Supervisory Development and Working Alliance: A Survey of Professional Counseling Supervisors

by

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Abstract

The purpose of this study was to explore the relationship between supervisor development and supervisor working alliance and identify factors that contribute to positive supervisor development and working alliance. In order to better understand the experiences of practicing counselors and supervisors, participants were recruited from national and state professional counseling organizations—all participants currently worked as counselors and supervisors, held at least a master's degree in counseling, had supervision experience with at least five supervisees, and were 19 years or older. After meeting inclusionary criteria for the study, participants completed an online Qualtrics survey composed of demographic questions, measures of supervisor development and working alliance, and open-ended response questions about personal experiences related to supervisor development and working alliance. Data analysis of results showed significant findings in regard to positive correlations between working alliance and supervisor development. In addition, regression results supported a significant relationship between the working alliance subscale of Client Focus and increases in supervisor development. A discussion of open-ended questions about important participant experiences related to supervisor development and working alliance was also included in the present study.

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CHAPTER 1. INTRODUCTION

Supervision in counselor education is an important part of training for both supervisees and supervisors (Stoltenberg, 2005; Watkins, 1990). The supervision process includes a focus on the clinical and professional development of the supervisor and the supervisee. The factors that contribute to positive supervisory development and relationships have been investigated (Bernard & Goodyear, 2009; Borders, 2014; Ladany, Ellis, & Friedlander, 1999; Ladany, Walker, & Melincoff, 2001b; Mehr, Ladany, & Caskie, 2010; Ramos-Sanchez et al., 2002; Sterner, 2009; Watkins, 1990). However, researchers have found that further examination of factors that contribute to positive supervisory growth is needed as mental health professionals continue to develop with supervisory experience, education, and enhanced professional relationships, which are influenced by ever evolving standards of best supervisory practice (ACES, 2011; Borders, 2014; CACREP, 2016; Fall & Sutton Jr., 2004; Magnuson, Norem, & Wilcoxon, 2002; Rapisarda and Britton, 2007).

Professional Development

Professional development starts with counseling students in training and continues throughout counseling professionals' careers (Baker, Exum, & Tyler, 2002; Ronnestad & Skovholt, 2003; Skovolt & Trotter-Mathison, 2011). For counseling doctoral supervisors in training, the Council for Accreditation of Counseling and Related Educational Programs [CACREP] and the American Counseling Association [ACA] encourage continued professional development by implementing counselor education program standards and ethical guidelines (ACA, 2014; CACREP, 2016). Professional development for doctoral students in counselor education programs covers five basic areas of study: counseling, teaching, supervision, research/scholarship, and leadership/advocacy (CACREP, 2016). The objectives of professional

identity development for students are building knowledge and competency within each of the five areas of counselor education (CACREP, 2016).

CACREP, in its 2016 standards, maintains the need for continued knowledge regarding the supervisory process. The supervision standards for doctoral supervisors, targets areas of knowledge within supervisory professional development including understanding the purpose of roles and relationships within supervision practice (CACREP, 2016, Section II, p. 35). The American Counseling Association's *Code of Ethics* (2014) also supports the importance of supervision training and teaching. In order to ensure client welfare and supervisee development, ACA asserts that the purpose of supervisory ethical standards is to "foster meaningful and respectful professional relationships", while maintaining appropriate boundaries and promoting client, student, and supervisee professional and personal growth (ACA, 2014, Section F).

Professional development is a life long process with multiple dimensions (Baker et al., 2002; Ronnestad & Skovholt, 2003; Skovolt & Trotter-Mathison, 2011). The expectation for development in professional counseling continues after masters and doctoral training, as counseling supervisors in the profession gain knowledge and experience with ongoing supervisory practice (ACA, 2014, Section F). Two dimensions cited as important for practitioner resilience and growth are professional experience and involvement in caring relationships with clients and supervisees (Skovolt & Trotter-Mathison, 2011, p. 173). One factor to examine is the professional supervisor's ability to create and maintain a strong working alliance with supervisees and encourage supervisee clinical development, while working towards mastering supervisory stages in their own continued professional practice (Bordin, 1983; Ladany et al., 1999; Ladany et al., 2001b; Skovolt & Trotter-Mathison, 2011; Sterner, 2009; Watkins, 2011;

Watkins, 1990). The current study will narrow the focus from the overall professional development to a review of counselor and supervisory development.

Counselor Development

The dimensions of supervisor development correspond directly to the developmental needs of the counselor-in-training as outlined in the research (Bernard & Goodyear, 2009; Stoltenberg, 2005; Watkins, 1990). One such example is Stoltenberg's (2005) work which centered on the perspective of the supervisee. Through the Integrative Developmental Model of supervision [IDM], supervisee development is described within three levels of awareness: (a) focus on self; (b) focus on client; and (c) finally integrative focus on self and others (Stoltenberg, 2005, p. 859). The IDM details the fluctuating motivation and autonomy levels of the supervisee in correlation with awareness: Level 1 motivation and anxiety are high, and supervisee is dependent on supervisor; Level 2 motivation is sometimes confident and sometimes confused, and there is conflict between autonomy and dependence: Level 3 motivation becomes more consistent, and autonomy moves to a more independent state (Bernard & Goodyear 2009, p. 91). Eventually, the supervisee's awareness incorporates both self and supervisor in a mutually beneficial relationship, and both supervisee and supervisor move toward higher stages of supervisory growth (Stoltenberg, 2005; Watkins, 1990).

Eriksen (2008) analyzed the use of stage theory in counseling and supervisory development by incorporating the work of Kegan (1982, 1994) on subject-object theory. In Kegan's developmental theory, people have the possibility of moving through six stages: (a) Impulsive; (b) Imperial; (c) Interpersonal; (d) Institutional; and (e) Interindividual (Eriksen, 2008). The ability of counselors, educators, and supervisors to help clients, students, and supervisees move along the continuum involves understanding current developmental stage, and

then using challenging interventions to move students/clients to another point. Most students/clients enter into counseling/educational relationships in the Interpersonal stage of development, which highlights the need for strong, introspective counseling and supervisory relationships for continued growth (Eriksen, 2008).

Additional research in counselor development incorporates a model of therapeutic growth that first focused on themes related to stages of development; then later condensed to phases of development (Ronnestad & Skovholt, 1993; Ronnestad & Skovholt, 2003; Skovholt & Ronnestad, 1992). Phases of development incorporate: (a) Lay Helper; (b) Beginning Student; (c) Advanced Student; (d) Novice Professional; (e) Experienced Professional; and (f) Senior Professional (p. 10). This model, derived in part from developmental supervision theory, reflects counselor development and was created from the perspective of researchers with counseling and supervision experience (Ronnestad & Skovholt, 2003, p. 8). Further defining supervisory development and assessing impact of supervisory experience on development is a focus of this current study.

Supervisor Development

Research concentrated on supervisory development takes into account both the supervisee and supervisor's perspectives (Bernard & Goodyear, 2009; Stoltenberg, 2005; Watkins, 1990). However, the availability of supervisory development models when compared to counselor development models is lacking, and the paucity of research on supervisory development and corresponding models is a catalyst for this current study. One example of a widely disseminated supervisor model, the Supervisor Complexity Model (Watkins, 1990) includes four stages: "role shock, role recovery and transition, role consolidation, and role mastery" (p. 556-558). This model believes that as the supervisor gains more experience,

supervision becomes a familiar part of supervisory identity and practice (Watkins, 1990). At

stage four (role mastery), Watkins (1990) envisioned "an effective, professionally responsible

supervisor" (p. 558). As the supervisor works through stages of supervisory development,

eventual mastery is the ultimate goal of supervisory practice (Watkins, 1990).

Upon further examination in administering the Supervisor Complexity Model,

researchers tracked the development of doctoral student supervisors and how supervisors

integrated the many challenges of supervisory development (Baker et al., 2002). With expansion

of Watkins (1990) original Supervisory Complexity Model and its four stages discussed above,

additional evidence supported the idea that supervisory development occurs due to challenges

within multiple areas during the supervisory process (Baker et al., 2002; Watkins, 1994). These

areas include: role of supervisor, affective focus, cognitive skill focus, dependency, and role of

support and confrontation (Baker et al., 2002). Learning how to deal with challenges in various

dimensions leads to greater self-efficacy, lower anxiety, tolerance for ambiguity, and eventual

supervisory role mastery (Baker et al., 2002).

Previous research has underscored the need for evolving professional models of

supervisory development and best training practice, focusing on the lack of literature regarding

supervisory enhancement—especially for supervisors in the field (Borders, 2014; Granello,

Kindsvatter, Granello, Underfer-Babalis, & Moorhead, 2008). Borders (2014) reflected this idea

in her review of recent efforts to identify supervision competencies and best practice,

emphasizing research on "critical guidelines necessary to developing supervision as a core

professional activity" (p. 152). This developmental change for the supervisor is often seen as

thinking like a counselor (focus on client's needs) to thinking like a supervisor (focus on

supervisee's educational needs) (Granello et al, 2008, p.34). An additional tool to help create

this shift is the counseling profession's move toward specific credentialing and training for supervisory practice (ACES, 2011; Borders, 2014; Rapisarda and Britton, 2007).

Licensed Professional Counselor Supervision

The requirements for approved counseling and clinical supervisors are determined through program accreditation, national association, and individual state requirements (ACA, 2014; CACREP, 2016). In many cases, supervision for professional licensure requirements change depending on state standards, however in some states the standards for professional supervisors include: (a) current professional licensure in a counseling related field; (b) a set number of hours in clinical and supervision practice; (c) a certain amount of supervision experience; and (d) some type of continuing education in supervision ("Licensure and Certification-State Professional Counselor Licensure Boards", n.d.).

In certain states, professional counselors have the option to further their supervisor competency and practice by acquiring a supervisory certification. The guidelines for this certification vary state by state. States that have the licensed professional counselor supervisory certification include: Alabama, Arkansas, Georgia, Maryland, North Carolina, North Dakota, and Ohio ("Licensure and Certification-State Professional Counselor Licensure Boards", n.d.) The need for more consistent, nation-wide post-degree supervisory training and certification is an ongoing endeavor in the counseling field (ACES, 2011; Borders, 2014; Magnuson et al., 2002; Rapisarda and Britton, 2007)

Currently, there is also a national credential to identify approved clinical supervisors through the Center for Credentialing and Education [CCE] ("Approved Clinical Supervisor", n.d.). The CCE is a counseling credentialing and assessment board, established ten years ago because of the call for additional credentialing options by counseling professionals, that works in

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conjunction with the National Board for Certified Counselors ("About CCE", n.d.) This specific clinical supervisor credentialing process helps identify supervisors who meet professional supervision standards. These credentials can be obtained and validated for five years after completing a 30-hour approved supervisory training course ("Approved Clinical Supervisor", n.d.).

Focus on national supervisory requirements and what factors contribute to best practice continue to be an important research endeavor in Counselor Education (ACES, 2011; Borders, 2014; Rapisarda & Britton, 2007). The working alliance between the supervisor and supervisee is an area of interest in relation to which variables influence supervisory development and contribute to best practice (Bernard & Goodyear, 2009; Borders, 2014; Mehr et al., 2010; Ramos-Sanchez et al., 2002; Sterner, 2009; Watkins, 1990). In order for supervision to be successful, it is recommended that supervisors clearly communicate goals and tasks to meet the clinical/supervision goals, while at the same time establishing trust and an enduring emotional bond with the supervisee (Campbell, 2006).

Working Alliance

To ensure supervisory development, a strong working alliance must be created and maintained (Bordin, 1983; Ladany et al., 1999; Ladany et al., 2001b; Sterner, 2009; Watkins, 2011). The working alliance between the supervisor and supervisee is defined as a "mutual agreement and understanding regarding goals, clear understanding of the tasks of each of the partners, and the creation of bonds between each of the partners to sustain the enterprise" (Bordin, 1983, p. 35). This alliance was first described in terms of the therapeutic relationship of client and counselor, as a way to promote change.

In an inclusive study of generative research by Norcross and Wampold (2011) researchers continued to stress the strength of relational factors and the importance of therapeutic relationships as an integral part of best practice in psychotherapy. In several meta-analyses of the data (Fluckiger, Del Re, Wampold, Symonds, & Horvath, 2012; Norcross & Wampold, 2011), the relationship between client and counselor is as important as specific treatment used in therapy; and alliance is upheld as a "critical therapeutic element" in therapy (Fluckiger et al., 2012, p. 15; Norcross & Wampold). Despite research into the therapeutic alliance, best practice research on what factors support a positive working alliance between counseling supervisors and supervisees is still ongoing.

As Watkins (1990) created and researched models on best supervisory practice, he noted the lack of training and experienced supervisors within the counseling supervision profession. Supervisory practice is the cornerstone of professional development and has a huge impact on beginning supervisee development—as well as continued supervisory growth for professional counselors. Several studies investigated best practice in supervision and found supervisory working alliance as an important factor in positively impacting the accomplishment of supervisory goals, reducing stress and negative events during supervision, and increasing supervisory satisfaction (Bernard & Goodyear, 2009; Mehr et al., 2010; Ramos-Sanchez et al., 2002; Sterner, 2009)

As perceptions of positive supervisory experiences increase, specifically related to the working alliance and supervisor/supervisee relationship, research shows increased supervisee satisfaction and decreased supervisee non-disclosure (Ramos-Sanchez et al., 2002; Mehr et al., 2010). Supervisees who experienced negative events in supervision, including lack of trust and incongruence of goals, scored lower on working alliance measures (Ramos-Sanchez et al., 2002)

and experienced higher levels of anxiety and unwillingness to disclose information to the supervisor (Mehr et al., 2010).

Bernard and Goodyear (2009) continued to reinforce positive consequences of supervisory working alliance as they researched factors that influenced strong alliance including supervisory style, attachment, self-disclosure, and ethical behavior. Positive outcomes of supervisory alliance created overall supervisory satisfaction and decreased role ambiguity and conflict (Bernard & Goodyear, 2009). Increased working alliance is connected to increased supervisee satisfaction, perception of competence, and decreased stress (Ladany et al., 1999; Sterner, 2009). The need for continued research on supervisory working alliance is necessary in order to promote all of the positive outcomes listed above; to support positive supervisory growth and further understand the nature of the supervisory bond (Ladany et al., 1999; Ladany et al., 2001b; Watkins, 2011; White & Queener, 2003).

In order to promote research on supervisory working alliance, the current study incorporates the *Working Alliance Inventory: Supervisor Form* (Efstation, Patton, & Kardash, 1990). This measure is comprised of an 23-item inventory that focuses on supervisor's perceptions of strength of working alliance with their supervisee and analysis of this inventory further dissects the statistical definition of working alliance into three subscales: Client Focus, Rapport, and Identification (Efstation et al.1990). Client Focus is defined in terms of supervisor's focus on goals and tasks, treatment plans, and conceptualization of client issues; Rapport is the ability to express support, encouragement, and develop a relational bond with supervisee; Identification is defined as the amount of supervisor perceived allegiance with the supervisee in relation to training, feedback and evaluation, and theoretical counseling orientation (Efstation et al.1990).

In research utilizing the *Working Alliance Inventory: Supervisor Form* (Efstation et al.1990), several studies highlighted the importance of the experience level of the supervisor and supervisee when assessing the three above factors (Efstation et al. 1990; White & Queener, 2003). Certain factors might be more prominent in promoting working alliance during specific stages of supervisory development—Rapport was hypothesized to be more important for supervisors who work with novice supervisees, whereas Client Focus and Identification might help create a stronger alliance with more advanced supervisees (Efstatnion et al., 1990).

Significance

The concept of supervisory development and professional identity is a fundamental part of current research, as supervisors navigate the meaning and method of supervisory practice within their many roles in counseling and counselor education (Borders, 2014; Granello et al., 2008). Researchers noted that the experience of merely practicing supervision is not enough to promote professional identity, and continue to enforce the need for supervisory developmental and consultation models (Borders, 2014; Granello et al., 2008; Watkins, 1990).

Part of the developmental process involves the promotion of future counselor educators' use of responsibility and freedom within the professional realm. Hanna (2011) investigated the idea of freedom within counseling and supervisory practice, defining professional freedom as: "a sense of mastery…a way as to enhance the range of choices available to the individual as well as to amplify and augment positive conditions" (p. 365). The concept of creating mastery is part of this current study in relation to increased supervisor development and positive supervisory alliance as a way to advance to higher stages of growth within supervisory roles (Watkins, 1990).

Purpose

      The basis for this study was to further explore the relationship between supervisor development and supervisor working alliance. In addition to the quantitative survey data on professional supervisors' self-reported supervisory development and working alliances, two open-ended questions were used to focus on the supervisors' perceptions of supervisory development and working alliance over time as experience increases.

      This research focused on the perspective of professional counseling supervisors, in order to gain an understanding of supervisory development and working alliance in relation to years in the field, and amount and quality of supervisory experience. A goal of this research was to continue to expand knowledge on supervisory development and ways to strengthen professional supervisory identity and relationships.

Research Questions

Q1: What is the level of self-reported working alliance for counseling supervisors?

Q2: What is the level of self-reported supervisor development for counseling supervisors?

Q3: To what extent is working alliance and its three subscales (Identification, Rapport, and Client Focus) related to supervisory development?

Q4: Does working alliance have a greater impact on supervisory development than experience?

Q5: What do supervisors identify as important experiences in relation to their supervisory development?

Q6: What do supervisors identify as important experiences in relation to their supervisory working alliance?

Operational Definitions

Working Alliance is defined as the relationship between a supervisor in training and supervisee toward a "mutual agreement and understanding regarding goals, clear understanding of the tasks of each of the partners, and the creation of bonds between each of the partners to sustain the enterprise" (Bordin, 1983, p. 35).

Client Focus, based on the perspective of the supervisor, involves emphasis on supervisee understanding of client and client conceptualization as well as understanding of goals, tasks, and treatment (Efstation et al.1990). Examples of *Working Alliance Inventory: Supervisor Form* (Efstation et al.1990) items related to this measure include: "My trainee works with me on specific goals in the supervisory session." and "In supervision, I place a high priority on our understanding the client's perspective."

Rapport is defined as the supervisor's effort towards communicating encouragement and building support within the supervisory relationship (Efstation et al.1990). Examples of *Working Alliance Inventory: Supervisor Form* (Efstation et al.1990) items related to this measure include: "I encourage my trainee to talk about the work in ways that are comfortable for him/her." and "I make an effort to understand my trainee."

Identification is a subscale found through analysis as unique to the supervisor's perspective, is based on the supervisor's interpretation of their supervisee's identification with them in terms of curiosity and comfort within supervision in terms of training, feedback, and understanding and use of treatment techniques (Efstation et al., 1990). Examples of *Working Alliance Inventory: Supervisor Form* (Efstation et al.1990) items related to this measure include: "My trainee appears to be comfortable working with me." And "My trainee understands client behavior and treatment technique similar to the way I do."

Supervisor Development is defined as the stages of supervisory development from various aspects of role integration, starting with role shock, then transitioning to recovery, consolidation, and mastery (Watkins, 1990). The time frame for supervisory development mastery will vary based on experience and skill.

Counseling Supervisor for the purpose of this study is defined as licensed professional counselors working in the field in various clinical and community settings. The study will target professional counselors and supervisors with or without supervisory certification who are members of professional counseling organizations.

Supervisory process is defined as "a distinct professional activity in which education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, facilitation of supervisee self-assessment, and acquisition of knowledge and skills by instruction, modeling, and mutual problem-solving." (Falender & Shafranske, 2004, p. 3 as cited in Falender & Shafranske, 2014).

Supervisory Best Practice is defined by Borders (2014) as a set of guidelines "for implementing and applying competencies (as well as ethical codes)" that "enhance one's ability to practice supervision in an accountable and ethical manner" (p. 152). These guidelines, based on supervisory knowledge, give supervisors a framework to work from during the supervision process (Borders, 2014).

Summary

Overall, this study aimed to address factors that have a positive impact on the supervision process. The importance of understanding supervisory practice is promoted by evolving research in counseling training and practice (ACA, 2014; CACREP, 2016). The necessity for a greater

depth of research on supervision is fundamental for accelerating professional knowledge and skill in relation to increased supervisory development (Borders, 2014).

This knowledge and skill base is also an important part of creating and maintaining the supervisory working alliance and emotional bond between supervisor and supervisee. Working alliance and relational bonds are essential dimensions of professional resilience in clinical and supervisory counselor education (Skovolt & Trotter-Mathison, 2011). These relationships can foster change and development within each supervisory pair and, to a greater extent, within the larger counseling education and professional counseling environment (Bordin, 1983; Ladany et al., 1999; Ladany et al., 2001b; Sterner, 2009; Watkins, 2011).

CHAPTER 2. LITERATURE REVIEW

Introduction

The foundation of this literature review consists of two main areas: supervisory development and working alliance. The content of this review will further support the need for investigating factors that enhance supervisory development for professional supervisors, in particular the relationship between positive development and a strong working alliance within supervision. This section will explore research on supervision and supervisory development, supervisory best practice, current state and national standards for professional counseling supervisors, and factors that contribute to positive supervisory relationships and working alliance.

Defining Supervision

The practice of clinical and counseling supervision started with Freud (Frawley-O'Dea & Sarnat, 2001; Pettifor, Sinclair, & Falender, 2014; Watkins, 2011) yet the study of the supervisory process is still in its early stages of study when compared with research on therapeutic and counseling work with clients (Frawley O'Dea, 2003; Pettifor et al., 2014). Over the last three decades, research on the supervisory process and supervision best practice is becoming a topic of greater interest for clinical and counseling researchers (Pettifor et al., 2014, p. 204). Bradley and Boyd (1989) defined supervision as a task performed by experienced counselors who support supervisee's personal and professional growth. In this approach, supervisors use supervisory activities such as consultation, counseling, training, and evaluation to foster growth as the supervisee explores counseling roles and professional identity through continued supervisory guidance (Bradley & Boyd, 1989).

Similarly, Falender et al. (2004) defined quality supervision in psychology and clinical work as a practice that encouraged advanced skill development through monitored training, including modeling, practice, and continuous feedback. These researchers emphasized, in a prelude to future supervision research, that education and preparation in supervision must be part of training for professional counselors and psychologists (Bradley & Boyd, 1989; Falender et al., 2004). Effective supervisors were seen as confident, respected in their work, advocates for the profession, and mindful of the main purposes of supervision—supervisee's development, promoting counseling competencies, and insuring professional accountability (Bradley & Boyd, 1989, p.24). Supervisory research reinforces the idea that one of the responsibilities of supervisors in counseling and psychology is to be open to continuous supervisory knowledge and development in order to provide competent, qualified supervision (ACA, 2014; Borders, 2014; Bradley & Boyd, 1989; Falender et al., 2004; Reiner, Dobmeier, & Hernandez 2013).

The responsibility of supervisory practice is a part of overall doctoral student and ongoing professional development within the five established areas of counseling education, include: counseling, teaching, supervision, research, and advocacy (CACREP, 2016). Counseling supervision education is a main factor in professional identity formation as students feel the "ebb and flow" of student identities, emerging counseling professional roles, and increased supervisory responsibilities (Dollarhide, Gibson, & Moss, 2013, p.143). According to Dollarhide et al. (2013), it is important to provide students continued experience and knowledge in all areas of counseling education, including supervision, in order to support their training as educators and mentors for future generations of counselors (p. 148).

Ethical guidelines for students and professional counselors to develop, practice, and communicate professional supervision standards are reinforced by the ethical code set forth by

the ACA (2014). Relevant standards include ensuring client welfare, maintaining competence in practice, focusing on the supervisory relationship, and honoring supervisory responsibilities (Section F, p. 12-13). Knowledge, skill, and responsibility for others merge to form holistic professional counselor identities—incorporating both counseling and supervisory practice (Baker et al., 2002; Ronnestad & Skovholt, 2003; Skovholt & Trotter-Mathison, 2011).

Reiner, Dobmeier, and Hernandez (2013) researched the impact of professional development on advancement and recognition within the counseling field. These researchers uphold the responsibility of counselor educators and counselor educators-in-training to advance the development of trainees and overall respect for the profession. Reiner et al. (2013) asserted that the creation of counseling student identity begins with supportive, knowledgeable counselor educators (p. 174). The idea of establishing and upholding professional identity—a "single professional identity" (Reiner et al., 2013, p. 176), works on many levels, including the ongoing role of students and professionals to engage in best practice within every dimension of the profession, especially supervisory practice (ACES, 2011; Borders, 2014; Rapisarda & Britton, 2007).

One important part of best practice is the role of counselor educators, counseling students, and professional supervisors to learn and implement supervisory methods that promote continued development (Bordin, 1983; Ladany et al., 1999; Ladany,et al., 2001b; Skovolt & Trotter-Mathison, 2011; Sterner, 2009; Watkins, 2011; Watkins, 1990). ACA (2014) sets forth professional standards for counseling supervision that support positive working relationships, while maintaining appropriate boundaries and promoting client, student, and supervisee professional and personal growth (ACA, 2014, Section F). Best practice in counseling should include skilled supervision as an essential component for professional growth (ACA, 2014;

CACREP, 2016; Baker et al., 2002; Bordin, 1983; Ladany et al., 1999; Ladany et al., 2001b; Ronnestad & Skovholt, 2003; Skovholt & Trotter-Mathison, 2011; Sterner, 2009; Watkins, 2011; Watkins, 1990).

In further support of empirical research on factors that promote best practice, Milne, Aylott, Fitzpatrick, and Ellis (2008) examined factors that impact supervision in their review on moderating, mediating, and outcome variables. Qualitative analysis of literature reviews on supervisory best practice methods yielded a basic model of supervisory practice with three themes: contextual variables such as work environment, interventions such as teaching, feedback, and goal-setting, and outcomes such as increased awareness, reflection, and continued supervisory experimentation (Milne et al., 2008, p. 183). To gain a better understanding of empirically supported supervisory models and concepts, literature on counseling and supervisory development will now be reviewed in more detail.

Counselor Development

Marotta and Watts (2007) focused on the impact of factors that promote best practice within the counseling profession, as well as differing definitions of what empirically based practice means for the field—highlighting the need for integrative practice methods (both evidence based and wellness/humanistic in nature). A continued movement towards competency in all areas of professional development, including counseling and supervisory development, is important for establishing professional validity and continued improvements within counselor education programs. (Marotta & Ward, 2007, p. 492).

One noted counselor developmental model is Ronnestad and Skovholt's (2003) phase development model which includes: "Lay Helper, Beginning Student, Advanced Student, Novice Professional, Experienced Professional, and Senior Professional (p. 10)." In this counseling

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model, based on supervisory theory, development occurs across various phases of challenge and growth (Ronnestad & Skovholt, 2003; Ronnestad & Skovholt, 1993; Skokvolt & Ronnestad, 1992). The Lay Helper begins with a common sense of wanting to help others and a natural empathy; The Beginning Student is at the start of their education and professional development; The Advanced Student is in the final stages of training and about to enter into professional practice; The Novice Professional is at the start of their counseling career and goes through periods of disillusionment, exploration, and continued learning; The Experienced Professional has years of experience with a variety of clients and is comfortable with their unique counseling methods, techniques, and has the ability to separate professional versus personal roles; The Senior Professional is a respected member and mentor for other professionals, and has a sense of satisfaction and competence with past and present work (Ronnestad & Skovholt, 2003, pp. 10-27).

The Integrative Developmental Model of supervision [IDM] defines counseling and supervisee development within three levels of awareness: focus on self, focus on client, and finally integrative focus on self and others (Stoltenberg, 2005). Bernard and Goodyear (2009) summarized the IDM fluctuating motivation and autonomy levels in correlation with awareness: (a) Level 1 motivation and anxiety are high, and supervisee is dependent on supervisor; (b) Level 2 motivation is sometimes confident and sometimes confused, and there is conflict between autonomy and dependence; and (c) Level 3 motivation becomes more consistent, and autonomy moves to a more independent state (p. 91).

The IDM (Stoltenberg, 2005) for supervisees mirrors some of the same stages and challenges within Watkins (1990) Supervisory Complexity Model for supervisors—specifically the transition from high anxiety and dependency to consistency and autonomy. Both

developmental models dissect the complex and dually constructed relationship between supervisor in training and supervisee. Meeting developmental challenges and stages for both supervisee and supervisors in training is crucial for building strong supervisory relationships and quality supervision training programs (Baker et al., 2002; Bernard & Goodyear, 2009; Granello et al., 2008; Stoltenberg, 2005; Watkins, 1990).

The counseling developmental process is visualized in greater detail in Eriksen's (2008) analysis of stage theory in counseling and supervisory development, with specific focus on Kegan's (1982,1994) subject-object theory. The six stages of this theory include: (a) Impulsive; (b) Imperial; (c) Interpersonal; (d) Institutional; and (e) Interindividual (Eriksen, 2008). Students and counselors begin at Stage 1 (Impulsive) by only understanding and knowing their own experience, and gradually move towards various levels of understanding of others' experiences and greater investment in relationships; at the same time also gaining more self-autonomy and understanding of the larger concepts involved in personal and professional life (Eriksen, 2008, p. 235). The goal is to move along the continuum of supervisory development until the highest achievable level is attained.

Eriksen (2008) supported the idea that successful counseling, educational, and supervision practices are rooted in constructivist developmental interventions where people are met within their current stage of thinking; then "bridges" are created to move clients, students, and supervisees to higher stages of consciousness (p. 236). The question of how to move counselors and supervisors in training to more advanced stages of understanding and into skilled professional roles is the focus of several important studies on models for supervisory preparation and training (Baker et al., 2002; Watkins, 1994; Watkins, 1990; Ronnestad & Skovholt, 1993; Ronnestad & Skovholt, 2003; Skokvolt & Ronnestad, 1992).

Oftentimes, counseling students enter the counseling profession in order to help others and with experience, practitioners grow from this intuitive need to help into seasoned professionals through counseling challenges. These challenges and experiences contribute to skill/knowledge consolidation, additional freedom and responsibility, and increased professional purpose and leadership (Ronnestad & Skovholt, 2003). These researchers continue to reflect the importance of quality student and professional training programs that encourage counseling and supervisory upward development, and support the idea that overcoming challenges during the process adds to growth (Baker et al., 2002; Ronnestad & Skovholt, 2003). The above counseling models reflect the structure and process of supervisory developmental models—models that are similar to counseling development in the focus on stages of development and lifelong learning, yet are specifically focused on supervisor and supervisee growth.

Supervisor Development

Counseling standards require doctoral supervisors in training in CACREP accredited training programs to employ professional standards and competencies within supervisory practice. In addition doctoral student standards require students to understand the purpose of supervisory relationships (CACREP, 2016, Section II, p. 35). In order to facilitate these standards of supervisory practice, the process of supervisor development for student supervisors in training must be understood, as well as what types of supervisory practices and relationships support best supervisory practice and training (Watkins, 1990; Watkins, 1994; Baker et al., 2002).

Watkins (1990), examined supervision from the perspective of the supervisor in training, by creating a developmental model, the Supervisory Complexity Model, with four stages: role shock, role recovery and transition, role consolidation, and role mastery (p.556-558). With

experience, the supervisor moves from the confusion of first supervisory work to the more confident, self-efficient stage of role mastery, as the goal of this model is to ultimately achieve higher stages of development and overall mastery of supervision knowledge and practice (Watkins, 1990). Within each stage, Watkins (1990) addressed specific developmental issues that arise including level of confidence, insight into supervisory process on supervisee, knowledge of supervision theoretical orientation, and awareness of professional identity (p.555).

During the first stage of supervisory development, role shock, Watkins (1990) found that supervisors are focused more on weakness and lack of supervisory ability, with an overall feeling of being unprepared for their new supervisory role. During this stage, supervisors had low awareness and insight into strengths and weakness in supervision and how these impacted supervisee, as well as little knowledge about supervisory theoretical orientation/style and professional supervisory identity. The second stage, role recovery/transition, brought more positive awareness of strengths and supervisory ability, and increased insight into how these impacted the supervisee. Supervisor's theoretical stance and sense of professional identity were still only beginning to form in the second stage. The third stage, role consolidation, supported more consistent awareness and practice of supervisory skill, style, orientation, and to some degree identity. The final stage, role mastery, showed the largest degree of awareness and high levels of integrated, confident supervision in all areas of development (Watkins, 1990).

Baker et al. (2002) also studied supervisors in training, and focused on their perceptions of supervision. Supervisors were assessed using a self-report measure—the *Psychotherapy Supervisor Development Scale* [PSDS] (Watkins, Schneider, Haynes, & Nieberding, 1995). Baker et al. (2002) administered the measure at the beginning, middle, and end of the term to determine if those enrolled in a supervision practicum course marked higher rates of supervisory

development than those doctoral students who had not yet participated in the supervision theory and intervention course. An inductive qualitative method also explored the themes related to the development of those students who were enrolled in the supervisory practicum course. Retrospective qualitative questions, given at the middle and end of the term, were rooted in the dimensions outlined in Watkins' (1990) Supervisory Complexity Model and incorporated questions about the supervisory relationship, affective content, cognitive content, dependency/independence, and support/confrontation (Baker et al., 2002).

Quantitative analysis of the PSDS showed significance in development at the middle and end of the term for those who completed supervisory training. The qualitative analysis of retrospective questions of students who participated in the supervision practicum did not correspond conclusively in accordance with the developmental dimensions of the Supervisory Complexity Model, but did serve as a catalyst for future research using the model and qualitative questioning surrounding the supervisory process (Baker et al., 2002). The sum of this research is to support supervisory training and techniques that enhance development within its many stages and dimensions; also exemplifying the need for a qualitative exploration of supervisory practice (Baker et al., 2002).

In line with Watkins (1990) framework for supervisory development is Lampropoulos (2003) eclectic view of supervision including the incorporation of common factors for supervision, and focus on the importance of the supervisory relationship. Lampropoulos (2003), like Watkins (1990), defined supervision as a series of stages that required increasing levels of insight, awareness, and exploration (p. 87). These researchers viewed early stages of development in terms of uncertainty and waning levels of counseling competency; this idea of self-doubt and mixed levels of competence in the early stages of supervision was also

highlighted by Gazzola, De Stefano, Theriault, and Audet (2013) in their research on prominent experiences for beginning supervisors in training. Noted developmental conflicts for the supervisor in training involved promoting supervisory growth while handling remediation of the supervisee or giving critical feedback (Gazzola et al., 2013). In order to encourage growth, Lampropoulos (2003) envisioned effective supervisors as those who created and maintained a genuine relationship with supervisees and matched their level of development with appropriate, eclectic supervisory styles while encouraging a certain level of anxiety, challenge, and creativity throughout the process.

The need for techniques to enhance the supervisory relationships, decrease anxiety, and increase awareness is again present in Pearson's (2000) work on opportunities and challenges within the supervisory relationship. Challenges include transference, countertransference, parallel process, anxiety, and resistance. Pearson (2000) concluded when addressing these issues it is important to first recognize that a problem exists, to be aware of both self and other reactions, and to be sensitive to anxiety, resistance, and confusion (p. 292). In order to increase awareness and promote more advanced stages of supervisory development and eventual mastery, researchers found that challenges throughout the supervision process aide in supervisory growth (Baker et al., 2002; Watkins, 1994). Dimensions of supervision where challenges propelled change involved struggles with: (a) supervisory roles; (b) affective content; (c) cognitive content; and (d) use of support or confrontation (Baker et al., 2002). Overcoming challenges in these dimensions resulted in higher rated supervisor self-efficacy, lower anxiety, tolerance for ambiguity, and supervisory role mastery (Baker et al., 2002).

Reviewing Watkins (1990) model of supervisory development, researchers reflected the idea that supervision experience by itself is not enough to increase development and encouraged

ongoing supervisory consultation with other professionals (Granello et al., 2008, p.34). In order to facilitate developmental shifts and growth from counseling to supervisory roles, Granello et al. (2008) detailed a peer consultation model of supervision. This model incorporates the perspectives of a site supervisor, university faculty member/master student supervisor, a doctoral supervisor in training, and a counseling faculty member who is an expert in ethical concerns. Using this model, researchers explored the varying viewpoints in supervision case studies and the multitude of supervisory issues that arise during the supervision process. Of particular importance to the cited study and this current study is the value of the supervisory relationship to the supervisee's continued growth and development (Granello et al., 2008).

Two studies that found support for professional training focused on supervisory relationships, teaching styles of supervision, and more in-depth, sanctioned supervisory practice (Bjornestad, Johnson, Hittner, & Paulson 2014; Rapisard & Brittion 2007). Bjornestad, Johnson, Hittner, and Paulson (2014) assessed a supervision preparation model, consisting of supervision education modules and professional networking, for site supervisors. Utilizing pre-post scores on the Supervisory Self-Efficacy Scale (Johnson & Stewart, 2008) and qualitative questions obtained from 19 supervisors in the field, researchers collected data on the positive and negative benefits of using supervision training modules to enhance supervisory practice as teachers, consultants, and counselors (Bjornestad et al., 2014). Training modules based on supervision textbooks and teaching, covered three general supervision areas: (a) introduction and relationships; (b) models and interventions; (c) ethical issues (Bjornestad et al., 2014, p. 246). Researchers found statistical significance in heightened pre and post self-efficacy scores for teaching roles, as well as overall positive qualitative themes related to learning and growth due to supervisory training modules and professional networking (Bjornestad et al., 2014).

Returning to the definition of best practice within supervision, Borders (2014) reviewed the meaning and value of supervisory practice. Borders (2014) differentiated between supervision competencies and best practices, focusing on best practices for clinical supervision. Best practices, according to Borders (2014), "provide the basis for procedural knowledge, describe when and how declarative knowledge is applied, or what a supervisor does during supervision" (p.152). The researcher highlighted 12 best practice categories approved by the Association for Counselor Education and Supervision [ACES]:

> Initiating Supervision, Goal-Setting, Giving Feedback, Conducting Supervision, The Supervisory Relationship, Diversity and Advocacy Considerations, Ethical Considerations, Documentation, Evaluation, Format, The Supervisor, and Supervisor Preparation (ACES, 2011).

Out of these 12 categories, Borders (2014) found the Supervisory Relationship as one of the most empirically supported forms of best practice (p. 155).

Addressing the standard for best-practice models of supervision that reflect the importance of relationships between supervisor, supervisee, and the larger counseling community, Rapisarda and Britton (2007) conducted study on sanctioned supervision to improve supervision efficacy. Through the analysis of a focus group of counseling professionals with extensive supervision experience, Raspisarda and Britton (2007) identified main themes related to supervision practice. These themes included: (a) Supervisory Relationship; (b) Liability; (c) Payment; (d) Lack of Training; (e) Access; (f) Evaluation; and (g) Importance of sanctioned supervision in the field (Rapisarda & Britton, 2007, pp. 85-87). Researchers made recommendations for an initial model for sanctioned supervision based on group themes by

addressing the need for a statewide program to ensure best practice in training, structure, and

support, overseen by state licensing boards (Rapisarda & Britton, 2007).

Professional Supervisory Training

As previously stated, professional supervisors in the field require various levels of

training depending on state and counseling setting ("Licensure and Certification-State

Professional Counselor Licensure Boards", n.d.). Supervisory training and best supervisory

practice can have multiple meanings and dimensions of accountability—26 states require

additional certification and education (Borders et al., 2014, p. 27), while others only require state

counseling licensure along with a certain amount of professional counseling experience

("Licensure and Certification-State Professional Counselor Licensure Boards", n.d.).

Transitioning from state to state is a continual process of knowing which training standards are

applicable for counselors in a specific area.

The requirements for approved counseling and clinical supervisors are determined

through program accreditation, national association, and individual state requirements (ACA,

2014; CACREP, 2016). State standards for professional supervision can include: current

professional licensure in a counseling related field, a set number of hours in clinical and

supervision practice, a certain amount of supervision experience, and continuing education in

supervision ("Licensure and Certification-State Professional Counselor Licensure Boards", n.d.).

Certain states offer an additional supervision certification after professional counselors

meet certain standards and supervisory educational requirements—such as: (a) counseling

licensure; (b) a specific amount of experience in supervisory practice; (c) graduate course work

in supervision; (d) continuing education in supervision; and (e) written and oral examinations of

supervisory knowledge and practice ("Licensure and Certification-State Professional Counselor

Licensure Boards", n.d.). States that have the licensed professional counselor supervisory certification include: Alabama, Arkansas, Georgia, Maryland, North Carolina, North Dakota, and Ohio ("Licensure and Certification-State Professional Counselor Licensure Boards", n.d.). Counselors and supervisors in the profession continue to support more consistent, national post-degree supervisory training and certification (ACES, 2011; Borders, 2014; Magnuson et al., 2002; Rapisarda and Britton, 2007)

Further progress towards this call is reflected in a national credential to identify approved clinical supervisors through the Center for Credentialing and Education [CCE] ("Approved Clinical Supervisor", n.d.). The CCE is a counseling credentialing and assessment board, established 10 years ago because of the need for additional credentialing options by counseling professionals ("About CCE", n.d.). In order to obtain the national supervisory credential, applicants must complete a 30-hour online training module. The modules involve training in supervisory roles, relationships, techniques, interventions, ethical/legal issues, and evaluation methods ("Approved Clinical Supervisor Online Training, n.d.).

When thinking about supervisory credentialing and training, it is important to know what contributes to supervisory knowledge and growth—again returning to the question of best supervisory practice (ACES, 2011; Borders, 2014; Rapisarda & Britton, 2007). Establishing a working alliance is an important supervisory practice to examine when looking at factors that contribute to development (Bernard & Goodyear, 2009; Borders, 2014; Mehr et al., 2010; Ramos-Sanchez et al., 2002; Sterner, 2009; Watkins, 1990). It is essential during the supervisory process not only to maintain alliance with clear communication about counseling tasks and goals but also to build and support a strong emotional bond between pairs (Campbell, 2006).

Working Alliance

The working alliance between supervisor and supervisee is defined as "mutual agreement and understanding regarding goals, clear understanding of the tasks of each of the partners, and the creation of bonds between each of the partners to sustain the enterprise" (Bordin, 1983, p.35). Bordin's (1983) investigation of alliance began with focus on clinical work with clients, and then expanded to focus on the positive impact of a strong supervisory alliance. Several other studies analyzed the positive impact of working alliance and emotional bond within the therapeutic relationship, with the emphasis on working alliance between client and counselor in a review of best practices in clinical work (Fluckiger et al., 2012; Norcross & Wampold, 2011). Meta-analyses of the data revealed the relationship between client and counselor is "at least as much as" important as specific treatment used in therapy; and alliance is upheld as a "critical therapeutic element" in evidence-based therapy (Fluckiger et al., 2012, p. 15; Norcross & Wampold, p. 98).

Research findings continue to highlight the importance of differentiating supervisory versus therapeutic working alliance (Ladany et al., 1999). Ladany et al.'s (1999) initial study laid the framework for Ladany, Walker, and Melincoff's (2001b) research on what influences the supervisory relationship; an investigation of which aspects of the working alliance are crucial when it comes to supervisory effectiveness. In Ladany et al.'s (1999) research, the emotional bond within the working alliance was associated with supervisee perceived satisfaction and competence. Ladany et al. (1999) surveyed counseling trainees on self-report measures of working alliance, self-efficacy, and supervisory satisfaction—analysis found statistical significance between perceived strength of emotional bond and satisfaction, and in turn decreased satisfaction when perception of emotional bond was weak (p. 452). In Ladany et al.'s

(2001b) latter study there was a continued focus on congruence between the three parts of

working alliance (tasks, goals, bond) and supervisory style for supervisors in the field. This

study focused on the perceptions of supervisors and included measures of working alliance,

Goals, Tasks, and Bonds, along with measures of supervisory style and self-disclosure. There

was a relationship between supervisors who rated their supervision style as attractive (warm,

friendly, open) and agreement on all three areas of working alliance (Ladany et al.,2001b).

  Measuring supervisory working alliance. When looking at the concept of working

alliance (agreement of tasks, understanding of goals, emotional bonds) defined in research by

Bordin (1983), it is important for this current study to also outline the statistical definition of

working alliance used in the *Working Alliance Inventory: Supervisor Form* (Efstation et al.,

1990). This definition of working alliance, derived from factor analysis on the inventory,

includes three subscales: Client Focus, Rapport, and Identification (Efstation et al., 1990; White

& Queener, 2003). Through factor analysis, Efstation et al. (1990) studied the psychometric data

and then created the *Working Alliance Inventory: Supervisor Form* based on questions and

themes derived from extensive research and input from professional supervisors. A 23-item

inventory was created based on this research and the items were further divided into the three

main subscales of Client Focus, Rapport, and Identification after assessing each factor's affect on

variance (Efstation et al., 1990, p. 325).

  Client focus. Client Focus, based on the perspective of the supervisor, involves emphasis

on supervisee understanding of client and client conceptualization, and is assessed through item

content on questions about supervisor's perceptions of helping supervisee develop treatment

plans and goals, staying on task, and seeing things from the client's perspective (Efstation et

al.1990). The subscale of Client Focus is linked to the broader working alliance definition

involving understanding of supervisory tasks and goals (Gunn & Pistole, 2012). Ladany, Ellis, and Friedlander (1999) hypothesized that as supervisory working alliance increased with agreement of goals and task for counseling and supervisory process, supervisee reported self-efficacy and perceived levels of emotional bonding would increase.

When thinking about supervisor's focus on enhancing supervisee's ability to understand and conceptualize clients, Ladany, Marotta, and Muse-Burke (2001a) researched supervisory preference of supervisee by looking at complexity of case conceptualization. Ladany et al. (2001a) hypothesized that supervisees with low case conceptualization complexity would prefer supervisors with more task-oriented supervisory styles, whereas supervisees with increased case complexity would prefer more interpersonal supervision. After data analysis, no significance was found in terms of preferred supervisory style and complexity of case conceptualization, further prompting researchers to support past findings that attractive, supportive styles of supervision had greater impact on supervisory satisfaction and alliance (Ladany et al., 1999; Ladany et al., 2001a; Ladany et al., 2001b).

Both Ramos-Sanchez et al. (2002) and White and Queener (2003), focused on positive and negative factors that foster or diminish supervisory working alliance. Within the category of negative experience that could affect the supervisory process, those supervisees who dealt with negative events scored significantly lower on assessment of working alliance. The negative events in Ramos-Sanchez' et al.'s (2002) research included those supervisees who experienced incongruent supervisory tasks and goals during counseling and supervision with an overall emphasis of lack of trust in the relationship (p. 200). Again, connecting aspects of strong working alliance to supervisory success—specifically the importance of trust and consistent communication.

Rapport. Rapport is defined as the supervisor's efforts in showing the supervisee support and communicating encouragement within the supervisory relationship (Efstation et al.1990). Items on this scale focus on the supervisor's use of encouragement and understanding within the supervisory relationship and relates to the overall working alliance concept of relational bonds (Efstation et al.1990; Gunn & Pistole, 2012). Building and showing open, positive rapport is important for satisfactory supervisory relationships as unsupportive, critical supervision revealed negative perceptions about supervisory alliance (Campbell, 2006; Ramos-Sanchez et al., 2002; Skovolt & Trotter-Mathison, 2011). The emotional bond within the supervisory relationship is an important factor associated with supervisee greater overall satisfaction and increased working alliance (Ladany et al., 1999).

In connection with research on satisfaction and alliance (Ladany et al., 1999; Ladany et al., 2001b), Ramos-Sanchez et al. (2002) addressed the challenges of negative versus positive experiences on the creation of working alliance, including the ability to form relational bonds with supervisees with open rapport and trust, by again investigating supervisee perceptions of satisfaction. In a national exploratory survey, Ramos-Sanchez et al. (2002) looked at several factors and their influence on supervisee satisfaction and working alliance including developmental level, attachment style, and negative experiences. In further research on influential factors on working alliance, including attachment style, White and Queener (2003) hypothesized a connection between working alliance and attachment style and social support.

Research related to supervisory working alliance and other variables that influence the strength or weakness of the relationships include supervisory style and self-disclosure. Steward, Breland, and Neil (2001) conducted a study on supervisory style and its influence on supervisee's self-evaluations of counseling competence. Researchers asked if supervisees'

perceived supervisory style of supervisors influenced self-evaluation, supervisor evaluation, and overall accuracy (level of difference between supervisee and supervisor perception) in regards to counseling competency. Supervisory style was defined as attractiveness, interpersonal sensitivity, and task orientation of supervisor (Steward et al., 2001). Thirty-six master's level supervisees, enrolled in practicum and in supervision dyads with doctoral and faculty supervisors, participated in this study by completing self-evaluation of counseling behaviors and evaluation of supervisory style. The surveys included: The Evaluation of Counseling Behaviors (Bernard, 1981) and The Supervisory Styles Inventory (Friedlander & Ward, 1984). At the end of the term, supervisees report their evaluation of counseling behavior and competence as well as perceived supervisory style of supervisor; supervisors complete evaluations of supervisee based on The Evaluation of Counseling Behaviors (Steward et al., 2001).

Steward et al.'s (2001) analysis revealed a relationship between supervisee's self-evaluation and perceived supervisory style of attractiveness for supervisors. Higher rated levels of attractiveness held statistical significance in the accuracy of supervisees' evaluation of counseling competence. Steward et al. (2001) defined the nature of findings of supervisee perception of supervisor attractiveness, which can have an affect on perceptions of skill and competence towards the supervisor, and within supervisee's concepts of their own professional abilities (p. 139). In light of the results, researchers advocated for a supervisory style that included both support and challenge, as supervisors perceived as higher rated attractiveness might distort supervisees' self perceptions of higher levels of counseling behaviors and competence than supervisee's actual possess (Steward et al., 2001).

Fernando and Hulse-Killacky (2005) also investigated the role of supervisory style by surveying 82 master's level counseling supervisees' perceptions of supervisory satisfaction and

self-efficacy, underlining that supervision is crucial for continued counselor development and growth (p. 293). Surveys of master's supervisees, participating in internship supervisory requirements, included the Supervisory Styles Inventory, Supervisory Satisfaction Questionnaire, and the Counseling Self-Estimate Inventory (Fernando & Hulse-Killacky, 2005). Research questions examined the relationship between supervisory style in regards to self-efficacy and satisfaction, as well as between self-efficacy and satisfaction (Fernando & Hulse-Killacky, 2005). Similar to Steward et al.'s (2001) research, results supported a relationship between supervisory styles of attractiveness, interpersonal sensitivity, and higher rates of supervisee satisfaction; task-oriented supervisory style positively impacted supervisee reported self-efficacy (Fernando & Hulse-Killacky, 2005).

Moving from research on supervision style to attachment style, Gunn and Pistole (2012) focused on supervisory attachment style and self-disclosure, and their relationship to supervisory working alliance. Researchers emphasized the importance of studying supervisory attachment and self-disclosure to more fully understand working alliance, giving supervisors the necessary skills to create and maintain the alliance. Gunn and Pistole (2012) noted the need to focus on how bonds and working alliance are maintained during supervision, and they identified secure attachment style as a primary factor (p. 230). Attachment in this study was linked to Bowlby's (1988) three attachment styles (anxious, avoidant, secure) and adjusted to fit a supervisory perspective involving trainee/supervisor attachment style—focusing on the needs that must be met within their attachment patterns to create a supervisory bond (Gunn & Pistole, 2012). Researchers made a connection between supervisor/supervisee secure attachment and heightened working alliance that in turn promoted self-disclosure (Gunn & Pistole, 2012).

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The promotion of self-disclosure was also reflected in Knight's (2012) work on use of self-disclosure and self in therapy and supervision. Knight (2012) supported an appropriate amount of immediate disclosure during supervision that was process focused within the dynamics of client, clinician/supervisee, and supervisor. These disclosures were used to support the beginning clinician/supervisee in developing professional identity and normalized experiences in the therapy and supervision (Knight, 2012). Incorporating case examples, Knight (2012) provided insight into self-disclosure best practice. The supervisor, by self-disclosing his or her own struggles with intense emotional reactions to leaving clients, gave the supervisee permission to address ambiguous emotions—including anger. The process and relational oriented exploration during supervision enhanced the working alliance and increased the level of trust between supervisor and supervisee (Knight, 2012).

Hess (1987) reviewed two researchers' concepts of the supervision relational building process: Taylors's (1983) stress/threat observations and Buber's (1970) "I-Thou" relationship in the context of supervision (p. 256). Hess (1987) conceptualized both of these theories in terms of how they positively impacted the supervisory relationship. Taylor's (1983) findings supported supervisors who addressed supervisee struggles as beginning practitioners by providing supervision with enhanced support that increased supervisee self-esteem. Buber's (1970) theory on "I-Thou" relationships promoted supervisory relationships that involved two people sharing real experiences in the supervisory environment and treating one another on a personal-humanistic level incorporating openness, trust, and empathy (Hess, 1987, pp. 256-257). In relation to "I-Thou" experiences and communication, research supports the benefits of honest, open disclosures and real relational exchanges that focus on what is happening to the client/clinician or supervisee/supervisor in the present moment (Knight, 2012, p. 20).

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Identification. Identification, as defined in the *Working Alliance Inventory: Supervisor Form,* is unique to the supervisor's perspective, and based on the supervisor's interpretation of their supervisee's identification with them in terms of training, feedback and evaluation, use of treatment techniques, and connection with supervisor's theoretical and professional orientation (Efstation et al., 1990). Items on this scale focus on the supervisor's thoughts about supervisees' curiosity, comfort, and identification during the supervision process (Efstation et al., 1990). Lack of identification in the supervisory relationship, including conflicts about treatment, conceptualization, and theoretical orientation, was found to perpetuate negative supervisory experiences (Ramos-Sanchez et al., 2002).

In relation to identification or lack of identification with supervisor, Gunn and Pistole (2012) reviewed research on self-disclosure in supervision (by the supervisee), citing the finding that 90% of supervisees hold back some information on beginning counseling experiences from supervisors (Ladany, Hill, Corbett, & Nutt, 1996; Gunn & Pistole, 2012, p. 230). Self-disclosure presents an important aspect within the working alliance, as trainee/supervisee disclosure promotes continued development/learning during supervision, and helps supervisors monitor the welfare of the client and trainee through honest exchange of challenges within the therapeutic process. The researchers hypothesized that attachment and self-disclosure would be mediated by working alliance (Gunn & Pistole, 2012). After surveying 480 master's and doctoral counseling students and supervisees throughout the country, who were enrolled in CACREP and APA accredited programs, Gunn and Pistole's (2012) results supported the hypothesis that secure attachment and self-disclosure was fully mediated by working alliance.

Heru, Strong, Price, and Recupero (2004) also highlighted the impact of self-disclosure in a review of literature on disclosure and behavioral boundaries in the psychiatric supervisory

relationship, pointing to the supervisory relationship as a main factor in psychotherapy training and teaching. Issues related to self-disclosure/lack of self-disclosure, again reflect the tendency for supervisees and trainees to withhold therapeutic challenges from supervisors as a form of self-protection and maintaining the appearance of competent self in regards to supervisor's perception of ability (Gunn & Pistole, 2012; Heru et al., 2004). The researchers also investigated the distinction between appropriate boundaries, and level and type of self-disclosure within the supervisory relationship. After surveying supervisors and trainees in Brown University's Department of Psychiatric and Human Behavior, Heru et al.'s (2004) findings reflected trainee and supervisor respect for maintaining appropriated boundaries, especially surrounding sexual and power dynamics.

Schwartz (2008) discussed status and power dynamics in supervision and therapeutic work, and the role of self-disclosure in acknowledging and exploring these dynamics. Addressing power and status differences between supervisor and supervisee in supervision contributed to the supervisee feeling a sense of inclusion into the professional therapeutic environment. Schwartz's (2008) highlighted the dilemma of the level of self-disclosure in amount and kind; supporting an appropriate degree of disclosure by the supervisor as an invitation for the supervisee to feel comfortable with their own disclosures (Schwartz, 2008).

Knox, Burkard, Edwards, Smith, and Schlosser (2008) researched, from the perspective of supervisors, using consensual qualitative (CQR) methods, the effects of self-disclosure on supervisees. Using CQR, Knox et al. (2008) interviewed clinical and counseling supervisors about their incorporation of self-disclosure during the supervision process. Researchers asked supervisors about one incident, or example, of self-disclosure in order to fully analyze antecedents, events, and consequences of specific moments of self-disclosure (Knox et al.,

2008). Bernard and Goodyear (2009) also outlined a model of positive supervisory alliance with both antecedents and consequences. Antecedents for supervisors included attractiveness, sensitivity, use of expert and referent power bases, self-disclosure, ability to form healthy attachments, effective evaluation practices, and ethical behavior; Antecedent factors for the supervisee are secure attachment style and the impact of negative supervisory experiences (Bernard & Goodyear, 2009). Findings for both studies indicated positive perceptions from supervisors about the effects of self-disclosure on the supervisory relationship with the use direct discussion facilitating less ambiguity/conflict and greater satisfaction (Bernard & Goodyear, 2009; Knox et al, 2008).

Additionally, Knox et al. (2008) found support for use of self-disclosure as a method of gatekeeping for more experienced supervisors to include newer members into the counseling/psychological profession. Supervisors viewed their disclosures about past clinical and professional challenges as knowledge and experience that is given to beginning supervisees in light of the supervisee becoming future professionals (Knox et al., 2008). Gazzola et al. (2013) identified core themes and challenges within supervisory practice including: (a) difficulties with the idea of gate keeping; (b) managing complex supervisory relational dynamics; (c) problems with identifying a specific supervisory stance; and (d) issues with self-doubt (Gazzola et al, 2013, p. 22-23).

Pettifor, Sinclair, and Falender (2014) also supported open disclosure and exchanges about multicultural issues within the supervision process—the need to discuss cultural similarity and difference is just as important in the supervisory relationship as in the counseling relationship because of the power differential between supervisor and supervisee (Heru 2004; Pettifor, Sinclair, & Falender, 2014; Schwartz, 2008). Consistent communication on gender,

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ethnicity, sexuality, spirituality, and other areas of diversity in the supervision process is crucial for increased supervisory development and working alliance, and is an important factor in perceptions about the strength of the supervisory relationship (Miller & Ivey 2006; Pettifor, Sinclair, & Falender, 2014; Rarick & Ladany, 2013).

Impact of alliance. Turning focus from amount of self-disclosure to non-disclosure in supervision, Mehr, Ladany, and Caskie (2010) researched the connection between supervisee non-disclosure and reasons for non-disclosure that included high levels of anxiety and negative perception of working alliance. Findings supported the hypothesis that a strong working alliance contributed to lower amounts of trainee non-disclosure where higher levels of anxiety reflected higher amounts of non-disclosure (Mehr et al., 2010). Sterner (2009) expanded the connection between Mehr et al.'s (2010) findings on the positive impact of working alliance in a study on work related stress and satisfaction by researching supervisee's perceptions of the supervision process. Sterner (2009) found a relationship between positive perceptions of working alliance and greater perceptions of work satisfaction, as well as positive perceptions of working alliance and perceptions of less work stress.

Sterner (2009) surveyed 71 members of the American Mental Health Counseling Association who were currently involved in counseling supervision or had been involved for a 12-month period as part of the post-masters supervision process. The results were statistically significant and supported the idea that supervisees' perceptions of strong working alliance increased satisfaction and decreased stress (Sterner, 2009). By measuring factors such as working alliance, work satisfaction, work stress, disclosure, and anxiety in supervision, Mehr et al. (2010) and Sterner (2009) highlighted the important role of positive supervisory alliance on

overall satisfaction with the supervision process, fostering an overall sense of openness and decreased stress.

The positive impact of the working alliance and bond created by strong supervisory work, and factors like appropriate and open communication, was also noted in several other studies (Campbell, 2006; Skovolt & Trotter-Mathison, 2011). Researchers found a significant connection between the ability to form strong working alliance/professional bonds and resilience within the field (Skovolt & Trotter-Mathison, 2011). Building working alliance during counseling and supervisory practice involves creating an atmosphere of openness and trust that endures professional challenges for both lay and experienced professionals (Campbell, 2006). Just as alliance creation and building can impact the strength of beginning and ongoing supervisory relationships (Campbell, 2006; Skovolt & Trotter-Mathison, 2011); alliance ending is another aspect of establishing a positive relationship and professional foundation that can influence supervisee's perceptions of future counseling supervision and work (Dawson & Akhurst, 2015).

Dawson and Akhurst (2015) explored the impact of how supervisors end the supervisory relationship with supervisees. Through qualitative analysis of semi-structured interviews with supervisees who experienced unplanned ending to their supervisory relationships, researchers identified seven related themes. Themes about ending the relationship included: (a) how it felt to receive the news: (b) what the ending meant: (c) the ability to process the ending: (d) the impact on clients: (e) the impact on future supervisory relationships: and (f) how this influenced perceptions of power dynamics (Dawson & Akhurst, 2015, p. 24). The impact of unplanned endings had both positive and negative consequences for supervisees' future counseling work, and further upheld the importance of positive working alliance.

Watkins (2011), in a review of research on supervisory working alliance and parallel process within supervision, identified the need for continued research on the impact of positive supervisory alliance on effective clinical supervision practice. Like the positive impact found in research on the relational bonds in clinical and counseling work with clients (Fluckiger, Del Re, Wampold, Symonds, & Horvath, 2012; Norcross & Wampold, 2011), the review continued to promote the idea of shift from clinical to empirical understanding of working alliance and the "real relationship" in supervision, identifying factors involved in supervisory relationship creation and endurance including genuineness and realism (Watkins, 2011, p. 108).

The ability to identify and then measure the strength of alliance is important when studying factors that contribute to professional resilience, competence, and growth (Efstation et al., 1990). For the supervisor, with increased knowledge and experience, there was greater complexity and depth within the relationship—further reflecting a multi-dimensional understanding of supervisory development and alliance (Baker et al., 2002; Efstation et al., 1990).

Summary

Research on what factors contribute to professional development and supervisory growth is an integral, ongoing question in supervisory best practice (ACA, 2014; CACREP, 2016; Baker et al., 2002; Borders, 2014; Bordin, 1983; Ladany et al., 1999; Ladany et al., 2001b; Ronnestad & Skovholt, 2003; Skovolt & Trotter-Mathison, 2011; Sterner, 2009; Watkins, 2011; Watkins, 1990). The working alliance and relational bond between client and counselor, and in turn supervisor and supervisee continues to be a noted factor that impacts counseling and supervisory development (Bordin, 1983; Ladany et al., 1999; Ladany et al., 2001b; Sterner, 2009; Watkins,

2011). This study explored how professional supervisors in the counseling field maintain a

strong working alliance during supervision and how this may relate to supervisory development.

Chapter 3. Method

Introduction

After reviewing the literature on the factors that contribute to positive supervisory development, working alliance was highlighted as an important variable for further investigation (Bordin, 1983; Ladany et al., 1999; Ladany et al., 2001b; Sterner, 2009; Watkins, 2011). This study aimed to understand working alliance and the relationship between increased ratings of supervisory working alliance and increased ratings of supervisory development from the perspective of counseling supervisors. The study involved the collection of anonymous quantitative survey data disseminated through targeted online mailings of practicing counseling supervisors using quantitative survey measures of working alliance and supervisory development—the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990) and the *Psychotherapy Supervisor Development Scale* (Watkins et al., 1995) (see Appendix 4 and 5). In addition, two open-ended questions were presented to supervisors in order to gain a richer understanding of experiences that contribute to supervisory development and working alliance.

Research Questions

In order to study the relationship between supervisory development and working alliance the following research questions were examined:

Q1: What is the level of self-reported working alliance for counseling supervisors?

Q2: What is the level of self-reported supervisor development for counseling supervisors?

Q3: To what extent is working alliance and its three subscales (Identification, Rapport, and Client Focus) related to supervisory development?

Q4: Does working alliance have a greater impact on supervisory development than experience?

Q5: What do supervisors identify as important experiences in relation to their supervisory development?

Q6: What do supervisors identify as important experiences in relation to their supervisory working alliance?

Participants

Participants included professional counselors with supervisory experience, with and without supervisory certification, who worked in various counseling-related setting, are practicing supervisors, and were members of specific counseling organizations including: the Counselor Education and Supervision Network Listserv (CESNET), the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), the American College Counseling Association (ACCA), the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), and state affiliated counseling and supervision associations (see Appendix 7). Organizations were contacted by email in regards to anonymous dissemination of online consent, information letter, and survey link. Inclusionary criteria included: counselors who have at least a master's degree in counseling, professionals who are currently practicing counselors, and counselors who have supervised at least five supervisees during their professional counseling practice. If a participant did not possess the inclusionary criteria, their data was not included in the final analysis.

Procedures

After obtaining approval from Auburn University's Internal Review Board, a Qualtrics survey with a total of 43 questions was disseminated. The instrument was comprised of two quantitative measures: the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990)

and the *Psychotherapy Supervisor Development Scale* (Watkins et al., 1995). Permission to use the measures in this study was obtained through emails from the researchers who created the aforementioned measures. For a richer study, the survey also included two open-ended questions: What do you [supervisors] identify as important experiences in relation to their supervisory development? What do supervisors identify as important experiences in relation to their supervisory working alliance?

Members of the Counselor Education and Supervision Network Listserv (CESNET), the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), the American College Counseling Association (ACCA), the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), and state affiliated counseling and supervision associations were contacted through membership contacts (the person/persons in charge of distribution of email addresses for each organization) of those organizations in regards to anonymous dissemination of recruitment email regarding voluntary online survey participation with link to the Qualtrics survey.

Before beginning the survey, the Qualtrics system presented the potential subject with an Information Letter embedded in the survey that included inclusion criteria and request for consent to participate in the study. If subjects agreed to participate, they were redirected to the demographic questionnaire and survey questions. Subjects who did not agree to participate in the study were directed to the end of the Qualtrics study with a thank you for considering to participate in this study screen. The demographic questionnaire was used to ensure that participants met the inclusionary criteria for this study which were: counselors who have at least a master's degree in counseling, professionals who are currently practicing counselors, and

counselors who have supervised at least five supervisees during their professional counseling practice. Results were stored in Qualtrics, which is a secure online site, and the researcher and dissertation committee chair has access to this information using a password. The data and results were accessible to the researcher and researcher's committee members.

Measures

Working Alliance Inventory: Supervisor Form (Efstation et al., 1990) is a 23 item self-report inventory, based on a Likert scale from 1 (Almost Never) to 7 (Almost Always) (see Appendix 5). Higher scores on this measure relate to stronger working alliance. The measure is based on Bordin's (1983) definition of working alliance, and includes three subscales identified through factor analysis: Rapport, Client Focus, and Identification (Efstation et al., 1990; White & Queener, 2003). Internal consistency reliability identifying alpha coefficients for the three scales was reported as: .71 for Client Focus, .73 for Rapport, and .77 for Identification (Efstation et al., 1990, p. 325).

As stated in the previous chapter, the definition of each subscale is important to understanding the overall inventory. Client Focus involves the first 9 items in the measure about the perspective of the supervisor in relation to supervisee understanding of client issues and conceptualization; Rapport includes the next 7 items of the inventory that focus on the supervisor's use of encouragement and support to build the supervisory relationship; Identification subscale includes the last 7 items and are based on the supervisor's perception of their supervisee's identification with them in terms of training, feedback, and understanding and use of treatment techniques (Efstation et al., 1990, p.325).

In a study by White and Queener (2003) of 67 supervisor-supervisee pairs, the *Working Alliance Inventory: Supervisor Form* (1990) was implemented in research on supervisor and supervisee attachments and social provisions. Results of the study supported similar internal consistency alpha coefficients to Efstation et al.'s (1990) analysis of the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990): an overall rating of .89, .82 for Identification, .80 for Rapport, and .83 for Client Focus (White & Queener, 2003, p.207). Researchers also noted high correlations between subscales of the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990), supporting the convergent and divergent validity of the inventory (White & Queener, 2003).

Psychotherapy Supervisor Development Scale (Watkins et al., 1995) is an 18-item survey with a 7-point Likert scale from 1 (never) to 7 (always), higher scores equate to higher levels of supervisory development (see Appendix 4). Items on the survey measure concepts related to "competency, autonomy, identity, and self-awareness" and are based on Watkin's (1990) Supervisory Complexity Model (Barker & Hunsley, 2014, p. 126). Factor structure analysis of the scale includes internal consistency with an alpha coefficient of .93 and validity of the scale that showed discrimination in levels of supervisory experience as supervisors with more experience (in years) scored higher on the measure than those with less experience (Barnes & Moon, 2006). Research by Cook-Lyon, Presnell, Silva, Suyama, and Stickney (2011) presented similar reliabilities for the PSDS, finding alpha coefficients of .89 and .91 for results from two samples of pre-doctoral intern supervisors

Barker and Hunsley (2014) further analyzed the psychometric reliability and validity measures for the PSDS. These researchers investigated the reliability and validity generalization across multiple studies that used the PSDS (including Barnes and Moon's study in 2006) in an

effort to present a meta-analysis of the survey. Samples of studies that used the PSDS and

reported reliability and validity statistics were incorporated into the final analysis.   Barker and

Hunley (2014) found PSDS reliability generalization across 6 studies was .93 with a 95%

confidence interval; validity generalization of experience across studies was g=.40, p=.001 with

a 95% confidence interval and validity generalization of supervision training was g=1.13, p<.001

with a 95% confidence interval. Also of note to this present study, is the finding by Baker and

Hunley's (2014) meta-analysis that supports use of the survey for not only psychotherapy

supervisors in psychology but for those in related professions, including counseling (p. 138).

Open Ended Questions: Two open-ended questions were developed for this study after

reviewing the professional literature (Watkins, 1990; Watkins, 1994; Baker et al., 2002). The

questions were: What do supervisors identify as important experiences in relationship to their

supervisor development? What do supervisors identify as important experiences in relation to

their supervisory working alliance?

Demographics: Demographic questions on the survey initially included inclusionary

criteria: counselors who have at least a master's degree in counseling, professionals who are

currently practicing counselors, and counselors who have supervised at least five supervisees

during their professional counseling practice. If participants met this criteria they then answered

questions about gender, age, race, type and level of counseling degree, current supervisory

practice setting, State of practice, years of counseling experience, years of supervision

experience, and training in supervision (e.g. supervisory credential, continuing education).

Data Analysis

Data was compiled and saved in Qualtrics online survey service. Analysis of data was

conducted with the Statistical Package for Social Services (SPSS) computer software (Version

22.0, 2013). Research questions one and two on self-reported levels of working alliance and supervisor development was assessed by analyzing mean scores and standard deviations for each measure. For research question three on the extent to which working alliance and its three subscales (Identification, Rapport, and Client Focus) was related to supervisory development, a multiple regression analysis was used to examine contribution of the independent variable of working alliance and the working alliance inventory's three subscales (Identification, Rapport, Client Focus) to the dependent variable of supervisory development. Research question four asked if working alliance had a greater impact on working alliance than experience. Experience of supervisors was assessed in terms of years of counseling, years of supervision, and credentialing experience as a predictor of higher scores on the *Psychotherapy Supervisor development Scale* (Watkins et al., 1995). This relationship was measured using a hierarchical regression that examined the R^2. After accounting for experience as a predictor of development, then the R^2 change was assessed by looking at the three subscales of working alliance as a predictor of development.

Research questions five and six, about participant's important experiences related to supervisory development and working alliance, was assessed by identifying themes from participant responses based on previously established supervision theory and literature. These themes were deducted and organized according to previous research on supervisory development and working alliance best practice. Techniques used to derive themes included looking for theory-related material, repetition, and similarities/differences among responses (Bernard & Ryan, 2009). Discussion of open-ended questions on supervisor's perceptions of what contributes to their supervisory development and working alliance and the connection to previous research was also included.

Summary

This chapter provided an overview of research questions, participants and recruiting, description and statistics of survey measures, and procedures for data collection and analysis. The main focus of the study was to examine the relationship between working alliance and supervisory development. Professional supervisors were surveyed on their perceptions of both working alliance and supervisory development as well as their perceptions of what contributes to supervisory development in their own supervision practice. Measures used to assess perceptions were the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990) and the *Psychotherapy Supervisor Development Scale* (Watkins et al., 1995). In addition, there were two open-ended questions on what supervisors view as important for supervisory development and working alliance in their supervision experience. Data analysis included examination of the relationship between Working Alliance and Supervisor Development through use of multiple regression and correlational data.

Chapter 4. Results

Introduction

The purpose of this study was to further examine the relationship between supervisor development and supervisor working alliance. To research this relationship, regression analysis was used to assess the contribution of the independent variable of working alliance and the working alliance inventory's three subscales (Client Focus, Rapport, Identification) to the dependent variable of supervisor development. After accounting for experience (including years of counseling experience, years of supervision experience, and supervision credentialing) as a predictor of development, the three subscales of working alliance were assessed as a predictor of development. Data for this analysis was collected using an anonymous survey disseminated through targeted online mailings of practicing counseling supervisors. This chapter will present an overview of participant's demographic information, data analysis of survey results on working alliance and supervisory development measures, and regression analysis on the impact of experience and working alliance on development. Results in this section will be organized according to research questions for this study. These questions included:

Q1: What is the level of self-reported working alliance for counseling supervisors?

Q2: What is the level of self-reported supervisor development for counseling supervisors?

Q3: To what extent is working alliance and its three subscales (Identification, Rapport, and Client Focus) related to supervisory development?

Q4: Does working alliance have a greater impact on supervisory development than experience?

Q5: What do supervisors identify as important experiences in relation to their supervisory development?

Q6: What do supervisors identify as important experiences in relation to their supervisory working alliance?

Participants

Participants for this study were recruited through the Counselor Education and Supervision Network Listserv (CESNET), the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), the American College Counseling Association (ACCA), the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), and state affiliated counseling and supervision associations (see Appendix 7). Participants were professional counseling supervisors from the United States (in addition to Canada and Puerto Rico) working in a variety of counseling settings: community and non-profit mental health, college and university counseling centers, schools, private practice, and hospitals. All participants were required to have at least a master's degree in counseling, currently practicing counseling and supervision, have supervision experience with at least five supervisees, and be over 19 years of age. One hundred and fifty nine participants attempted to take the survey and out of those, one hundred and eight participants met the inclusionary criteria required to be included in the study. However, even participants who were eligible and started the survey left some questions unanswered. Because of unanswered survey questions, not all cases were included in the final analysis of research questions. Final sample sizes for regression analysis are listed in the description of results for those research questions.

Of the participants who started the survey 81 were female and 20 were male. Race of participants (n=102) included: White (83.3%), Black or African American (5.9%), Hispanic or Latino (3.9%), Asian (2.9%), American Indian or Alaskan Native (2%), Bi/Multi-Ethnic (1%),

and Other (1%). A comparison of the current sample to national counselor demographic statistics shows: Female (67.9%), Male (32.1%), White (63.2%), Black or African American (22.3%), Hispanic or Latino (9.5%), Asian (2.1%), American Indian or Alaskan Native (.8%), and Multiple/Other Race (2.1%) (U.S. Department of Health and Human Services, 2013). Type and level of degree, setting of practice, State of practice, and type of supervisory training were all open-ended response questions. These responses were recoded into categories in order to better analyze descriptive statistics. Of the participants that responded to the question about level and type of degree (n=103): 43 listed Masters in Counseling, 28 listed Masters degrees in other counseling related fields (Social Work, Divinity, Marriage and Family, Education Specializations), 18 held a Ph.D. in Counselor Education, and 14 had a Ph. D. in Psychology. Setting of practice (n=103) included: college/university counseling center (28.9%), private practice (18.2%), community mental health center (10.1%), and other (hospital, school, substance abuse) (7.5%). The State of practice for participants included many states within the United States and two other countries (Puerto Rico and Canada) (See Table 1). Type of supervisory training (n=101) involved three main types of training: credentialing (13.2%), coursework (6.3%), and continuing education (5%). Over half of the participants reported at least two of these types of training (36.5%). Table 1 shows the demographic information in more detail.

Table 1

Demographics

Descriptor	Variable	n (n%)
Gender	Female	80 (79.2%)
	Male	21 (20.8%)
Race	White	85 (83.3%)
	Black or African American	6 (5.9%)
	Hispanic or Latino	4 (3.9%)
	Asian	3 (2.9%)
	American Indian or Alaskan Native	2 (2.0%)
	Bi/Multi-Ethnic	1 (1%)
	Other	1 (1%)
Level and Type of Degree	Masters in Counseling	43 (27%)
	Other (Social Work, Education Specialization, Marriage/Family, Pastoral, Divinity)	28 (17.6%)
	PhD in Counselor Education	18 (11.3%)
	PhD in Psychology	14 (8.8%)
Setting of Practice	College/University Counseling	46 (28.9%)
	Private Practice	29 (18.2%)
	Community/Clinical Mental Health	16 (10.1%)
	Other	12 (7.5%)

Table 1 (continued)

Descriptor	Variable	n (n%)
State of Practice	AL	3 (1.9%)
	AZ	1 (.6%)
	CA	2 (1.3%)
	CO	1 (.6%)
	DC	1 (.6%)
	FL	5 (3.3%)
	GA	7 (4.4%)
	IA	1 (.6%)
	IL	3 (1.9%)
	IN	1 (.6%)
	KS	1 (.6%)
	KY	3 (1.9%)
	LA	3 (1.9%)
	MD	6 (3.8%)
	ME	1 (.6%)
	MI	3 (1.9%)
	MO	2 (1.3%)
	MT	1 (.6%)
	NC	8 (5%)
	NH	1 (.6%)
	NJ	2 (1.3%)
	NV	1 (.6%)
	NY	6 (3.8%)
	OH	16 (10.1%)
	OK	2 (1.3%)
	OR	1 (.6%)
	PA	4 (2.5%)
	SC	1 (.6%)
	SD	1 (.6%)
	TN	1 (.6%)
	TX	2 (1.3%)
	VA	5 (3.3%)
	WA	2 (1.3%)
	WI	1 (.6%)
	WV	1 (.6%)
	Canada	1 (.6%)
	Puerto Rico	1 (.6%)

Table 1 (continued)

Descriptor	Variable	n (n%)
Supervision Training	Two or More Types of Training (Credentialing, Coursework, Continuing Education)	58 (36.5%)
	Credentialing	21 (13.2%)
	Coursework	10 (6.3%)
	Continuing Education	8 (5%)
	Other	4 (2.5%)

The demographic variables of age, years of counseling experience, and years of supervision experience were included in a separate table in order to display the minimum and maximum responses, mean, and standard deviation. The age of participant ranged from 24 years to 80 years, counseling experience was listed from 1 year to 44 years, and supervision experience ranged from 1 year to 35 years. National counselor demographic statistics for age includes: Less than 35 years (33.1%), 35-55 years (45.8%), and more than 55 years (21.1%) (U.S. Department of Health and Human Services, 2013). The descriptive statistics for the current study demographic variables are displayed in Table 2.

Table 2

Descriptive Statistics for Age, Counseling, and Supervision Experience

Descriptor	Minimum-Maximum	M	SD
Age (years)	24-80	48.44	12.96
Counseling Experience (years)	1-44	17.84	10.46
Supervision Experience (years)	1-35	10.52	7.81

Reliabilities

A reliability analysis was conducted for this study to determine the consistency across items for the survey questions based on: the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990) and the *Psychotherapy Supervisor Development Scale (Watkins et al., 1995)* (see Appendix 4 and 5). For this study, Cronbach's Alpha for overall items relating to working alliance resulted in a coefficient of .90. The reliability coefficients for working alliance subscales were: Client Focus .82, Rapport .81, and Identification .78. These reliabilities were similar to those listed in two previous studies using the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990): the first found alpha coefficients of Client Focus .71, Rapport .73, Identification .77 (Efstation et al., 1990, p. 325) and the second study's alpha coefficients were overall .89, Client Focus .83, Rapport .80, and Identification .82 (White & Queener, 2003, p.207). When assessing the reliability coefficient for the items related to *Psychotherapy Supervisor Development Scale (Watkins et al., 1995)*, an alpha coefficient of .65 was found. While this alpha is not extremely low, it is lower than those reported in other studies using the *Psychotherapy Supervisor Development Scale (Watkins et al., 1995)*: previous studies listed overall reliability coefficients of .93 (Barnes & Moon, 2006, p. 131), .89 and .91 (Crook-Lyon et al, 2011, p.37).

Results

Question 1. Research Question 1 asked about the level of participant's self-reported working alliance using the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990). This measure is a Likert scale comprised of 23 items, ranging from 1 (Almost Never) to 7 (Almost Always). Higher scores of the measure are related to stronger working alliance. The inventory has three subscales: Client Focus, Rapport, and

Identification. Each subscale has a specific number of associated questions: Questions 1

-9 (Client Focus), Questions 10-16 (Rapport), and Questions 17-23 (Identification). In

the original research for this measure, mean scores were: Client Focus (M=5.48),

Rapport (M=5.97), and Identification (M=5.41) (Efstation et al., 1990, p.325). The mean

scores and standard deviations for Client Focus, Rapport, and Identification for this study

are listed in Table 3.

Question 2. Research Question 2 asked about the level of participant's self-reported

supervisor development using the *Psychotherapy Supervisor Development Scale*

(Watkins et al., 1995). This scale is a Likert scale constructed of 18 items, with response

options of 1(never) to 7 (always). The higher the overall score, the higher the level of

supervisory development. Previous research for this measure included overall mean

scores for all 18 items of M=108.8 (Barker & Hunsley, 2014; Watkins et al., 1995). The

mean scores and standard deviations for the *Psychotherapy Supervisor Development*

Scale (Watkins et al., 1995)) in the current study are listed in Table 3.

Table 3

Working Alliance and Supervisor Development Measures Based on Mean

Measure	Subscale	M	SD	n
Working Alliance	Rapport	6.15	.598	98
	Client Focus	5.85	.606	98
	Identification	5.65	.571	98
Supervisor Development		5.12	.359	100

Question 3. Research Question 3 explored the relationship between working alliance

and its three subscales (Client Focus, Rapport, Identification) and supervisor

development based on analysis of survey responses based on the *Working Alliance*

Inventory: Supervisor Form (Efstation et al., 1990) and the *Psychotherapy Supervisor*

Development Scale (Watkins et al., 1995). After analysis confirming multicolinearity and

normality, a Pearson Correlation was used to assess the correlation between the three

subscales of working alliance (Client Focus, Rapport, Identification) and supervisor

development. Result from correlation analysis showed positive correlations between all

of the working alliance subscales and the overall measure of supervisor development.

The highest correlation involving supervisor development with the working alliance

subscale of Client Focus, r =.565. Working Alliance subscales were also positively

correlated to each other as they measure the main overall construct of working alliance.

Correlation results are listed in Table 4.

Table 4

Pearson Correlations for Working Alliance Subscales and Supervisor Development

Measure	1	2	3	4
1. Supervisor Development	-	.565**	.460**	.438**
2. Client Focus	.565**	-	.590**	.558**
3. Rapport	.460**	.590**	-	.571**
4. Identification	.438**	.558**	.571**	-

****Correlation is significant at the .01 level (2-tailed)

A linear regression was conducted to further analyze the relationship between

working alliance subscales and supervisor development. The three subscales of working

alliance (Client Focus, Rapport, Identification) were assessed as predictors for supervisor

development. The summary of regression results was significant, showing the strength of

association of working alliance subscales to supervisor development, n=98, R^2= .354,

$F(3, 94)$=17.14, $p < .01$.   After accounting for the adjusted R^2, these results indicated that

working alliance subscales accounted for about 33% of the variance in supervisor

development. In addition, the working alliance subscale of Client Focus is significant (p

$< .01$) as a predictor of supervisor development. The regression results are listed in Table

5.

Table 5

Regression Analysis of Predictors Client Focus, Rapport, and Identification with

Dependent Variable of Supervisor Development

Predictor	R^2	Adjusted R^2	β	p	Part
Working Alliance Subscales	.354	.333	-	-	-
Client Focus			.409*	.000	.311
Rapport			.147	.186	.110
Identification			.126	.243	.097

*Note: $p < .05$; β=standardized coefficient

Question 4. Research Question 4 asked if working alliance has a greater impact on

supervisor development than experience. To examine this question, a hierarchical

regression was used and predictor variables were entered in model blocks. Model 1

included years of counseling experience and years of supervision experience; Model 2

then added the variable of credentialing to years of counseling and supervision

experience; Model 3 added the working alliance subscales to credentialing and years of

counseling and supervision experience. Significant results were found in Model 3 with

the addition of working alliance subscales, n=94, R^2= .378, F(6, 87)=8.817, $p < .01$.

With the addition of Model 3, the R^2 increased by .325. Again the working alliance

subscale of Client Focus was significant to supervisor development, $p < .01$. Results are

summarized in Table 6.

Table 6

Regression Analysis of Predictors Years of Counseling Experience and Supervision

Experience, Supervision Credentialing, and Subscales of Working Alliance with

Dependent Variable of Supervisor Development

Predictor	R^2	R^2Change	F Change	β	p
Model 1	.053	.053	2.528		
Years Counseling Exp.				.167	.260
Years Supervision Exp.				.077	.602
Model 2	.053	.001	.050		
Years Counseling Exp.				.175	.253
Years Supervision Exp.				.071	.637
Supervision Credential				-.024	.823
Model 3	.378	.325	15.155		
Years Counseling Exp.				.077	.544
Years Supervision Exp.				.006	.963
Supervision Credential				-.046	.600
Client Focus				.366*	.002
Rapport				.179	.116
Identification				.141	.198

*Note: $p < .05$; β=standardized coefficient

Questions 5 and 6. Two open-ended questions allowed participants to describe in detail the important experiences that contributed to their supervisor development and working alliance (see Appendix 6). In order to identify main ideas from these experiences, all responses were organized in regards to supervisor development and working alliance best practices that aligned with previous research. Below is a summary of findings and examples of responses; further discussion of past research supporting these findings will be presented in the next chapter.

Question 5. For this question about experiences with supervisor development, participants (n=84) listed a variety of factors that contributed to overall development, including the supervisor development practices of continued supervision education and training, supervision of supervision and consultation, working with different kinds of supervisees with various counseling styles, the participant's own experiences as a counselor, past experiences as a supervisee, and the importance of increased supervision experience over time (not just knowledge of supervision but practice). Examples of responses supporting supervision education and training included:

- "Graduate and post-graduate courses were extremely important"

- "CEUs for further study and focus on techniques of supervision."

- "Continuing education supervision training. This helps me stay on target with the goals of supervision."

For supervision of supervision and consultation participants listed:

- "Engaging in peer supervision is also quite important to my development."

- "The individual and group supervision of supervision experiences that I have had were incredibly important experiences to my supervisory development."

- "I believe that consultation and being part of a community of mental health professionals is crucial in supervision."

Responses for working with different kinds of supervisees involved:

- "Exposure to different types of supervisees with different concerns and styles of interacting in supervision."

- "Understanding of the trainees education, culture, age and level of life experience."

- "Experience working with master's level students and doctoral level students in training in a higher education setting."

Examples of own counseling and supervision experience responses included:

- "My own experiences as a supervisee."

- "Being supervised myself. I see how I react and respond to my supervisor which allows me to reflect on my interactions with my supervisees."

- "My own supervision\\my own psychotherapy\\my own provision of psychotherapy and supervision\\my own life experiences\\my ongoing learning from patients and supervisees\\my ongoing learning from life experiences."

The importance of supervision experience over time example responses were:

- "Time. Supervision develops over time with many experiences of different types."

- "Practice- supervision is one of those things you can talk a lot about in theory, but until you're in the room providing supervision it won't all necessarily make sense."

Question 6. In examining responses about experiences that increased working alliance with supervisees, participants' (n=80) answers included the working alliance practices of creating and maintaining a relationship that promoted trust, respect, openness, honesty, and autonomy. In order to create a strong working alliance, participants said they established rapport with the supervisee that communicated warmth and authenticity. Some participants focused on the importance of clearly defining expectations and supervisory goals in order to create a positive alliance that met supervisee and client needs. Also listed was the importance of continued feedback and evaluation of the counseling and supervision process. Several participants highlighted the idea of addressing the potential power differential between supervisor and supervisee as well as any past or present negative feelings or experiences with supervisors. Examples of responses about creating rapport and maintaining relationship included:

- "Rapport, rapport, rapport. Just as in the client relationship, it's important for supervisees to feel a relative sense of trust and comfort with the supervisor."
- "A trusting relationship."
- "Openness, Honesty"
- "Developing rapport, building trust, allowing appropriate levels of autonomy, and providing honest feedback in a gentle manner."

Examples of defining expectations and goals were:

- "The single most important event, in my view, is the beginning goal-setting discussion, before the supervisee shows me any work. In that session, we set personal (professionalism, self-care, feelings about self) and professional (competencies and knowledge foci) goals for our work together."

- "Being clear with expectations and assessment of their work."

Participant examples for addressing power differentials and other self-disclosures included:

- "I think it is important to own the power differential and manage what is happening in supervision."

- "What has seemed to help my working alliance with supervisees is spending time talking about professional development and being honest with them about my personal experiences in the field."

- "I share my previous mistakes with them so they don't feel they have to have all the "right" answers and know everything."

Summary

This chapter, through the presentation of statistical analysis on survey data, explored the relationship between working alliance and supervisor development. Demographic information for participants was presented using descriptive statistics including: gender, race, level and type of degree, State of practice, setting of practice, and type of supervisory training, The participant's age, years of counseling and supervision experience were organized into minimum/maximum and mean values. Analysis for research questions included data on mean scores for the working alliance subscale and supervisor development measures. Correlation and regression analysis was

used to study the relationship of working alliance subscales to supervisor development and to examine the significance level of working alliance scores on supervisor development scores after accounting for experience.   Responses to open-ended research questions about experiences that contributed to participant's supervisor development and working alliance were also summarized in this section.

Chapter 5. Discussion

Introduction

Understanding factors that enhance supervisory development and working alliance is necessary for the betterment of professional supervisory practice (ACA, 2014; ACES, 2011; Borders, 2014; CACREP, 2016; Fall & Sutton Jr., 2004; Magnuson, Norem, & Wilcoxon, 2002; Rapisarda and Britton, 2007; Watkins, 1990). This study explored the relationship between supervisory development and working alliance, as well as the impact of professional supervision, counseling, and credentialing experience on development. In support of this research, a survey comprised of supervisor development and working alliance measures, and questions about supervision experience and training, was distributed to professional counseling supervisors. Analysis of survey responses showed the significance of working alliance and the working alliance subscale of Client Focus to increases in supervisor development. This chapter will discuss findings and connection of results to previous research, highlight implications and limitations of the study, and offer recommendations for future supervision research.

Discussion of Findings

Data analysis of survey results for participant scores on the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990) and the *Psychotherapy Supervisor Development Scale (Watkins et al., 1995*) included correlational analysis on the relationship of working alliance to supervisor development, and regression analysis on the impact of working alliance and experience to the level of supervisor development. Analysis of results presented positive correlations between working alliance subscales and supervisor development. Further regression analysis showed the working alliance subscale of Client Focus to have a statistically significant relationship to increased supervisor development. This finding was further supported through

hierarchical regression that took into account the impact of multiple predictor variables on supervisory development. First assessing the role experience (years of counseling and supervision experience) on supervisor development, then adding supervisor credentialing, and finally adding working alliance subscales. The results again supported the finding that the working alliance subscale of Client Focus had a significant influence on supervisor development.

These results support previous research on factors, including Client Focus, that increase supervisory relationships and development (Ladany et al., 1999; Ladany et al., 2001b; Ramos-Sanchez et al., 2002). Ladany et al.'s (2001b) study on supervisory style and working alliance explored the relationship between style and alliance, including the connection of a counselor-oriented supervisor style to working alliance factors of goal understanding and task agreement. Ladany et al. (2001b) found that supervisors who embodied a counselor-oriented style, supported collaborative supervision, and perceived greater agreement on tasks and objectives with supervisees. These factors correspond to the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990) subscale of Client Focus. Client Focus subscale items include statements about working on specific goals with the supervisee, creating treatment plans, and helping the supervisee see things from the client's perspective. Both counselor-oriented supervisor style and the Client Focus subscale promote supervisee exploration, agreement on goals, mutual understanding of tasks and objectives, and the creation and implementation of supervision interventions.

Ramos-Sanchez et al. (2002) also focused on factors that support or lessen the supervisory process and working alliance. This study highlighted the importance of understanding and agreement of tasks and goals (components of Client Focus) and the negative consequences of incongruence. Supervisees who experienced incongruent tasks and goals during

supervision reported increased lack of trust in supervisory relationships, and decreased working alliance (Ramos-Sanchez et al., 2002). Negative supervision experiences, including those related to Client Focus, can greatly impact working alliance. Congruent Client Focus promotes understanding of goals, interventions, and client conceptualization that helps strengthen working alliance. Strong working alliance is an important factor in supervisor development and continued supervision research (Bordin, 1983; Ladany et al., 1999; Ladany et al., 2001b; Sterner, 2009; Watkins, 2011).

In addition to Client Focus, current study participants identified other factors as important aspects of supervisor development and working alliance. While not significant in the statistical analysis, participant responses to open-ended questions about experiences that contributed to supervisor development and working alliance provided a richer understanding of the supervisor's perspective. As discussed in the previous chapter, responses were organized into main ideas based on past supervisor development and working alliance best practice research. For supervisor development, participants listed several factors that align with past research. One main experience listed by participants as important for supervisor development was continued supervision education and training. This factor was supported by research on the need for continued supervision education, training, and certification for professional supervisors (ACES, 2011; Borders, 2014; Magnuson et al., 2002; Rapisarda & Britton, 2007). Responses represented participants from various States with differing standards for training and certification yet many participants sought out continued education and training to ensure supervisory growth. Participants also listed working with different kinds of supervisees with various counseling styles as an experience that contributed to development. This idea was reflected in studies that promoted supervisor development through experiences with supervisees from differing stages of

development, with unique needs and challenges (Gazzola et al., 2013; Lampropoulos, 2003; Pearson's, 2000; Watkins, 1990). Other experiences listed as factors that enhanced growth included: supervision of supervision and consultation (Bradley & Boyd, 1989; Falender et al., 2004; Granello et al., 2008), the participant's own experiences as a counselor and as a supervisee, as well as the importance of increased supervision experience over time (Baker et al., 2002; Lampropoulos, 2003; Ronnestad & Skovholt, 2003; Watkins, 1990).

Participant's experiences that contributed to working alliance focused on creating and maintaining a relationship that promoted trust, respect, and openness. These concepts are part of working alliance that involves relational bonds and the working alliance subscale of Rapport for the current study. The concept of rapport and bond building is strongly supported in previous research on the importance of creating and maintaining supervisory relationships (Campbell, 2006; Ladany et al., 1999; Skovolt & Trotter-Mathison, 2011; Watkins, 2011). To create a strong working alliance and relationship, participants said they established rapport with the supervisee that communicated warmth, authenticity, honesty, and respect for supervisee autonomy. These qualities are upheld by past research on supervisory styles and types of communication that create authentic, positive supervisory relationships (Hess, 1987; Ladany et la. 1999; Ramos-Sanchez et al., 2002; White & Queener, 2003). Returning to Client Focus, participants reported that clearly defining expectations and supervisory goals was important for a positive alliance, as this supported supervisee and client needs.

Several participants also mentioned addressing the potential power differential between supervisor and supervisee as a factor towards increased working alliance—acknowledging and addressing power differentials was presented as important for working alliance in past studies (Heru 2004; Pettifor, Sinclair, & Falender, 2014; Schwartz, 2008). Final experiences listed as

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beneficial for working alliance were supervisor self-disclosure about past clinical and professional challenges, and provision of continued feedback and evaluation. The concept of self-disclosure, feedback, and evaluation during the supervision process is embedded in the working alliance subscale of Identification. While not significant in the current study's quantitative data analysis, Identification is a concept that was examined and supported in prior research (Bernard & Goodyear, 2009; Gunn & Pistole, 2012; Knox et al., 2008). In summary, all three working alliance factors (Client Focus, Rapport, and Identification) were highlighted in participant's open-ended response as experiential components of supervisor development and working alliance.

Implications

Investigating factors that support supervisor development and build working alliance was an aim of this research, and several findings from this study provided increased knowledge and awareness of factors that impact supervisor development and working alliance. The main result of this study was to further advance the idea that working alliance is significantly correlated with supervisor development. The current study reinforced past research on this correlation, and identified, through regression analysis, a specific factor within working alliance that increases supervisor development—Client Focus. For this study's participants, more than counseling, supervision, or credentialing experience, Client Focus emerged as a significant predictor for overall increases in supervisor development. Past research does support this finding, in part, asserting that Client Focus and task-oriented supervision promoted certain aspects of working alliance and growth (Efstation et al., 1990; Fernando & Hulse-Killacky, 2005; Ramos-Sanchez et al., 2002). However, other studies found that different styles of supervision, and other factors of working alliance, also contributed to overall supervisory development (Bordin, 1983; Ladany et

al., 1999; Ladany et al., 2001a; Ladany et al., 2001b; Steward et al., 2001). When assessing the implications of this study and comparing to past research, it is beneficial to look at both the statistical findings and the participant responses to open ended-questions.

As a whole, the study results illustrate the complex nature of working alliance and supervisor development. Data analysis presents one dimension of working alliance as significant for development, and open-ended responses provide insight into additional experiences that participants viewed as important for positive supervisor development and relationships. The multi-dimensional understanding of these concepts was introduced in past chapters as a foundation for supervision research, and is further supported in the current study. Supervisory best practice is also a key factor in ongoing supervision research, education, and training (ACES, 2011; Baker et al., 2002; Borders, 2014: Watkins, 1990; Watkins, 1994). The current study contributes to best practice guidelines by further identifying factors that propel growth and solidify alliance.

Limitations

There were several limitations of the current study. The small sample size of participants is a noted limit for the evaluation of statistical data and results (n=108 started survey but not all participants completed every question). An average sample size of below one hundred participants may be too small to generalize conclusions about findings to the larger population of professional supervisors. Also, even though the study attempted to include participants from all fifty United States, not all States were represented in the final sample of participants. In addition to lack of inclusive State participation, of the States that did participate there still exists a difference in requirements for supervision education, training, and credentialing depending on State standards. In light of this, assessing the impact of experience, especially in regard to

credentialing, would vary greatly depending on State standards and which States were represented in the sample. Also the sample was not representative of diversity as far as race and gender with the final race demographic including a majority of White (83.3%) and Female (79.2%) participants. Lastly, because the survey was based on the supervisor's perception of working alliance and supervisor development without knowledge of the supervisee's experiences, the study provided a one-sided perspective of the supervision process that could be biased by self-report methods.

Recommendations for Future Research

Future research could focus on various aspects of this study. A follow-up qualitative study on experiences and underlying themes in relation to supervisory development and working alliance could promote further understanding of specific supervisor experiences over the course of their supervisory work. A qualitative study could also explore some of the demographic questions more thoroughly, including detailed understanding of education and training requirements for supervisors, and the effect these standards have on working alliance and development. Perhaps narrowing the focus to specific States with similar supervisory training and credentialing requirements could also be useful in ongoing research and data analysis. Another area of continued research involves further testing of the two measures used for this survey: the *Working Alliance Inventory: Supervisor Form* (Efstation et al., 1990) and the *Psychotherapy Supervisor Development Scale (Watkins et al., 1995*). Of particular interest is the supervisor development measure, as the necessity for ongoing research and validation of this measure was promoted by past research studies (Barker & Hunsley, 2014; Barnes & Moon, 2006; Watkins et al., 1995). Future research should also continue to include and explore

diversity, looking at the working alliance and supervisor development experiences from an array of cultural backgrounds.

Summary

The purpose of this study was to explore the relationship between supervisor development and working alliance, and to add to existing research on factors and practices that contribute to positive supervisory experiences and relationships. In service to these research goals, a survey of professional counseling supervisor's perceptions of supervisor development and working alliance was created, disseminated, and assessed. Analysis of survey results showed significant findings to support the positive relationship between supervisor development and working alliance, and also identified the working alliance subscale of Client Focus as a significant predictor of supervisor development. Inclusion of open-ended questions added a richer understanding of experiences that fostered supervisor development and working alliance among professional supervisors. This study contributed to the field of counseling supervision research in regard to expanded knowledge of factors that support supervision and working alliance best practice.

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Appendix 1

RESEARCH PROTOCOL REVIEW FORM
FULL BOARD or EXPEDITED

For information or help contact THE OFFICE OF RESEARCH COMPLIANCE (ORC), 115 Ramsay Hall, Auburn University
Phone: 334-844-5966   e-mail: IRBAdmin@auburn.edu   Web Address: http://www.auburn.edu/research/vpr/ohs/index.htm

Revised 2.1.2014   **Submit completed form to IRBsubmit@auburn.edu or 115 Ramsay Hall, Auburn University 36849.**

Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Hand written forms will not be accepted.

1. PROPOSED START DATE of STUDY: 11/01/2015

   PROPOSED REVIEW CATEGORY (Check one):   ☐ FULL BOARD   ☑ EXPEDITED

   SUBMISSION STATUS (Check one):   ☑ NEW   ☐ REVISIONS (to address IRB Review Comments)

2. PROJECT TITLE: Supervisory Development and Working Alliance: A Survey of Professional Counseling Supervisors.

3. Serey Bright   Doctoral Candidate   SERC   sbb0002@auburn.edu
    PRINCIPAL INVESTIGATOR   TITLE   DEPT   AU E-MAIL

                                                985-257-8305
    MAILING ADDRESS   PHONE   ALTERNATE E-MAIL

4. FUNDING SUPPORT: ☑ N/A ☐ Internal ☐ External Agency: _____   ☐ Pending ☐ Received

For federal funding, list agency and grant number (if available). _____

5a. List any contractors, sub-contractors, other entities associated with this project:

_____

b. List any other IRBs associated with this project (including Reviewed, Deferred, Determination, etc.):

_____

PROTOCOL PACKET CHECKLIST

All protocols must include the following items:

☑ Research Protocol Review Form (All signatures included and all sections completed)
(Examples of appended documents are found on the OHSR website: http://www.auburn.edu/research/vpr/ohs/sample.htm)

☑ CITI Training Certificates for all Key Personnel.

☑ Consent Form or Information Letter and any Releases (audio, video or photo) that the participant will sign.

☑ Appendix A, "Reference List"

☑ Appendix B if e-mails, flyers, advertisements, generalized announcements or scripts, etc., are used to recruit participants.

☑ Appendix C if data collection sheets, surveys, tests, other recording instruments, interview scripts, etc. will be used for data collection. Be sure to attach them in the order in which they are listed in # 13c.

☐ Appendix D if you will be using a debriefing form or include emergency plans/procedures and medical referral lists (A referral list may be attached to the consent document).

☐ Appendix E if research is being conducted at sites other than Auburn University or in cooperation with other entities. A permission letter from the site / program director must be included indicating their cooperation or involvement in the project. NOTE: If the proposed research is a multi-site project, involving investigators or participants at other academic institutions, hospitals or private research organizations, a letter of IRB approva...

☐ Appendix F - Written evidence of acceptance by the host country if...

The Auburn University Institutional
Review Board has approved this
Document for use from
11/18/2015   to   11/17/2016
Protocol #   15-461 EP 1511

FOR ORC OFFICE USE

DATE RECEIVED IN ORC: _____ by _____   PROTOCOL # _____

DATE OF IRB REVIEW: _____ by _____   APPROVAL CATEGORY: _____

E-MAIL INVITATION FOR ON-LINE SURVEY

Dear Professional Counseling Supervisor,

I am a doctoral student in the Department of Special Education, Rehabilitation, and Counseling at Auburn University. I would like to invite you to participate in my research study to explore the relationship between Supervisory Development and Supervisory Working Alliance from the perspective of professional supervisors. You may participate if you are a counselor who has at least a Master's degree in counseling, currently practicing counseling, have supervised at least five supervisees during your professional counseling practice, and are age 19 or older.
.
Participants will be asked to take an online Qualtrics survey about Supervisory Development and Working Alliance. Before beginning the survey, the Qualtrics system will present you with an Information Letter embedded in the survey that includes inclusionary criteria and requests consent to participate in the study. If you should agree to participate, you will be redirected to the demographic questionnaire and survey questions. The total time required for participation is about 30 minutes.

As this survey is anonymous, the risks for participation in this study are minimal.

If you participate in this study, you will be making a valuable contribution to increased understanding of the supervisory process. Through participation in this research study, you can potentially increase knowledge surrounding counselor supervision and supervisory working alliance by helping counselors and supervisors become more aware of the process of supervision, providing the profession with more knowledgeable and skillful supervisors.

If you would like to know more information about this study, an information letter can be obtained by clicking on the link: https://auburn.qualtrics.com/SE/?SID=SV_2nP9DCRrjlYyaRn. If you decide to participate after reading the letter, you can access the survey from a link in the letter.

If you have any questions, please contact me, Serey Bright, or my advisor, Dr. Amanda Evans, at: sbb0002@auburn.edu and amt0004@auburn.edu.

Thank you for your time and consideration,
Serey Bright

INFORMATION LETTER
for a Research Study entitled
"Supervisory Development and Working Alliance: A Survey of Professional Counseling
Supervisors."

You are invited to participate in a research study to explore the relationship between
supervisory development and supervisory working alliance.
The study is being conducted by Serey Bright, doctoral student in Counselor Education,
under the direction of Dr. Amanda Evans in the Auburn University Department of Special
Education, Rehabilitation, and Counseling. You are invited to participate because you are a
counselor who has at least a master's degree in counseling, currently practicing counseling,
have supervised at least five supervisees during your professional counseling practice, and
are age 19 or older.

What will be involved if you participate? Your participation is completely voluntary.   If you
decide to participate in this research study, you will be asked to take an online Qualtrics
survey with a total of 54 questions. The instruments for this survey comprise two
quantitative measures: the *Working Alliance Inventory: Supervisor Form* (Efstation et al.,
1990) and the *Psychotherapy Supervisor development Scale* [PSDS] (Watkins, 2001). The
survey will also include two open-ended question: What do you [supervisors] identify as
important experiences in relation to your supervisory development? What do you
[supervisors] identify as important experiences in relation to your supervisory working
alliance? Before beginning the survey, the Qualtrics system will present you with an
Information Letter embedded in the survey that includes inclusion criteria and requests
consent to participate in the study. If you should agree to participate, you will be redirected
to the demographic questionnaire and survey questions. The total time required for
participation is about 30 minutes.

Are there any risks or discomforts? As this survey is anonymous, the risks for participation
in this study are minimal.

Are there any benefits to yourself or others? If you participate in this study, you can expect to increase knowledge surrounding counselor supervision and supervisory working alliance, helping counselors and supervisors in become more aware of the process of supervision that could enhance supervisory development and relationships, and provide the population with more knowledgeable and skillful supervisors. We/I cannot promise you that you will receive any or all of the benefits described.

Will you receive compensation for participating? No.

Are there any costs? No monetary costs for participants

If you change your mind about participating, you can withdraw at any time by (example: closing your browser window). Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Special Education, Rehabilitation, and Counseling or the Graduate School.

Any information obtained in connection with this study will remain anonymous. Information obtained through your participation may be used to fulfill an educational requirement (dissertation), and possible presentations and publications.

If you have questions about this study, please contact Serey Bright at sbb0002@auburn.edu.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW.
YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

_Serey Bright_____11/18/2015_____
Investigator   Date

The Auburn University Institutional Review Board has approved this document for use from November 18, 2015 to November 17, 2016. Protocol ## 15-461 EP 1511

Appendix 4

Psychotherapy Supervisor Development Scale*

Please circle the number that best describes how frequently you feel
that each item describes you:

$$1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7$$
_____
never   half the time   always

1. I consider the supervision that I provide to be helpful to   1 2 3 4 5 6 7
my supervisees.

2. Becoming and being a supervisor demands a commitment   1 2 3 4 5 6 7
(i.e., to keep working at developing oneself as a supervisor)
that I believe I have made.

3. Becoming a supervisor is an ongoing process that   1 2 3 4 5 6 7
requires much time and energy, but I see myself as well on
the way to getting

4. I have a realistic awareness about my limitations and   1 2 3 4 5 6 7
weaknesses as a supervisor.

5. Sometimes I believe I'm just playing at being a   1 2 3 4 5 6 7
supervisor.

6. If asked, "Do you really feel like a psychotherapy/   1 2 3 4 5 6 7
counseling supervisor'? I could honestly answer "yes."

7. I believe that I am able to increasingly foster a sense of   1 2 3 4 5 6 7
self-sufficiency in my supervisees.

8. I consider supervision to be a very important role that I   1 2 3 4 5 6 7
perform.

9. If asked. "Can you give a good assessment of yourself as   1 2 3 4 5 6 7
a supervisor"? I could easily answer "yes."

10. I have a realistic awareness about my strengths and   1 2 3 4 5 6 7
abilities as a supervisor.

11. Right now, I feel ill-at-ease and somewhat confused with the supervisor role.

1 2 3 4 5 6 7

12. I must say that, when I perform my supervisory responsibilities, I often think of myself as an imposter.

1 2 3 4 5 6 7

13. I believe I am generally effective in dealing with transference/counter transference issues in supervision.

1 2 3 4 5 6 7

14. I believe I have a good awareness about myself as a supervisor, the impact that I have on my supervisees, and how I affect the supervisory situation as a whole.

1 2 3 4 5 6 7

15. I believe I have a good knowledge of and understanding about the supervision process itself.

1 2 3 4 5 6 7

16. As a supervisor, I structure the supervision experience effectively.

1 2 3 4 5 6 7

17. When needed, I am able to be appropriately assertive and confrontive with my supervisees.

1 2 3 4 5 6 7

18. I just don't consider myself that identified with the supervisor role.

1 2 3 4 5 6 7

Appendix 5

Supervisory Working Alliance Inventory: Supervisor Form

Instructions: Please indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisee. After each item, check (X) the space over the number corresponding to the appropriate point of the following seven-point scale:

	1	2	3	4	5	6	7
	Almost Never						Almost Always

1. I help my trainee work within a specific treatment plan with his/her client.

   1   2   3   4   5   6   7

2. I help my trainee stay on track during our meetings.

   1   2   3   4   5   6   7

3. My style is to carefully and systematically consider the material that my trainee brings to supervision.

   1   2   3   4   5   6   7

4. My trainee works with me on specific goals in the supervisory session.

   1   2   3   4   5   6   7

5. In supervision, I expect my trainee to think about or reflect on my comments to him or her.

   1   2   3   4   5   6   7

6. I teach my trainee through direct suggestion.

   1   2   3   4   5   6   7

7. In supervision, I place a high priority on our understanding the client's perspective.

   1   2   3   4   5   6   7

8. I encourage my trainee to take time to understand what the client is saying and doing.

   1   2   3   4   5   6   7

9. When correcting my trainee's errors with a client, I offer alternative ways of intervening.

   1   2   3   4   5   6   7

10. I encourage my trainee to formulate his/her own interventions with his/her clients.

    1   2   3   4   5   6   7

11. I encourage my trainee to talk about the work in ways that are comfortable for him/her.

    1   2   3   4   5   6   7

12. I welcome my trainee's explanations about his/her client's behavior.

    1   2   3   4   5   6   7

13. During supervision, my trainee talks more than I do.

    1   2   3   4   5   6   7

14. I make an effort to understand my trainee.

    1   2   3   4   5   6   7

15. I am tactful when commenting about my trainee's performance.

    1   2   3   4   5   6   7

16. I facilitate my trainee's talking in our sessions.

    1   2   3   4   5   6   7

17. In supervision, my trainee is more curious than anxious when discussing his/her difficulties with me.

    1   2   3   4   5   6   7

18. My trainee appears to be comfortable working with me.							
	1	2	3	4	5	6	7
19. My trainee understands client behavior and treatment techniques similar to the way I do.							
	1	2	3	4	5	6	7
20. During supervision, my trainee seems able to stand back and reflect on what I am saying to him/her.							
	1	2	3	4	5	6	7
21. I stay in tune with my trainee during supervision.							
	1	2	3	4	5	6	7
22. My trainee identifies with me in the way he/she thinks and talks about his/her clients.							
	1	2	3	4	5	6	7
23. My trainee consistently implements suggestions made in supervision.							
	1	2	3	4	5	6	7

Scoring

The supervisor form of the SWAI has three scales. Rapport, Client Focus, and Identification. They are scored as follows:

Rapport: Sum items 10-16, then divided by 7.

Client Focus: Sum items 1-9, then divided by 9.

Identification: Sum items 17-23, then divide by 7.

The trainee form of the SWAI has two scales, Rapport and Client Focus. They are scored as follows:

Rapport: Sum items 1-12, then divide by 12.

Client Focus: Sum items 13-19, then divide by 6.

Supervisory Working Alliance from: Efstation, J. E, Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology, 37, 322 329.*

Q14

What do you identify as important experiences in relation to your supervisory development?

As in psychotherapy, the trusting relationship is most important

It is important for me to have continuous training, and guidance from other supervisors as I continue in my role as a supervisor.

Reading the literature, consulting with peers, listening to supervisoree feedback, continued education

Understanding that my preferred supervision model doesn't always resonate with supervisees. For example, earlly in supervision I ask many questions of the trainee to assess where he or she is in their development in order to spend more time on growth areas and not repeat what the supervisee already has strong competency in. One supervisee experienced this as a failure on her part, because she "didn't know anything." I learned to more explicitly explain the model, and level of development, so that trainees knew I was trying to find which areas needed more discussion up front.

Constant experience and work with a variety of supervisees. Also, it is important for me to consult with other supervisors.

Rapport, discussing differences in theory, orientation and technique, personal experiences, training, age

training on specific models of supervision and supervision of my supervision has been key to my supervisory development.

The excellent supervision that I received during my first two years of practice as compared to some of the poor supervision I have received at other times. I also believe that some supervisory relationships are better than others. Supervisees play a role in the relationship as well. Although the majority of supervisees were very comfortable and open, I have had one supervisee that was extremely guarded and not open to suggestion. I think the relationship is crucial in supervision as it is in therapy. \\I also had an excellent class on supervision that impacted my understanding of the supervision process. Additionally, I taught techniques of counseling for several years and reviewed student video recordings. This experience also helped to develop my supervisory skills.

The supervisee's confidence level and success.

Managing difference in perspective between the supervisor and the counselee\Managing inappropriate behavior on the part of the counselor\Pushing/guiding counselors to use new or different skills

Clear statement of the purpose of the supervision.\Understanding my role as supervisor.\Matching the supervision to the professional development of the trainee.\Acknowledging my limits as a supervisor.\Knowing my self.\Teaching classes in supervision.\Supervising clinical an non-clinical staff.\Supervising diverse staff.\Having supervisors that allowed me autonomy as I developed as a professional.

My own psychotherapy treatment (self-knowledge, boundary clarification for myself) as well as my own supervision/consultation (both helpful and less-helpful experiences).

Understanding supervisor supervisee and client cultural backgrounds. Broaching these differences continuously.
Excellent supervisor as a model\\Private practice\\Consultation with colleagues

Opportunity to serve in supervisor role\Graduate level supervision course\Supervision trading

Growth
continually asking for feedback from trainees about their experiences and meeting their needs

Listening. Instilling strong ethical bx in the supervisee.
As a supervisor to also be supervised.
my own supervision\\my own psychotherapy\\my own provision of psychotherapy and supervision\\my own life experiences\\my ongoing learning from patients and supervisees\\my ongoing learning from life experiences

What I learn from my supervisee\What I learn about clients other then mine

My relationships with my own previous supervisors. Education and training. Feedback from clients.
The most important experiences that I identify with regarding my supervisory development, is when I am consulting with other supervisors. Normalizing struggles within the supervisory relationship and having a sense of pride helping new graduates become knowledgeable counselors.

My ongoing education\Reviewing tape
One particular 30 hour training that blended didactics with direct experience (supervised) with provision of clinical supervision. Videotaping supervision sessions with the focus on the supervisor.\\Practice, including supervision of supervision with trusted experienced colleagues.\\Constant feedback from Supervisees.

The transitions in my career from a direct service social worker (children's protective services), to a counselor (Catholic Charities) and finally to an agency executive/clinical director. I learned a great deal from excellent supervisors (a minority) and poor supervisors (the majority, unfortunately). Graduate and post-graduate courses were extremely important. Ongoing collaboration with other clinical supervisors and regular workshops/conferences have been important. Feedback from staff has been very helpful, if sometimes painful. My biggest challenge has been to be more tolerant while ensuring quality services for our clients.

Supervising a variety of different types of counselors--they styles, their theoretical orientations, their types of clients and client issues. Also, consult with other supervisors; CEUs for further study and focus on techniques of supervision.

Variety of situations\Follow-up (both with clients and self-reflections)

My own supervision experiences, collaboration and consultation with other supervisors, continuing training in supervision
All supervisors should be required to take a course in supervision theory and application.

Common experiences with my clients, in relation to their clients
Being clinically supervised
clinical training and education, supervisory review and evaluation by trainees, conference attendance, scholarship, graduate education accreditation compliance

Training, Continuing Education, Research, Experience, Having a Mentor

my own therapy\my own supervision\being supervised on my supervision\my normal developmental growth throughout life\learning from clients and supervisees

training in different supervision styles and techniques, my experience as a trainer and instructor, my on-going peer supervision experiences and my past and present experience as a supervisee and therapist

The CE training\Supervision specifically in regards to being a supervisor \Receiving positive and appropriate supervision myself
Supervising a variety of trainees at various stages of development and competence.

I think a lot about the parallel process, as I support the trainee they will be able to support and instill hope, growth, healing, and resilience in clients. To support a trainee differs from person to person and I embrace the Yerkes Dodson model of how performance relates to anxiety. Related to the trainees goals and completion we reflect on how optimal anxiety in supervision and in sessions with clients is a benefit and necessary for development.

I like to keep reading about the work of other supervisors and reflecting on the place of theory with each supervised.\\I haven't been able to get colleagues who also supervise to make time for this nearly as often as i would like, but I have benefited from recording my supervision sessions and reviewing them with others. Usually, however, that has meant recording and viewing them myself, and sometimes with a supervised look together at how we see our work together.

getting good clinical supervision; getting good supervision of supervision.\maintaining direct service practice (i.e. doing therapy).\continued professional development\30 hour course at PSU\doctoral training as a clinical supervisor

Balancing relationship building with being task-oriented in supervision sessions\Teaching risk management skills

Practice- supervision is one of those things you can talk a lot about in theory, but until you're in the room providing supervision it won't all necessarily make sense. Also, it has been important for me to work with multiple trainees at the same and different levels so I have a basis for comparison of where skills should be at different developmental levels and to help me be familiar with common issues trainees experience. I have enjoyed being part of a supervision of supervision meeting with coworkers as well, which gave the opportunity to hear different perspectives on how to address certain issues with trainees.

I see development as an on-going process that includes continuing education, as well as having someone with whom I can consult about supervisees.

Having had the opportunity to supervise a variety of people and people at various stages of their professional careers. The Center hosts Practicum and Intern students from the University's Counselor Education department which I have supervised and I have also supervised emerging professional seeking licensure. Having the opportunity to encourage the personal and professional development for each unique individual is challenging and rewarding.

Continuing Education opportunities, literature review, meeting with other colleagues who do this kind of work.

Continuing education supervision training. This helps me stay on target with the goals of supervision.

getting a variety of supervisees that each require me to adapt/change my role slightly according to their needs--- this allows me to "stretch" and grow my skills in different areas. And of course, continued education through conferences, seminars, etc. Getting to consult with other supervisors is always helpful but not always possible in the small-ish town that I live in.

Flexibility, self-reflection, openness to suggestions

Feedback from supervisees, continuous professional development, reviewing models of supervision, reading research on supervision.

having had poor supervision.

My supervisory development is a direct result on my ongoing clinical training and development as a clinician as well as my continued personal growth. Engaging in peer supervision is also quite important to my development.

1. It is important that the counselor trainee develop skills in using multiple techniques and theories to engage clients in problem solving.\2. It is important that the counselor trainee learn different approaches and follow the steps to develop therapeutic alliances with clients.\3. It is important to spend time to listen to the treatment planning for each client.

My own previous supervision experience with supervisors and meetings where trainees are discussed where I have the opportunity to see how other supervisors operate and perceive things, I get to observe and see what fits for me and leave the rest.

Time. Supervision develops over time with many experiences of different types. Specific events? Well, remediation, counseling out of counseling, helping a suspended or remediated supervisee return to full status - those are all important growth opportunities.\\Now, if you are asking what experiences within a specific or particular supervisory relationship that is developing, then I will respond as I do with my theoretical approach: relationship development, establishment of trust, collaboration, and mutual understanding of goals which are collaboratively determined to be in the supervisee's best interests.\\This question could be more clear.

Being supervised myself. I see how I react and respond to my supervisor which allows me to reflect on my interactions with my supervisees.

Most critical is an understanding of the different types of supervision.

My own experiences as a supervisee. Experience, additional training, feedback.

Continuing education courses and engaging in supervision of supervision with an experienced supervisor.
I believe many of the skills I have acquired as a supervisor have been based upon my own interactions with supervisors early in my career. I have recognized what has been effective for me, such as skills that have left me feeling understood and encouraged as a new professional and have tried to implement these strategies with my own supervisees. I also strongly believe in the importance of continued learning throughout my career and make efforts to stay informed of changes within the counseling field. I attempt to apply newly learned information to my own counseling sessions, but also share this information with supervisees. I firmly believe that ongoing continuing education serves to prevent a clinician from becoming stagnant.
The individual and group supervision of supervision experiences that I have had were incredibly important experiences to my supervisory development. I was greatly influenced by my positive and negative supervisory relationships to become the supervisor that I am. In supervision of supervision, my strengths were highlighted, allowing to better develop my strengths as a supervisor. I was also able to get guidance on and support for managing more difficult supervision concerns, including giving difficult feedback.

getting supervision of my supervision was super helpful in being able to see how I was helping and/or hindering the supervisee in their own development as a counselor\\courses and workshops in supervision models and techniques have helped me expand my ability to meet different supervisees' needs

Exposure to clinical work as well as exposure to different types of supervisees with different concerns and styles of interacting in supervision.

my own supervision experience\\aca code of ethics\\role models
Years of experience as a counselor and supervisor; a practical and contextual knowledge of the supervisory process; The ability to assess the trainees strengths and challenges as a counselor; developing a positive rapport and warm personal regard for the trainee; and understanding of the trainees education, culture, age and level of life experience.

Undergoing a two year mentor ship with a primary approved supervisor helped with the process, looking at my supervises, the process, and other areas was valuable. The 30 hour training program and reading materials gave a good basic education on the process, hierarchy, and other potential areas.

Reading the writings of the most highly regarded therapists and deepening my understanding and application of several theoretical models through comprehensive training programs and supervision has been foundational. I learned about being a supervisor from both very positive and very negative supervisory models - learning as much what not to do as what to do. I have sought out supervision and peer consultation throughout my career and encourage my supervisees to do the same.

The supervision course I took as apart of the current PhD program in Counselor Education in which I am enrolled as well as the supervision that I have received from senior faculty regarding my supervision with Master's students. \\Of particular importance was the final project in the course which was to develop my personal model of supervision using the models that we studied throughout the course. I have implemented this model in my supervision with students and it has provided a firm foundation.

I believe that consultation and being part of a community of mental health professionals is crucial in supervision. Working in isolation is dangerous. I believe that I hold more credibility with my supervisees due to role modeling consultation and information gathering from other therapists. They see me openly seek feedback and share ethical decision making process which demonstrates/role models being humble, grounded and open to feedback. I talk regularly with other supervisors and learn from them. I also feel that experience matters. I have supervised interns and graduate students for 6 years and counselors for licensure for 2 years. I have gotten better over time and experience. I also think it is very important to understand learning styles and define goals. I challenge my supervisees to seek information from journals, list serves and books. I ask supervisees to share what they have learned. I want to see them research and seek information from various sources, This also has to be role modeled. Therapists work independently and I want to see my trainees/supervisees be passionate about seeking information and have strong research skills.

Having had several different types of supervisors in my own training was important in developing my own style. The supervision class that I had with _____at _____was critical in causing me to think more deeply about supervision, and in theoretical flexibility.

Talking with other supervisors for support/feedback, keeping up on best practices in supervising, checking in with trainees for feedback and needs they may have for me that I am not meeting.

Experience as a supervisor is the greatest teacher!!\\Supervision of my own supervision\\Also, I continue to receive my own clinical supervision, although not required by law to do so.

learning, talking with other professional
I believe having the opportunity to take a course, understand the various roles, expectations, theories, and philosophies behind clinical supervision is crucial for the development of a supervisor. Additionally, having the time to work and being supervised on your supervision is another important part of a developing supervisor as well as having your supervisor understand and assist you in the way that you view and work theoretically within supervision. I believe that reflection, self-awareness, personhood, and strengths as a counselor all impact your development as a supervisor. I beleive that experiences being creative as a supervisor is an important expeirence for a supervisor.

Being fully engaged, well versed in ethics, understanding counselor development

For the Trainee to feel safe and comfortable discussing issues related to their difficulties with particular clients. The trainees willingness to explore countertransference issues and the parallel process.

Personal development, understanding theory and its application, having had good supervision, being a life-long learner, knowing how to and willing to become humble.

I have always believed that in order to lead, one must follow first! I do a lot of reflection on my experiences as a supervisee, and try to check in a lot with my current supervisees about their experience. I am under administration supervision with a non-clinical supervisor, so talking about supervision and management with her is also a great experience. Not only do I go to clinical supervision CEUs, but I try to also attend workshops and seminars about team-building, leadership, communication, supervision and management in order to avoid narrrowly defining what I'm doing and developing. Many times, these non-counseling oriented really offer great insights and suggestions that I would not have otherwise been exposed to.

Learning from other supervisors (being in supervision myself), coursework, continuing Ed.

Experience working with master's level students and doctoral level students in training in a higher education setting.

Empathy that they are learning a new skill

Consultation with other colleagues, the actual experience gained in supervising counselors, and readings/seminars.

sup of sup

Q15
What do you identify as important experiences in relation to your supervisory working alliance?

Shared success

It is important to have referral resources and an alliance with other professionals in the field to remain current.

training my supervisorees to think like supervisors

Same as above.

Understanding where the are, starting there, and then working towards growth. Being very open and honest with supervisees. Being clear with expectations and assessment of their work. Being kind and compassionate when they are vulnerable.

using supervision of supervision to identify ruptures in the supervisory working alliance and how to effectively identify and address them in the future has allowed me to be able to more easily identify the components of the alliance and monitor its' functioning

Just like the concept of parallel process, the supervisory relationship or alliance will be reflected in the therapeutic setting. I think, in general, supervisees know that I am on their team.   In my work at community mental health, those I supervise know that I have an open door when they have questions or concerns. Even past supervisees will occasionally call with a question. It's great to see a progression in supervision to an increased sense of efficacy in those I supervise.

Supervisee developmental level, relationship with supervisee

Assisting the counselor in processing their reactions to the clients \Assisting the counselor in using theory to guide their interventions \Assisting the counselor during or after a highly stressful or distressing counseling situation \Being available for consultations as needed \Being consistent with the counselee

Having a written supervision agreement with the trainee.\Balanced feedback to the trainee -- a mixture of encouragement and corrective feedback.\Giving undivided time to trainees.\Treating trainees with dignity and respect.\Making trainees feel at home in the work setting. Giving them a designated space that they can work in. Putting the trainees name on the door.\Self -effacing humor. Humility.\Telling the trainee I value sincerity more than seriousness. Giving permission to have fun and enjoy learning together.

I find it helpful to meet individually with trainees who are in my group to get to know them better and to build a working alliance. I also ask them for feedback periodically about what is/not helpful, and check in at the outset of each supervision meeting to find out what they need most for that session. I also use my mistakes as an opportunity for them to learn.

Trust in the relationship. Consistent meeting times.

Time for supervisee to develop trust in me\\Understand many of the experiences supervised is having and that I have gone through too\\Patience as supervisee finds his/her way\\Empathy for the beginning stages of development of the supervisee

a trusting relationship

Consultation
professional growth and awareness, not just me telling someone what to do

I identify a number of items important in the development of my supervisory work alliance.\ 1. My health and how I manage my own life, as it relates to how I set up expectations of supervisees' development for the reason that I cannot help others unless I first help and guide myself toward a positive and productive life.\ 2. My education, that is to stay aware of new laws, guidelines, best pratices set forth by professional groups that guide professionals within my field of intrest.\ 3. My pasted and present experiences with my own clients and how I learn from them insights, coping skills, and attitudes that allow them to succee or fail in their efforts to change behavioral issues that are causing them pain.\ 4. Truefulness in the direct relationship of supervisor and supervisee and to demand this with their clients.\ 5. Following contractual directions and guidelines set forth by the supervisor and supervisee, to be able to meet set goals and objects before the begining of supervision.\ 6. Informed Consent information provided by the supervisor to the supervisee's, (before supervision begins), to know the back ground, training, experiences, and expectations of the supervision process.

Organization, mutual respect, ethical bx
all of the above

Ethics

The most important experience in relation to the supervisory working alliance is the collaboration between myself and my supervisee.

Level of comfort \Honesty\Being aware of ethical obligation
Adopting the stance that clinical supervision is for the primary benefit of the supervisee and their development rather than the agency or the client/patient per se.\\Use of a developmental model of supervision given the range of supervisees I work with (e.g., SW CC interns, Psychology interns-pre-doc, Medical Residents PGY2/3/4).\\Collaborative goal setting for a supervision agreement.\\Provision of my Supervision Disclosure statement to all Supervisees with follow up discussion.\\Throughout the relationship, explicitly encouraging/modeling "leaning in to"(Pema Choedron) discomfort/challenging topics or issues.

Remembering how valuable my mentors were and trying to remember how I have felt as a supervisee. The guidance of colleagues whom I respect has been vital. Continuing to focus on improving as new research and techniques emerge.

Again, the opportunity to work with a variety of different types of counselors and consult/supervision of my suprvision.

the ability to affirm what my supervisees are getting right, collaborating and learning from each other about this work.
Letting my supervisee know I respect them and their efforts to help clients.

honesty

Ablity to see progress in clients and the ones I supervized

cultivating trust, establishing mutual respect,maintaining up-to-date supervisory practice guidelines, sustaining an appropriate level of relevant expertise, mentoring professional growth and development in trainees

Openness, Honesty

my own therapy\my own supervision\being supervised on my supervision\my normal developmental growth throughout life\learning from clients and supervisees\a desire to facilitate therapy progress

open and direct communication, respect for the supervisee and accessibility

Use of basic counseling skills in supervision\Openness to the process of learning with the trainee \Consistency\Taking a role of servant leadership with trainees

Developing rapport, building trust, allowing appropriate levels of autonomy, and providing honest feedback in a gentle manner.

Honest, direct, and timely feedback. This is something I work to improve daily and relates back to the parallel process. Providing guidance and feedback from a dignity based and humanistic place seems to be effective.

Te single most important event, in my view, is the beginning goal-setting discussion, before the supervisee shows me any work. In that session, we set personal (professionalism, self-care, feelings about self) and professional (competencies and knowledge foci) goals for our work together. The supervisee sets at least one goal for me regarding how they want me to work with them. We agree that goals can be revised whenever either of us sees a need.\\Beyond that, I look for healing moments when I see growth in the supervisee; I look for their willingness to share mistakes with me or to raise contrasting opinions; I pay attention to how much and when I trust them; I reflect on what I am learning from each of them. I know I am doing my job well when they surprise me with their level of integration (I primarily supervise counselors-in-training).

learning more about two-person psychology and working alliance (Bordin) as applied specifically to supervision

Practicing and teaching mindfulness

I think it is helpful to get to know trainees as people as much as they are willing to share. I have done this by spending some supervision time talking with them about what is going on outside of their clinical placement. I have also joined groups of trainees for lunch to chat in a more relaxed atmosphere. Also, what has seemed to help my working alliance with supervisees is spending time talking about professional development and being honest with them about my personal experiences in the field.

The relationship between myself and the supervisee are extremely important, just as it is in the therapeutic relationship. In addition, allowing the supervisee the freedom (within reason) to become autonomous is also very important.

Persons who have been challenging to supervise, have provided the most learning experiences for me. The challenges have ranged from Interns who weren't able to apply their classroom knowledge to the real setting with clients to the young professional who is ready to learn and apply advanced techniques with particular clients.

Understanding the supervisee's perspective in assessment and intervention. Building a supportive relationship through personal connection. Being mindful of my own strengths and weaknesses in teaching and learning. Thinking about the dominant learning style of the supervisee. Remembering my experience as a supervisee and using that to ground my work.

Meeting on a regular basis. Having an agenda and set goals.

rapport, rapport, rapport. Just as in the client relationship, it's important for supervisees to feel a relative sense of trust and comfort with the supervisor.\\ An explanation from the very beginning about what supervision is, what my expectations of the supervisee are, and what my role as the supervisor is. Being able to define the relationship helps us both understand our roles.\\For the supervisee to know that they can come to me with an "oops" moment and it won't be the end of the world-- I will help them process it and then talk through more appropriate alternatives, or corrective action that needs to be made. I'd rather them be honest and admit mistakes so that we can process and correct them where possible. Hiding helps no one. and has the great chance of being harmful. We all make mistakes. It's important for them to know we are all human (even me).

Honesty, genuineness, patience
Congruence, understanding, nonjudgmental attitude, professional identity, feedback, remembering what it is like to be a trainee.
Providing realistic expectations for the supervisee
Perhaps the following are the most important factors to encourage a successful supervisory working alliance;\\mutual trust and confidence, empathy, support, ability to truthful with feedback, solid communication and reliability

There are three aspects to working with supervisees that also relate to working with clients in the area of therapeutic alliance: the goals, the tasks, and the bond.

I believe it's important they feel safe to share what they are really thinking. I have to create a safe space for them as well as my clients or they aren't going to be authentic or their best. I have to honor their attempts and explore and validate them even if I don't see things the way they do. I share my previous mistakes with them so they don't feel they have to have all the "right" answers and know everything. I routinely give strengths and areas for growth so the feedback isn't lopsided. I believe it's important to emphasis we are all developing, continually.

Now I am thinking you are definitely asking about specific or particular alliances and not alliance in general. Common goals which are agreed upon is my answer.

I have learned that I do not always need to be as tactful - overtime I have become more comfortable in saying what is on my mind. However, I do so after I have ensured (as much as possible) that the working alliance is strong and healthy.

This starts from first contact and comes from clear expectations that are periodically reminded.

Understanding of each other's strengths, clear agreement about what supervision is and is not, clear understanding of expectations.

Listening to, reflecting and validating my trainee's experiences and responses to their clients and work experiences.

I am the Director of a college counseling center and primarily supervise master's level interns. Beyond the structured one-hour supervision sessions conducted weekly, I feel that providing ample opportunities for observation of the supervisor conducting therapy sessions is essential in the beginning phase of the internship. Direct observation of the counselor conducting sessions not only helps the supervisee to see the inner-workings of a session, but also assists the supervisee in gaining a better sense of the supervisor's theoretical orientation, personality traits and style of interaction with the client. In other words, the supervisee gets to know the supervisor at a deeper professional level. \\In the small office setting in which I work, I feel that being accessible to the supervisee beyond the structured one-hour per week supervision is also beneficial. The supervisee can ask questions or process through a difficult case when needed as opposed to waiting until the next scheduled supervision. \\I also feel that honesty in regards to challenges faced or even mistakes made by the supervisor throughout his/her career help the supervisee to recognize that there is no expectation of perfection. Instead, challenges or mistakes can be opportunities for professional growth.

I think that it is vital to share openly and honestly with a supervisee. I value starting the supervisory relationship off by discussing who youa re as a person and askign the supervisee to do the same with you. I have found that when I do not know a supervisor more personally and they treat me as they would treat a client, I am typically not as comfortable with the supervisor. Important components of a supervisory working alliance include being open, transparent, empathic, and genuine.

having relational skills, making the supervision session a safe place to explore both good and bad experiences, being transparent with my supervisees on my own failures and times when I failed to see an issue in a client

Mutual respect and trust is important.

empathy\warmth\non-judgement\authenticity
A good supervisory contract; a plan for case presentations and commentary; feelings of respect and ease; a good understanding of counseling theory and methods; the trainees ability to find hope and positive strengths in their clients.

As stated above, the two year/ 36 hours that we had met. There was another supervisor in training with me. We discussed the supervise, our frustrations, experiences and their client difficulties. With the university counseling skills center, there are five of us who work as clinician on duty. Three of my colleagues are also approved supervisors. It is helpful to have this level of professional relationship. We vent, and encourage each other. We consult with each other. I know I can trust them and am accountable to them as well as my supervise. They are the one's who will hold me accountable if they feel I need it, and visa versa.

I learned from supervisors I saw what it felt like to have an alliance versus a critical overseer, and I modeled my own approach after what I found supportive in promoting my understanding, professional growth, and self-trust. Carl Rogers' writings on supervision, teaching, and mentoring were influential in explaining and demonstrating an embodiment of a respectful, humanistic relationship.

Just working with a variety of students who have different perspectives, approaches, styles, and interests than mine. I have had an easy time developing a strong supervisory working alliance with students who are similar to me. With students who have different styles and perspectives, I've had to work a bit harder to develop a strong working alliance. Having clear expectations and goals at the onset of supervision as helped to solidify working alliance with these students.

Understanding learning styles, building rapport and keeping communication open. I think it is important to own the power differential and manage what is happening in supervision. Supervisees need to feel safe to share, but follow directives. I believe it is important to read notes, review schedule and ensure that what the supervisee is saying is matching all aspects of the work (notes, schedule, recording and what they say in supervision). I inform all supervisees that I will audit records, read notes and listen to entire recordings. Taking time to check work shows you care, but also ensures quality. I want supervisees to see that I enjoy teaching and will take time to understand their work.

Spending some time understanding the trainee as a person, what motivates him or her, and their theoretical leanings. Understanding the trainee's life story helps me better help them see their own areas of growth, and models what we are teaching.

Understanding my trainees level of experience, what areas they need to grow, and what their style/perspective on the client is. I want to teach/support them in a way that doesn't crush their spirit and encourage them in ways they are growing.

Experiences dealing with supervisees who were not being successful and/or were defensive highlight the importance of the working alliance. \\Feedback from supervisees who did not feel entirely safe in our supervision work together have made me more aware of the WA.

Helping to create a safe place for my supervisee
I believe it is crucial for counselor to consider the roots, mission, and philosophy guiding the profession when supervising and working on the supervisory relationship. Additionally, I think it is important to be reflexive in the way you view the best environment for learning, so you must balance the need to assist in the development of a supervisees clinical abilities: however, emphasizing the relationship, the superviseeäó»s own personhood, and allowing/encouraging is important for the supervisory relationship. I believe addressing multicultural differences and understanding is important for the relationship. Acknowledging, discussing, and working to discuss the power-differential is important for the supervisory relationship. Spending time focusing on the supervisee and their äóìown stuffäó← is important in the supervisory relationship because it is easy to focus on tapes, clinical skills, goals and the client; however, encouraging development of their personhood, reflexive practices, and different ways of being a professional counselor have all been extremely important conversations and experiences within supervision. I believe that being reflective, self- aware, experiential and creative, having a strong sense of personhood as a supervisor, and communicating and advocating for those important things within supervision is crucial for the supervisory relationship and working alliance.

quality listening\genuine interest

For the Trainee to feel safe and comfortable discussing issues related to their difficulties with particular clients. The trainees willingness to explore countertransference issues and the parallel process.

The best of what I offer my clients is what I need to offer my supervisees, e.g. presence, attunement, resonance, empathy, compassion, understanding, and kindness.

I like getting to know my supervisees personally by asking about their hobbies and how they spend their time outside of work. All of my supervisees are doctoral students, so I like checking in with them about classes and asking how I can better support them as a student as well as a supervisee. Bringing supervisees to other experiences just to observe and shadow also helps because they get to understand my role even better.

Using self-disclosure on my part regarding my struggles personally and professionally. Meeting the supervisee's needs.
Working with community mental health, school, psychology, and school psychology students in training, supervising them inin free counseling clinic settings.

Patience
If I am at a impasse, I consult colleagues. Those have helped me develop and grow.

Appendix 7

Counseling Organizations and Listservs

National:

American College Counseling Association (ACCA)
American Counseling Association (ACA)
American Mental Health Counselors Association (AMHCA)
Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC)
Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)
Counselor Education and Supervision Network Listserv (CESNET)

State:

Alabama Association for Counseling Education and Supervision (ALACES)
Alabama Counseling Association (ACA)
Alaska Counseling Association (AKCA)
Kentucky Counseling Association (KYCA)
Licensed Professional Counselors Association of Georgia (LPCAGA)
Maine Mental Health Counselors Association (MEMHCA)
Michigan Association for Counselor Education and Supervision (MACES)
Michigan Counseling Association (MCA)
North Carolina Counseling List (NCCUCOUNSELING)
New Hampshire Mental Health Counselors' Association (NHMHCA)
New York Mental Health Counselors Association (NYMHCA)
Ohio Counseling Association (OCA)
Oklahoma Mental Health Counselors Association (OKMHCA)
Oregon Counseling Association (ORCA)
Rhode Island Mental Health Counselors Association (RIMHCA)
Texas Counseling Association (TXCA)
Washington Mental Health Counselors Association (WMHCA)
West Virginia Board of Examiners in Counseling (WVBEC)