematic? I do not see this as a conflict, however, because it is behavior, not thoughts or feelings, that we must consider in the evaluation process. The promise I made was that no information from the journal would be shared with the school unless it had a concrete impact on her work. And if that occurred, I would be sharing information from her work and her process recordings and not from her journal. Although I know that this is a distinction with which some may not be comfortable, it worked for me and was, I believe, largely responsible for the growth and progress that took place for all

three of us. It seems relevant to acknowledge here that there is an ongoing controversy in the field of mental health as to whether or not supervision is a therapeutic process and to what extent it is appropriate to address a student's personal issues in the supervision. Some clinicians feel that it is appropriate only to help the student to identify an issue and then to refer her to her therapist for exploration/resolution. Some, myself included, believe that it is appropriate to address personal issues as they affect the treatment. I believe that this is truly the only way to effectively develop conscious, self-aware clinicians. According to Burns and Holloway (1990), "It may be appropriate to use counseling skills when the intent is to enhance trainees' understanding of their own reactions, attitudes, and behaviors toward the client." They go on to explain that such techniques may be appropriate in "helping trainees to understand their behavior in the context of the counseling relationship and to translate such understanding into more effective counseling practice." Clearly, the use of a journal in supervision requires a degree of comfort in working within this kind of framework.

To use the journal effectively as a teaching tool, I needed to be open to the process of getting to know Kelley pretty well. I needed to trust myself to know the boundaries between supervision and therapy and to be able to maintain them within the context of this more emotionally laden supervision. I

needed to be prepared for the emotion that could, and did, get stirred up for me.

It is to Kelley's credit that she responded with little resistance to the journal. She was, in fact, feeling overwhelmed and somewhat concerned about the intensity of her emotional responses. She seemed to welcome the opportunity to increase her level of consciousness and thereby the quality of her work.

As I reviewed Kelley's journal, two major themes emerged. The first was her struggle to understand why she was so strongly affected by her relationship with Rick. The second theme was that of Rick's acting out his abandonment fears by repeatedly pulling her in and then pushing her away. Closely connected to this theme was the issue of termination.

The first theme was woven throughout Kelley's journal and our supervision. What was the countertransference involved? What issues of Kelley's were involved? And how could she handle these issues effectively in both the personal and professional realms?

Kelley began to understand some of her countertransference towards Rick through her writing and our supervision. At first she was only vaguely aware of a wish to "save" Rick; she was overwhelmed with the feeling of wanting to take care of him. As she wrote and talked about it, she realized that this was a familiar feeling. She wrote of how Rick reminded her of the kind of men that she used to go out with in college, young men who seemed to need care-

taking, someone to worry about them. They were also inconsistently nurturing in return, and Kelley had clearly felt hurt, disappointed, and used.

Kelley expressed some ambivalence in acknowledging the connection because of what she perceived as the taboo against having any even remotely sexual feelings towards a client, especially a minor. According to Pope, Sonne, and Holroyd (1993), a therapist or trainee is especially likely to feel hesitant to raise an issue of sexual attraction for a client in supervision when it has a connection to unresolved personal issues.

Once again Kelley was willing and able to let me know about these feelings. By the end of January, she had determined that Rick's inconsistency, or the "come close/go away" dance that he played, somewhat paralleled her relationships with men in college. As she explored this further she realized that, in a way, Rick was a "player" like the guys in school had been. She began to hypothesize that her connection to Rick and her attraction to "players" was based on a fear of true intimacy and relationship. In other words, since there was no chance of a real relationship with any of these men, including Rick, she would not be hurt again.

It was during the month of January that Kelley decided to enter therapy. This decision was clearly related to the emotional impact of her experience at Smith. Over the remaining months, Kelley grew in her understanding of these counter-

transference issues. It was fascinating to realize that she had been struggling with so many of the same issues as Rick. While she was so frustrated by his resistance and his "dance," she too was doing a similar dance in her own life.

Both she and Rick were trying desperately to get their needs for connection met while trying to sidestep the risk of loss and the associated pain. As Kelley became more clear about these dynamics, she became more accepting of her feelings about Rick and less judgmental of herself for "feeling too much." At the same time, her therapy was allowing her the opportunity to deal with her own issues, and she was learning to use her self more consciously and effectively in Rick's treatment; she was developing a professional self.

K: Shortly after I started working at Smith, Stacey suggested we use a countertransference journal in our supervision. I know now that it was because she could see that I was having strong feelings and reactions about my work with the kids, particularly with Rick. She told me that it was optional, but that she thought it might really help me to be able to identify and understand the countertransference issues I was experiencing, many of which were surfacing in my work with Rick.

She told me that the journal was something in which I could write anything I was feeling and thinking that came up

in working with the kids. It would be something that only she and I would read. I liked the idea because I could write about my experience in a much more informal manner than the process recordings required by the school. However, it felt a bit uncomfortable at first, as if many of the thoughts and feelings I was having about Rick were wrong, even though Stacey had told me that feelings can never be wrong; it's the way we act on the feelings that matters.

Eventually, after seeing that Stacey's feedback was non-judgmental, I was able to write more freely in the journal without worrying that somehow it was going to get me in trouble. The journal allowed me to bring things to the surface with Stacey that I was hesitant to verbalize in supervision. Since I still felt that the feelings I was having were somehow wrong, particularly about Rick; I was unsure of how to approach a discussion about them with Stacey. Writing in the journal was, for me, an easier way to bring up difficult subjects. I thought that if



Stacey read what was going on with me in the journal first, she wouldn't be shocked about anything in supervision. In addition to utilizing the countertransference journal as a tool to understanding all of the issues that were coming up for me, I started going to therapy. My own therapy was extremely helpful in sorting out my issues and in working on becoming more self aware.

S: The second theme of

abandonment and the sub-theme of termination was also evident in Kelley's journal on a regular basis. From the very start of her work with him, Rick expressed concern about Kelley leaving at the end of the school year. Even as he denied her importance, he asked me why, given his issues with abandonment, had I assigned him an intern.

Kelley's first journal entry, which was in mid-November, documented clearly the way in which Rick would let her in and then push her away. Within the first two weeks of journaling, Kelley had begun to explore her feelings about terminating with Rick and from Smith. She anticipated it with a sort of dread.

Rick continued his "dance" after winter break, alternating between aloofness and closeness, openness to working on issues and outright refusal to talk. Kelley struggled to handle this seeming assault on her self and her skills and still to effectively manage the treatment process. To this end, she needed to learn to accept Rick's pattern as part of the process, not as a step backward and not as a true reflection of her worth or Rick's feelings about her.

In late January, they had a particularly poignant session; Kelley was able to disrupt the pattern and Rick conceded that it had been a defense. He did not want to acknowledge her importance because he was afraid of the pain he would feel when she left Smith, like the pain he had felt when his father left him. This, of course, was a wonder-



ful insight and a sign of incredible growth. That's how I saw it. Kelley, on the other hand, struggled with knowing in her head it was good but feeling in her heart like the enemy that was going to hurt him as the others had. Her entry that week ended "MAN, TERMINATION IS GOING TO SUCK!" It was written in all capital letters, just like that, and was scrawled across the page and underlined.

Termination is often referred to as the most important phase of treatment. Social workers commonly state that it must be addressed as such throughout the treatment process. In all of my years as a clinical social worker, however, I have never seen another case in which termination was such an overt issue almost from the day treatment began, for both the client and the social worker. And yes, even for the supervisor.

Near the end of February, I had a dream in which Kelley was a resident at Smith and I was her worker. She was about 18 and had nowhere to go upon release. It is very difficult to place a resident over 17 1/2 due to funding issues. In the dream I tried desperately to find a place for her to go when she left Smith. I was concerned about the kind of care she would get, whether the new worker would provide for her as I had, and whether she would get what she needed. In reality, she was preparing to leave Smith and was planning for her next field placement. As stu-



dents often do, she was asking for my assistance in deciding the type of experience and supervision she would need in her second year. As I assisted her, I wondered who would give as I had. I was aware of feeling protective and concerned. The dream represented a parallel of Kelley's experience as she was worried about what would happen to Rick after she completed her internship. In retrospect, I think that this dream was my first real hint about how powerful the experience of working with Kelley and Rick was for me and about how I might respond to its termination as well.

K: Termination was an issue in my work with Rick virtually from the beginning. Since he had major abandonment issues with both of his parents, Rick resisted getting close to anybody. He did not want to care about anyone ever again because he did not want to re-experience the abandonment and pain.

Rick developed a pattern of interaction with me that was difficult for me to understand and accept. I used to get very frustrated with him and discouraged about the effectiveness of our sessions. He opened up to me sometimes and acknowledged being angry at his parents for leaving him. Usually, after opening up to me in one session, he would be very quiet or try to engage me in storytelling about his life on the streets the next session. At other times, he would get angry at me

for things such as changing an appointment time with him. He would become resistant in our sessions and say that he didn't want to see me individually anymore. I knew that his anger at me for changing an appointment time was out of proportion. Eventually, I realized that he understood that he was getting close to me and he didn't want that to happen, so he tried to push me away. However, each time he tried to push me away, he would also seek me out to reconnect by trying to catch my eye in group. I felt him looking at me and when I looked back, his eyes seemed to tell me what he wanted to say. He looked sad and apologetic. I thought I could feel him desperately wanting to reconnect with me.

Looking back, I'm sure that this was at least in part a projection. I couldn't bear the thought of him staying angry and pushing me away for good. I didn't know what I would do if this happened. He had become such a big part of my life and there was no one at that point for whom I cared more. Fortunately, my worst fears were not realized. Each time Rick pushed me away, he came back around. Sometimes he pretended that nothing had happened, and other times he apologized for being angry.

Eventually, I came to understand this pattern of behavior as a defense mechanism he used to try to prevent being hurt again and he, too, came to understand it as such. Still, it was extremely painful to me each time it happened.

When the supervisors explained to me that this pattern was a result of my being a transference figure to Rick, I thought they were saying that our relationship was just about transference and countertransference. I didn't believe that I was just a transference figure to him. I wanted to believe that Rick and me cared about each other for who we were, not who and what we represented to each other.

Eventually, through individual and group supervision, I came to understand that Stacey and the other supervisors were not discounting the "real" relationship between Rick and I, but rather that it was made up of two parts: the treatment relationship and the "real" relationship.

I needed validation that the relationship was real, but I understood that it was a treatment relationship and I was able to keep the boundaries clear. Because I was working so hard at understanding the strength of my feelings, I paid special attention to the need to maintain appropriate boundaries because I knew that if I wasn't careful, they could become blurred.

During one session, when Rick was telling me about a story he had heard about his mother trying to smother him with a pillow when he was a newborn, I began to cry. He didn't say anything about it during that session, but in the next session he asked me about it. When I explained to him that I cared about him and that it was a sad story, he started to cry. That was the first time I saw him sad instead of angry. This con-

firmed my belief that what Rick and many of the other kids needed was just someone to really care about them.



S: By the beginning of March, Kelley's journal entries reflected her growing ability to see Rick's "come close/go away" behavior as a manifestation of the transference and his feelings about his parents, particularly his father. She was feeling a lot of sadness about his effort not to care about her in order to protect himself.

As she wrote, she began to identify a possible parallel process occurring between them; she, too, was tired of being so vulnerable in connection to her treatment with him and was feeling a bit numb, perhaps in preparation for their termination, now six weeks away.

In group supervision one day that month, nearly all of the students dealt with termination. Kelley was preparing for the release of John, the other resident with whom she did intensive treatment. Almost everyone wept in group supervision that day.

Although I always felt sad when it came time to bid farewell to my students, I began to realize on this day that something more significant was at play and that this termination would prove to be an emotional and challenging one for me, beyond the scope of my past experiences.

K: Rick's pattern of opening up to me and then getting angry and pushing me away continued almost until the end of our work together. Rick acknowledged that he had started to care about me but that he didn't want to, especially because he knew that I would be leaving in April. At the end of January, halfway through my internship at Smith, Rick told me that it had gone beyond caring to "L-O-V-E" (he spelled it out).

Again, he talked about not wanting to feel that way because he didn't want to experience the hurt that would come with saying good-bye to me. I felt good that he cared, but I didn't want him to feel abandoned by me when I had to leave Smith.

Stacey and I spent a lot of time talking about how he played out his relationship with his parents in his treatment relationship with me. We also talked about how the treatment relationship was different, particularly because I wouldn't be abandoning him as his parents had and because he would get a chance to say good-bye to me. This was explained to me as a "good" kind of good-bye, a concept which I had difficulty understanding. How could a good-bye that hurt be good?

Through writing in the journal and discussion in supervision, I was able to understand what Rick was going through and why he was using the pattern of getting close to me and then pulling away. When it first started happening, Stacey was relatively certain that he would eventually come around and not



be angry with me anymore. I was not easily convinced of that and was scared that he would stay angry and never want to talk to me again. But each time, just as Stacey predicted, he would come back.

The last time he tried to pull away, Stacey told me that maybe he wouldn't come around and that he might need to deal with termination by pulling away permanently. I feared this because Stacey had been right thus far. But she also said that maybe he would be able to deal with it differently. I hoped so.

S: Rick amazed me over the course of the final month of his treatment with Kelley. He felt the urge to pull away, fought it, talked it through, and stayed in contact with Kelley in spite of intense fear and anxiety. Kelley was able to see that even though the termination would be painful for Rick, he had grown a great deal from the relationship, and much healing had occurred.

She acknowledged that he was better off for having experienced their relationship. We talked in supervision about how the conscious, planned termination, so different from his father's abandonment of him, would serve to further his growth and would prove to be one of the most powerful and healing aspects of their relationship.

Kelley's last two entries made crystal clear the extent of her attachment and the pain associated with leaving Smith. She wrote, "It breaks my heart to think of not having him (Rick)

in my life. Who will take care of him? Who will teach him about relationships? He's working so hard..." Her words also reflected a great deal of humor, and she acknowledged a certain degree of her own irrationality. The final entry was written ten days before her last day at Smith. Rick had been sharing in a session how he used to have no feelings and used to be a "player" with girls. He spoke of how his relationship with Kelley had taught him things that were helping him in his relationship with his girlfriend (a Smith resident) in that he had learned to show vulnerability.

This stirred Kelley up quite a bit and she referred (in her journal) to a therapy session of her own in which she had stated that she felt as if she was "losing a real relationship." (Of course, she was.) She realized that leaving Smith was triggering feelings she had felt upon leaving her family to go to college, and she feared the loneliness. Her final written words were: "The next two weeks will really suck. After having you all be the biggest part of my life and now losing it—really sucks."

On her last day, Kelley and I cooked dinner and ate a good meal together with all of the residents in our cottage. The kids rarely needed an excuse to forego institutional food. We then did a "goodbye group," which is a ritual at Smith. Kelley said goodbye to everyone else before coming to Rick. Rick began to cry when his turn came, and Kelley and I were already fighting tears. Every time he opened his mouth to speak, he

could not. A number of minors were excused because they were unable to handle the intensity, and I didn't want it to be ruined for the rest.

I struggled with the urge to rescue Rick as I didn't know how long his sobbing might continue. We encouraged him to take his time and feel his feelings. After what seemed like an eternity (it was probably 15 minutes), he began to speak.

He talked of how hard he'd tried to push Kelley away and how she just wouldn't let him. He told her how much he loved her and that he didn't know how he would make it without her. Kelley and I, and a few of the minors, shared in his tears. Then he offered a most incredible gift. He turned to a minor, "Juan," who had been there close to the same length of time as he had. Rick told Juan that he loved him, too, and wished that he could take Juan with him to the group home to which he was being transferred.

I had known that some incredible work had occurred, but this was far more monumental than I could have imagined. We hope that a solid, safe, therapeutic relationship will provide the healing needed to allow our clients to be able to risk fulfilling and deep relationships in their everyday lives. Rick showed us that this had occurred. He demonstrated it right there in that circle, as it was clear that his love for Kelley had enabled him to love Juan and also had taught him the value of speaking it.

We don't often see concrete evidence of the fruits of

our labor. We all struggle at times and wonder if we are making a difference. In those final moments in that very long and painful goodbye group, I knew that I had. And that was an incredible gift.

K: When it came time to say good-bye to Rick, it was in the setting of a group good-bye with all of the boys in the cottage. We had discussed it in our last individual session, but he wanted to wait until the group good-bye because he didn't want to say good-bye twice. I knew that I would have a really hard time saying all I wanted to say to him, and I knew that I would cry. I wasn't sure how he would deal with it. I really hoped that he wouldn't put up his defenses again. He didn't. Our good-bye was very tearful and emotional and I think that it allowed each of us to see how significant the treatment relationship had been. I had to keep reminding myself what Stacey had told me: that the difficulty we had in saying good-bye was a sign of how deep our connection had been and that each of us would continue to be a part of the other.

Saying good-bye to Stacey and Rick felt like saying good-bye to my family. Stacey and I had built a really good student-teacher relationship and I felt as if I had learned a lot from her, about social work as well as about myself. I felt as if she was one of the few people in my life who knew a lot about

me and who understood and was supportive of me. She was also my only connection to Rick. Now that I wouldn't be there, I was counting on her to make sure Rick would be okay, both while he was at Smith and after he left.

S: I felt a great loss after that last day. I had always felt some sadness when the students left at the end of each year, but this time the intensity was greater. I felt bored and a lack of energy to give to the kids. I went on a vacation within a couple of days, and this gave me the time and space I needed to evaluate and understand the depth of the experience with Kelley and Rick.



Looking back, perhaps one of the most interesting pieces of the puzzle was the fact that I questioned why I was feeling so much. And the more I questioned, the more upset I became. Yet during the course of the year, a major focus of my teaching Kelley was my attempt to encourage her to embrace her emotionality and learn to utilize it for the good of her clients instead of fighting it. Whatever happened to practicing what I preach?

I was overwhelming myself with anxiety about feeling too much, just as Kelley had. I acknowledged to myself that this was an issue that I had shared with her all along and that my reassurances to her were just as much for myself.

This narrative began by stating that Kelley, Rick, and I all struggled with issues around abandonment. For me, these issues tend to play out as I fear overwhelming others with my emotional intensity and thus potentially losing significant relationships.

Over the weeks and months following Kelley's termination, I was able to accept my feelings more and to understand that it had been a life-changing experience. I had been on a journey of relationship and connection. The journey had started out slowly; I had no idea that I was on such a path. But somehow, at some point during the year, Kelley and Rick had made their way into a place in my heart that perhaps had been untouched. Rick was a pretty special kid, and Kelley was an amazing student. It's clear to me, though, that what set them apart from the others was their relationship with each other.

What I have come to understand is that my pain at the year's end was not just pain due to Kelley's leaving. Nor was the pain due to Rick's impending "graduation" from Smith. The pain that I experienced was a mixture of many intense emotions. I was feeling so much that it hurt. Much of what I felt was joy at the realization of how beautiful and healing it all was.

I was quite sad, too, of course. Kelley's leaving meant the end of her relationship with Rick and the end of my role in its creation and maintenance. This meant a loss of what had come to be a motivating force and a source of satisfaction for



me over the course of the year. Kelley and I had developed a supervisor-supervisee relationship that had truly worked, and I felt enriched by it and grateful for it. That too would be gone.

About one month later, when Rick left, I again had to let go of another piece of the experience. As I came to understand and accept how all of these endings were connected to each other, I actually began to appreciate the part of me that has these types of emotional responses. And only then was I able to genuinely begin to work through the losses, and to begin to let go.

Stacey's Reflections

The story has been told and I have enjoyed its telling. I have especially looked forward to this part. The more I wrote, the more I thought about things to include. As I read back through the story, it is clear to me that throughout the telling I have shared much of what the experience meant to me. Its impact is far reaching, in ways I am only beginning to comprehend. I continue to learn more about it, and myself, as the days and months pass.

I have been considering the ways in which I could have handled things differently. This article gave me the structure and discipline to think it over more methodically. I've focused on trying to understand in what ways and around what issues my own countertransference may have blocked me or interfered with my teaching. A dear friend recently asked why I felt

the need to "dig" for mistakes in what was clearly a positive treatment. But it's not mistakes I seek. I just believe that we can always learn if only we are open to the experience.

As I consider all of the aspects of this experience, it becomes clear to me that the one area that might have benefited from deeper exploration was the issue of Kelley's attraction to Rick. We did not ignore it. We looked at it, I normalized it, and I paid attention to how she handled the boundaries. We considered to some degree how Kelley's own issues might be involved. I did not feel at any point that the relationship between Kelley and Rick was at risk for blurring of boundaries. I just feel, upon reflection, that I scratched the surface enough to be sure that things were "O.K." Beyond that, I fell into the trap described by Pope, Sonne, and Holroyd (1993).

I was frightened by the possibility of a true sexual attraction between a client and a therapist. To some degree, I bought into the taboo against discussing such issues. Pope, Sonne, and Holroyd (1993) reported research suggesting that many graduate training programs do not adequately address the issue of sexual attrac-

tion towards clients. They go on to discuss how the open exploration of such attraction and feelings in supervision are essential to understanding of therapists' motivations and ultimately to preventing the potential negative impact on the therapy. By not addressing the issue of Kelley's attraction to Rick more deeply, I was perpetuating the avoidance of such issues in the field of mental health. Also, I was not being the best role model I could have been.

So, what was I afraid of? Why was I avoiding the issue? I believe that I was concerned about a number of things that might emerge if I supervised Kelley more intensely regarding the matter of her attraction to Rick. First of all, my own training lacked depth regarding how to deal with sexual feelings towards a client. All I can remember is the prohibition against sexual contact, which, while of essential and primary importance, should not be the endpoint of such discussion but more appropriately, a starting point.

As a result of my own lack of training and experience, I was afraid of getting into an area that I would not know how to handle. To compound the situation, the sense of taboo made it difficult for me to look to colleagues for help. Interestingly, Kelley was most likely experiencing similar fears. Pope, Sonne, and Holroyd (1993) discuss a number of reasons why therapists avoid dealing with sexual issues and feelings. A few that strike me as particu-



larly relevant in this case are:

- 1) Anxiety about unresolved personal issues
- 2) Fear of losing control
- 3) Fear of being criticized
- 4) Confusion about boundaries and roles

These are the issues that I would guess most strongly affected Kelley's handling of her attraction to Rick and, in turn, my handling of these issues in supervision.

In summary, however, I believe that due to the lack of training and experience, coupled with my own struggles with the ambiguity inherent in doing psychotherapy and supervision, I feared going deeper. I was scared by the possible consequences of discussing something this intimate with a student. If I took the supervision in such a direction, was there a risk of blurring the boundaries between Kelley and me? What about the boundaries between supervision and therapy? Although I do practice a more broad style of supervision, this does not negate the need for very definite boundaries and role definition.

It has been quite difficult to write these last few paragraphs. I have been tempted to be less open in what has been a very disclosing article. I have felt some fear and anxiety as to what others may think. I believe that this is again because of the powerful taboo against having or speaking of sexual attraction

towards clients. I am feeling blocked even at this moment. But I am fighting the anxiety and expressing these thoughts because I am so committed to the learning process. I genuinely believe that it is only through the open exploration of these at hand that we can prevent sexual intimacies between client and therapist. I also believe such discussion can actually improve therapeutic outcomes.

The "gift" of Rick's expression of love for Kelley and Juan was definitely one of the most significant parts of the overall experience. It came at a time when I was really struggling with feelings of hopelessness due to the steadily increasing level of disturbance and sociopathy in the kids being sent to Smith. Closely related to my hopelessness were feelings of self-doubt regarding my ability to have a truly meaningful impact, given the kids' great needs, fewer resources for continued care after release, and the constant pressure to shorten length of stay. My work with Kelley and Rick gave me back a degree of hope and faith in the power of the healing relationship. It gave me a real feeling of success in my own ability to effect change. At first I shied away from taking credit, but the reality is that neither Kelley nor I could have created what we did alone; we were a team and I was the coach. She was brave and bold, which led to her receptivity to my teaching. And her enthusiasm, along with her undying belief in Rick, rubbed off on me as well.

I don't mean to use an old tired cliché, but... I don't think I will ever be the same again. And I know Kelley and Rick won't. I have always been very relationship oriented. But this experience, in addition to restoring my faith in healing, has somehow opened me up even more to the joy of relationship and connection, with all of its accompanying pain. It has often been said that we cannot know the purest joy until we know the deepest sorrow. I experienced tremendous pain at the losses inherent in this experience. That pain continues to fade though, and what remains is faith, satisfaction, and yes, pure joy.

Four months after Rick left Smith, I was offered a position as a Field Consultant at California State University Long Beach, Department of Social Work. I had always known that I would hold such a position some day but did not expect it to be so soon. I had been at Smith for over seven years and the prospect of change was both exciting and frightening. I believe the fact that I had been a part of this incredible experience with Kelley and Rick made it possible, or at least easier, for me to make this significant transition in my life. I am clear that I am a better teacher today as a result. It solidified my belief in the tremendous impact of countertransference as well as the equally great opportunity it presents.

I had long believed that the development of self-awareness was key in the preparation of effective and ethical social



work practitioners, but as a result of my work with Kelley and Rick, I am more focused on its development and my role in it as a teacher. To this day, I continue to struggle with the aforementioned boundaries...when encouraging self awareness and reflection, one must sometimes probe, one must ask students difficult questions, and at times the boundaries are less clear. As is true for many aspects of social work, there is no definitive answer to this dilemma. I continue to struggle to walk the tightrope of therapy/supervision/education because I am so convinced that it is intrinsic to the development of conscious practitioners. And in so doing, I must maintain my own self awareness and always question my boundaries as I work with my students to develop and maintain their own. My work with Kelley and Rick was life-changing for me in many ways. Perhaps most significant was the fact that it assured me that my heart, as well as my talents, were in teaching. And it gave me a piece of measurable success to leave behind.

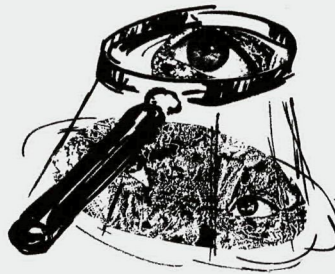
Kelley's Reflections

As I stated early on in this article, I began social work school with a very narrow understanding of what the profession entailed. I was unaware that social workers did therapy, and I certainly didn't expect to conduct therapy myself. Through my experience at Smith, I learned a great deal about the profession and its breadth. Although I was sur-

prised by the clinical component, I was far from disappointed, particularly as I saw firsthand the power of the therapeutic relationship.

I remained invested in a macro approach to change, especially in my specific area of interest, but my focus broadened. I wanted to find a way to incorporate micro and macro work. I wanted to continue to develop therapeutic connections with at-risk youth in the future since I now knew the ways in which these relationships were central to change.

The majority of my work at Smith was about being able to identify and understand my countertransference issues, which were primarily with Rick.



Sometimes I was able to identify countertransference issues; other times Stacey would point out things I had written in my journal that might be countertransference issues.

I think that when I first began to realize how much Rick was affecting me, I was afraid to admit how attached I was to him. I thought that I might have done something wrong and that I shouldn't have such strong feelings for Rick. I always hesitated to tell Stacey how strong the feelings were, but each time I did, she was very supportive.

The journal served as a place where I could first "test" some of my feelings and see how she reacted to them before I discussed them with her in supervision. Stacey told me many times that it wasn't about how I "should" or "shouldn't" feel; she told me to erase that word from my vocabulary.

A number of things Stacey did felt supportive and allowed me to be open with her. One example is that whenever I told her something that I thought might be shocking, such as the fact that I cried in front of Rick or that he told me that he loved me, she never acted surprised. She always explored with me what my feelings were about and what was going on in the therapy.

When I felt as if my work with Rick was focusing too much on his relationship with me and not enough on his relationship with his father, Stacey helped me to see that his relationship with me was exactly what he needed to be focusing on at the time. Without a good interpersonal relationship, Rick may not have trusted anyone enough to help him resolve his family issues. Additionally, the skills he developed in his treatment relationship with me will help him to have good interpersonal relationships in the future.

Terminating from Rick, Stacey, and Smith happened all at the same time. It was something that I had been thinking about since before the winter break. I didn't want to say good-bye to Rick. I wanted to take him with me so that I could take care of him, but I wasn't

sure exactly how I wanted to take care of him. Sometimes I wanted to be his parent so that I could protect him and teach him; other times I wanted to be his girlfriend so that we could fulfill all of each other's needs.

I had been struggling for several years with how to get my needs met. Before I went to college, I had been accustomed to living in a very loving home environment. My parents took care of me. When I went to school, I found myself on the other side of the country with no idea of how to continue to get my needs met independent of my parents. Often, I turned to men to meet those needs. It took me a long time to realize that this was a very short-term solution to my problem.

When I was working with Rick, I found that he met a lot of my needs for attention and love. As I look back on the time I was at Smith, I now realize that I had fewer relationships with men while I was there. I have learned that what I really needed was love and attention from men and that I was using the treatment relationship with Rick to fill those needs. This realization has been significant to me in forming a new understanding of myself and has helped me to identify more effective and lasting ways to meet those needs.

During my internship at Smith, I used to think that I was not helping Rick because I didn't really understand what was happening therapeutically with him. There was a lot that I would have wanted to change. However, as my understanding

of transference and countertransference issues increased, I began to realize that a good interpersonal relationship was exactly what Rick needed. I also realized that it was precisely because of where I was in my life that I had this experience, this relationship, with Rick.

My connection with him was the strongest thing I have felt in my life and I wouldn't want to change that. It gave him the opportunity to develop his interpersonal skills and to trust and care again. It gave me an opportunity to learn a lot about myself and about the importance of therapeutic relationships. It also taught me how important it is to understand transference and countertransference issues, fundamental parts of the therapeutic relationship.

When I said that I wouldn't change anything, that wasn't exactly the truth. There is one thing I would still change, and it may be because I am selfish and because I still don't fully understand the therapeutic implications of the need for permanent terminations from clients. I would never have said good-bye to him. I still look for him sometimes when I'm near his old neighborhood or in places where I imagine he would hang out. I know that not saying good-bye would not have been the right way to handle the situation, and I'm getting better at understanding the need to terminate completely with clients.

With time, the intensity of my feelings about saying good-bye to Rick has dimin-

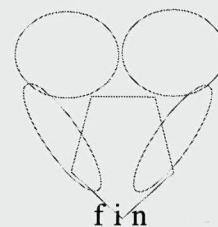
ished, but Stacey was right; I still carry him in my heart.

K & S

This was a story of how the three of us, as a result of our relationships with each other, moved through the pain and mistakes of our pasts and opened our hearts to an incredible journey. And in the end, we became more open to the risk of connection, to showing our true selves with greater freedom. As a result, healing happened for us all. □

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