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## The Association Between Supervisory Alliance, Counterproductive Events During Psychotherapy Supervision, and Trainee Self-Efficacy

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**THE ASSOCIATION BETWEEN SUPERVISORY ALLIANCE,  
COUNTERPRODUCTIVE EVENTS DURING PSYCHOTHERAPY  
SUPERVISION, AND TRAINEE SELF-EFFICACY**

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**COUNSELING PSYCHOLOGY**

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**ABSTRACT**

The supervisory alliance between psychology trainee and clinical supervisor plays an important role in the growth and development of the psychologist in training. There are numerous factors that relate to the supervisory alliance. Previous research has indicated that both positive and negative supervision experiences occur during supervision and they act to influence the supervisory working alliance. A counterproductive event is an example of a negative supervision event in which the trainee perceives that an experience in supervision either harmed or hindered his or her growth and development as a therapist. Because counterproductive events regularly happen during a supervision experience, it is important to investigate how the strength of the supervisory alliance relates to counterproductive events. In addition it is important to investigate how the counterproductive event and state of the working alliance relate to the self-efficacy of the trainee. The current study investigated whether counterproductive events that occurred in clinical supervision related to the supervisory working alliance as perceived by the trainee. Additionally the study explored whether there was a relationship between the supervisory working alliance, the presence of counterproductive events, and the trainee's level of self-efficacy. This study utilized a quantitative research design and also included a larger sample than the qualitative research designs used in previous research.

The present study utilized four measures; The Working Alliance Inventory-Trainee Version (WAI-T; Bahrnick, 1990), The Counseling Self-Estimate Inventory (COSE; Larson, Suzuki, Gillespie, Petnza, Bechtel, & Toulouse, 1992), The Role Conflict and Role Ambiguity Inventory (RCRAI; Olk & Friedlander, 1992), and Demographic Questionnaire. Results indicated that participants who rated fewer counterproductive events, reported stronger supervisory alliances and higher self-efficacy.

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## **CHAPTER I**

### **INTRODUCTION**

#### **Statement of the Problem**

The bond that is formed between psychology trainee and clinical supervisor can influence many components of the training experience, including professional development, and both supervisory and client outcome (Bordin, 1983; Horvath & Symonds, 1991). This bond is commonly referred to as the supervisory working alliance. The supervisory alliance has long been regarded by theorists as the primary agent by which supervisors affect the development of their trainees (Loganbill, Hardy & Delworth, 1982; Mueller & Kell, 1972) and according to Holloway (1995), the quality of the relationship between supervisor and trainee is crucial to favorable outcomes in supervision. This concept was borrowed from the working alliance in therapy, which is regarded as a significant component of successful treatment and consistently predicts outcomes in therapy (e.g., Horvath, Del Re, Fluckiger & Symonds, 2011).

The working alliance refers to the collaborative relationship between client and therapist (Bordin, 1979, Hatcher & Barends, 2006), and is impacted by responsiveness in session of both parties (Stiles, 2009). The three central components of the working alliance in therapy involve the bond between therapist and client, the agreement about

treatment goals, and agreement regarding therapeutic tasks (Hatcher & Barends, 2006; Horvath & Bedi, 2002). The same components can be directly applied to the concept of the supervisory working alliance. According to Ladany (2004), it is imperative that good supervisors pay attention to building and strengthening their supervisory relationships with trainees, formulating bonds, and attending to essential psychotherapy skills. These skills include understanding, empathy, and unconditional positive regard with supervisees, just as they do with clients. Nelson, Barnes, Evans, & Triggiano (2008) noted that strong supervisory alliances are formulated by modeling openness to exploration of conflicts that arise in supervision for the trainee, providing timely feedback, processing conflict and accentuating strengths of supervisees. Perhaps even more important, Ladany, Ellis, and Friedlander (1999) noted that most supervisory alliances are formed within the first three to five meetings between supervisor and trainee and are composed of successfully and unsuccessfully resolved ruptures and repairs in the alliance (Gray, Ladany, Walker, & Ancis, 2001). Therefore, it is essential that supervisors gain awareness into how their words, actions, and models of supervision, may impact their trainee's development and the supervisory alliance, in both positive and negative ways.

Since supervision is considered to be an essential method for communicating knowledge and instruction to trainees (Holloway, 1992), it makes sense that the nature of supervision is an evaluative process designed to enhance client welfare and professional functioning of the trainee (Bernard & Goodyear, 2009). In order to facilitate growth, clinical supervisors often act as consultants and teachers to trainees (Bernard & Goodyear, 2009); they spend time evaluating trainees, and play the role of gatekeeper to

the profession and help trainees increase their clinical competencies (Lumadue & Duffey, 1999).

As noted in prior research, counterproductive events inevitably happen during the supervisory experience. Counterproductive events can be described as any event or experience, in which the trainee perceives that the event either harmed or hindered their growth and development as a therapist (Gray et al., 2001). Counterproductive events/experiences in supervision will inevitably occur at some point during the training of a psychologist. One simple example is the trainee receiving a critical comment from his or her supervisor or hearing an inappropriate supervisor self-disclosure that the trainee experiences negatively. Since counterproductive events appear to be unavoidable in supervision, it is necessary that both supervisor and supervisee understand how to recognize such events when they occur and develop appropriate methods to assist in resolution of the counterproductive event.

Little is known, however, about the ways in which the supervisory alliance, in conjunction with the counterproductive event, affects self-efficacy of the trainee. Counterproductive events can take on many forms and may be difficult for some trainees to recognize, and perhaps even more difficult for trainees to move past after the event has occurred (Unger, 1999). It is also possible that if counterproductive events occur repeatedly, the series of such events can become harmful to the trainee and the supervisory alliance. According to Ellis (2001), it is essential for professionals in psychology to understand exactly what constitutes harmful, or counterproductive, supervision and how such experiences can impact the progress and growth of trainees.

A number of factors that illustrate the potential consequences of counterproductive supervision events are highlighted in the literature (Ellis et al., 2000; Ellis, 2001) and include symptoms of psychological trauma for the trainee such as excessive shame or guilt, incapacitating fears, a sense of mistrust toward supervisor, self doubt or self criticism; functional impairment in the trainee's personal life; loss of trainee self-confidence; and the weakening of the trainee's physical or mental health as a result of the counterproductive event that occurred. Ellis (2001) attempts to distinguish between situations necessary for the trainee's growth or development in which the trainee perhaps found it difficult to hear what his/her supervisor had to say, versus events that occurred in which the best interest of the trainee was not in mind. Researchers also suggested that differences between bad supervision and harmful supervision are difficult to separate and stated that possibly they exist on opposite ends of the same continuum (Ellis, 2001). Although the distinction is unclear between bad and harmful supervision, one key component to consider when conceptualizing these terms is to ask the question, "What are the effects of the supervision on the supervisee?" (Ellis et al., 2000). The effects of harmful supervision may last days, weeks, months, or years and may be viewed as the supervisor not holding the supervisee's best interest at heart (Ellis, 2001).

The supervisory alliance can influence ways in which the trainee interacts with and approaches the supervisor, as well as how he or she engages with clients (Gray et al., 2001; Ladany, Walker & Melincoff, 2001). According to Bordin (1983), the supervisory alliance can be described as consisting of three variables which are interconnected. The variables include agreement on the goals of supervision, agreement on the tasks of supervision, and the emotional bond that exists between the supervisor and trainee

(Bordin, 1983). Studies have found that positive supervision experiences are found when a supervisor is seen as supportive and instructional (Kennard, Stewart, & Gluck, 1987), respectful (Gandolfo & Brown, 1987), and conveys multicultural competence and awareness (Constantine, 1997). Negative supervision experiences occur when a supervisor appears as rigid (Kennard et al., 1987) and inattentive (Chung, Baskin, & Case, 1998). Gray et al. (2001) found that supervisees identified negative supervision experiences as having a supervisor dismiss their thoughts or feelings, taking a poor approach to supervision, or conveyed a non-empathetic attitude. Nelson and Friedlander (2001) reported that some supervisees reported continuous power struggles with supervisors; they also identified negative experiences with angry supervisors and those that struggled to clearly identify roles in the supervisory relationship. Taken together, this research suggests that it is important to not only understand aspects that impact the supervisory relationship, but also how the existing supervisory alliance relates to perception of positive/negative events in supervision, and how these events impact the self-efficacy of the trainee as they engage in clinical work with clients.

Research has suggested that counterproductive events can have a negative effect on both the supervisory alliance and the self-efficacy of the trainee. The scientific groundwork of self-efficacy was established by Bandura (1986) and when applied to trainee self-efficacy, can be defined as attitudes and beliefs personified by a helping professional or trainee that can impact their ability to effectively deliver counseling or psychotherapy services (Larson & Daniels, 1998).

Bandura (1993) explained that self-efficacy is perhaps the most central proponent of the mechanisms of personal agency. Self-efficacy is person's beliefs about their

capability to exercise control over events that affect their lives, as well as control over their own functioning, and include motivational, affective, cognitive, and selection processes (Bandura, 1993). Bandura also noted that beliefs of self-efficacy impact how people think, feel, behave, and motivate themselves and he asserted that when a person's self-efficacy is weak or damaged, performance attainments and thought processes are affected.

Other research has demonstrated that supervisors typically agree that counselor self-efficacy is an essential antecedent of competent clinical practice and should be a necessary focus of clinical education (Bernard & Goodyear, 2009; Kozina, Grabovari, De Stefano, & Drapeau, 2010). Further, successful task performance has been directly related to an individual's belief that he or she possesses the ability to produce desirable clinical outcomes (Kozina et al., 2010), and self-efficacy in clinical practice impacts the capacity of the clinician to effectively deliver psychotherapy services to the client (Larson & Daniels, 1998). In other words, when an individual's self-efficacy is low, that person will put far less effort into the task, for a shorter period of time, and will be marked with higher levels of anxiety related to potential failure of the task (Kozina et al., 2010).

Gray et al., (2001) interviewed psychology trainees regarding a specific counterproductive event in supervision and examined how the event influenced the supervisory alliance, process, and outcome, as well as the therapeutic process and outcome with clients. Results of the study indicated that all trainees felt the counterproductive event negatively impacted, or weakened, the supervisory alliance and changed the manner in which they approached their supervisor and negatively impacted



their work with clients. Because self-efficacy is an essential component for clinical practice, it is imperative to understand how supervisory alliance and counterproductive events that occur in supervision, impact counselor self-efficacy.

A final aspect to consider is how professional ethics connects to these constructs. A counterproductive event in clinical supervision can not only damage the supervisory working alliance and harm or stunt the development of counselor self-efficacy, but counterproductive events can also be ethically problematic. For example, a supervisor may disclose his/her marital problems to the trainee; not only can this be counterproductive, as the focus of the supervision session becomes about the needs of the supervisor, but this situation is also unethical in nature due to the inappropriate self-disclosure from the supervisor and the personal boundary crossing that occurred.

Many counterproductive events can be confusing, damaging, and harmful and can negatively impact the trainee. The American Psychological Association's (APA) Ethical Principles (2010) establish the standards for professional practice in supervision. Standard 3.04 Avoiding Harm, states that "Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients and others with whom they work, and to minimize harm where it is foreseeable and unavoidable" (APA, 2010). Further, supervisors must consider that interactions with trainees are teachable moments in which they have a chance to educate trainees on relevant ethical behavior and principles (Thomas, 2010). Additionally, supervisors must be present and self-aware to not only recognize teachable moments in supervision, but also to fully engage trainees when opportunities for ethical instruction arise.

It is also important to highlight Standard 7.07 which emphasizes the need for psychologists to refrain from engaging in sexual relationships with those they hold evaluative authority over. Further, Standard 3.08 addresses the responsibility of psychologists in avoiding exploitation of clients/patients, students, employees and those they supervise. Finally, Standard 7.06 provides a framework for psychologists regarding feedback and the evaluative process of supervisees. This standard reminds psychologists of the importance of providing trainees with a structured time and process to provide them with feedback and evaluation, as well as to evaluate them based on their actual performance. For example, if a supervisor is consistently late to supervision with a trainee or keeps the trainee longer than the scheduled time for supervision, the trainee may classify this as a counterproductive event. Additionally, if a supervisor evaluates the trainee on a basis of something personal rather than on their actual performance, that too may be considered counterproductive and potentially damaging to the supervisory working alliance.

### **Purpose of the Study**

A clear need exists to empirically examine the relationship between counterproductive events psychology trainees experience and the supervisory working alliance, as well as the impact of counterproductive events on self-efficacy of the psychology trainee. Additionally it is important to investigate other factors that may influence trainee self-efficacy such as years of experience and gender.

### **Aims of the Study**

This dissertation research sought to develop a deeper understanding of the following:

1. What is the relationship between the presence of counterproductive events and the supervisory working alliance as perceived by the trainee?
2. What is the relationship between the supervisory working alliance, the presence of counterproductive events, and the trainee's level of self-efficacy?
3. What is the independent contribution of the Supervisory Working Alliance, presence of counterproductive events, years of experience, and gender on self-efficacy?

The current investigation advances the research by exploring the relationship between the supervisory alliance, counterproductive events, and trainee self-efficacy. Also, this study included a larger sample size of pre-doctoral interns, doctoral level practicum students than previous studies, and used a quantitative methodology; previous studies have taken a qualitative approach with smaller sample sizes.

Research question one was addressed by administering the Working Alliance Inventory-Trainee Version (Bahrnick, 1990) and the Role Conflict and Role Ambiguity Inventory (Olk & Fieldlander, 1992). Research question two was addressed with data collected from the Working Alliance Inventory-Trainee Version (Bahrnick, 1990), The Counseling Self-Estimate Inventory (Larson, Suzuki, Gillespie, Petnza, Bechtel, Toulouse, 1992), and the Role Conflict and Role Ambiguity Inventory (Olk & Fieldlander, 1992).

The need to investigate these questions is underscored by the evidence presented by Gray et al. (2001) in a small qualitative study. These researchers examined only the most significant counterproductive events experienced by each of 13 participants. All

participants felt that when a counterproductive event occurred, it initially weakened the supervisory alliance; if the trainees were able to address and process the event with their supervisor, the alliance was repaired and eventually strengthened. The authors also found that counterproductive events changed the way that all participants approached their supervisors, most specifically in disclosing less, becoming more on guard or hyper vigilant in supervision.

It is necessary to examine how counterproductive events that occur during supervision relate to the working alliance and confidence of the trainee. Since much of the existing literature in this area utilized qualitative methodology and consisted of small sample sizes (Gray et al., 2001; Nelson & Friedlander, 2001; Reichelt & Skjerve, 2002), the present study included a larger number of participants which may be more representative of the population, and employed quantitative measures to investigate participant evaluation of supervisory working alliance, counselor self-efficacy, and counterproductive events.

### **Significance**

This study, examining supervisory working alliance and counterproductive events that occur in supervision, is important for a number of reasons. It is not only imperative to better understand how the existing supervisory alliance influences the trainee's perception of counterproductive events, but it is also important to determine how counterproductive events in supervision can influence the working alliance, and relate to the self-efficacy of the developing practitioner. These aspects are vital to consider so that supervisors can be aware of the potential impact their approaches have on the growth and

development of their trainees and the trainees' work with clients, as well as the level of competence trainees feel in their ability to diagnose and treat clients.

### **Definition of Terms**

*Counterproductive Event.* Any event or experience, in which the trainee perceives that the said event either harmed or hindered their growth and development as a therapist (Gray et al., 2001).

*Psychology trainee.* A psychology trainee is a doctoral level student who is studying to become a licensed psychologist through either a practicum or internship placement.

*Self-Efficacy (Counseling, Psychology).* Self-efficacy is described as a counselor's beliefs or judgments about his or her capabilities to effectively counsel a client in the near future (Larson et al., 1992).

*Supervision.* Supervision is a training requirement provided by a senior member of a profession to junior members of that same profession. The relationship is evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the junior member, monitoring the quality of professional services offered to the clients that they see, and serves as a gatekeeper for those who are to enter the particular profession (Bernard & Goodyear, 2004).

*Supervisor.* Supervisors are senior members of a profession who act as consultants and teachers to junior members entering the profession. They have an evaluative role over junior members in an attempt to enhance the functioning of the junior member (Bernard & Goodyear, 2004).

*Supervisory Working Alliance.* The supervisory working alliance is the relationship formed between psychology trainee and clinical supervisor and consists of three components, goals, tasks, and bonds. This relationship can influence many components of the training experience, including professional development, and both supervisory and client outcome. It has long been regarded by theorists as the primary agent by which supervisors increase the development of their trainees (Bordin, 1983).

## **CHAPTER II**

### **LITERATURE REVIEW**

The literature review is divided into three sections which include literature on the supervisory working alliance, counterproductive events in clinical supervision, and therapist self-efficacy. Specifically, the review focuses on aspects that influence the strength of the supervisory working alliance, including damaging or counterproductive events trainees have experienced. Influences of self-efficacy are reviewed, particularly self-efficacy of mental health professionals in training.

#### **Research on the Supervisory Working Alliance**

According to Holloway (1995), the quality of the relationship between supervisor and trainee is crucial to favorable outcomes in supervision. While positive interactions in supervision appear to produce enhanced training experiences and increased self-efficacy (Daniels & Larson, 2001), long lasting self-doubt of trainees regarding their clinical abilities has been reported as an effect of counterproductive supervision experiences (Nelson & Friedlander, 2001). A number of studies have been published on various aspects of clinical supervision in psychology including, the supervisory alliance, counterproductive events in supervision, supervisory style, and conflictual supervisor/trainee relationships (Gray et al., 2001; Horrocks & Smaby, 2006; Ladany et

al., 1999; Ladany & Friedlander, 1995; Ladany & Lehrman-Waterman, 1999; Ladany, Walker, & Melincoff, 2001; Nelson & Friedlander, 2001).

Much of the published research has sought to answer questions regarding issues related to the working alliance in supervision (Gandolfo & Brown, 1987; Kennard et al., 1987; Ladany et al., 1999; Ladany et al., 2001), but aspects of counterproductive events in supervision have also been investigated (Gray et al., 2001; Nelson & Friedlander, 2001; Reichelt & Skjerve, 2002). Limited research has focused on psychology trainee's perceptions of counterproductive or negative events in supervision and how these events influence the supervisory alliance (Gray et al., 2001; Hess et al., 2008; Mehr, Ladany, & Caskie, 2010). Additionally, the relationship between the presence of counterproductive events, the supervisory working alliance, and trainee's level of self-efficacy has yet to be published. Conflictual supervisory relationships are likely to continue to persist in the field of psychology and counterproductive events appear to remain an aspect of training with which future psychologists must contend. With deeper exploration of these issues through research, psychology trainees and supervisors alike will be better prepared to identify the influence that events in supervision can have on the working alliance, trainee development and self-efficacy.

**Supervisor self-disclosure and the supervisory alliance.** In the framework of clinical supervision, supervisory self-disclosures can include information regarding the supervisor's personal life, successes or failures of the supervisor, feelings, thoughts or reactions to clients or trainees, and information regarding their own training experiences. A number of studies have noted that self-disclosures in supervision by the supervisor are presumed to foster an environment of trust, openness and safety (Glickauf-Hughes, 1994;



Hutt, Scott, & King, 1983; Norcross & Halgin, 1997). The influence of non-disclosure of both supervisors and supervisees has also been studied in relation to the supervisory working alliance (Ladany, Hill, Corbett, & Nutt, 1996; Ladany & Melincoff, 1999). The following studies emphasize supervisor self-disclosure as a counterproductive event experienced by trainees. Review of this literature will assist in bringing to light how this can be perceived as counterproductive in nature and the potential influence of self-disclosure on the working alliance in supervision.

In 1999 Ladany and Lehrman-Waterman explored the supervisory working alliance in relation to self-disclosure by the supervisor to trainee. This study focused on the possible impact of a supervisory self-disclosure on a trainee. Self-disclosures can be defined as personal statements about one's self to another person (Watkins, 1997). The authors sought to investigate the nature and scope of supervisor self-disclosures and how the self-disclosures speak to supervisory style and the relationship between supervisor and trainee. Another purpose of the study was to identify the relationship between the frequency of supervisor self-disclosure, and the supervisor's approach and responses to trainees (supervisor style). The authors hypothesized that if a supervisor implemented an attractive style which encompassed warmth, openness, and support, the supervisor would be more likely to self disclose to the trainee.

One hundred five trainees in counselor education, counseling psychology, and clinical psychology programs were selected to participate in the study (Ladany & Lehrman-Waterman, 1999). Participants had a median of two years of supervised experience in counseling and a median of 16 supervision sessions. Of the 105 participants, 51% of their supervisors were male, 81% were white, and 67% of

supervisors held doctoral degrees, while 33% of supervisors were master's level clinicians. The Supervisor Self-Disclosure Questionnaire (SSDQ) was utilized in the study to obtain free-form answers from participants regarding their thoughts and feelings on their supervision experiences (Cacioppo & Petty, 1981; Ladany et al., 1996). The Working Alliance Inventory-Trainee Version (WAI-T) developed by Bahrnick (1990), the Supervisory Styles Inventory (SSI), developed by Friedlander and Ward (1984), the Supervisor Self-Disclosure Index (SSDI), and a demographic questionnaire were all utilized in this study to gather information from participants regarding their training experiences.

Results of the study indicated that supervisors most frequently self-disclosed regarding their personal issues, struggles in psychotherapy, and clinical struggles that were more neutral in nature. Ninety-one percent of participants reported at least one supervisory self-disclosure and 73% of participants noted that their supervisors made at least one disclosure that was personal in nature. Additionally, several categories of self-disclosure were identified by participants and included neutral counseling experiences, personal issues, struggles in psychotherapy, counseling successes, non-counseling related professional experiences, reactions to the trainee's clients, dynamics of the training site, information on the supervisory relationship, didactic mentoring, and experiences as a supervisor.

Specifically, participating trainees reported that self-disclosures from supervisors regarding their clinical struggles with clients strengthened that working alliance and promoted a deeper bond between supervisor and trainee. Results also indicated that the authors' hypotheses regarding existing relationships between supervisor style, supervisor

self-disclosure, and the supervisory working alliance, were supported. It is important to note that this relationship may not be straightforward; it is difficult to assess whether the working alliance in supervision is strengthened by self-disclosure of the supervisor, or whether self-disclosures occur due to a strong working alliance between supervisor and trainee. Overall, results of Ladany and Lehrman-Waterman's study (1999) indicate that supervisor self-disclosures are important to not only determine whether they strengthen or weaken the supervisory working alliance, but also to investigate if supervisor self-disclosure fosters trainee growth, leads to positive learning experiences and influences behavior changes of trainees.

A later study conducted by Ladany and Walker (2003), sought to illustrate the effectiveness of supervisor self-disclosure through the use of case examples. The authors provided five categories of personal self-disclosure statements that supervisors may engage in during supervision. These categories included personal material, therapy experiences, professional experiences, reactions to clients of the trainee, and their own supervision experiences. The authors hypothesized that self-disclosure from supervisors directly shapes the emotional bond element of the supervisory alliance and builds trust that supervisor has for trainee, and that trainee has for supervisor. They also proposed that with supervisor self-disclosure comes further trainee self-disclosure, which ultimately teaches trainees how self-disclosure can be utilized appropriately in supervision.

Finally, Ladany and Walker (2003) claimed that instruction of trainees is an outcome-related variable of the self-disclosure by supervisors. The authors pointed out that supervisors can utilize self-disclosure as a form of didactic mentoring (Ladany &

Lehrman-Waterman, 1999) to construct an environment of both instruction and learning in supervision. They continued to emphasize Bordin's model of supervision (1983) to assert their point and maintain that "supervisor self-disclosures can strengthen or weaken the supervisory working alliance" (Ladany & Walker, 2003, p. 613).

Case examples in this article illustrate a variety of supervisor self-disclosure patterns as well as hypothetical reactions from trainees. The authors based case examples on actual supervisory experiences and sought to provide scenarios of both positive and negative supervisory self-disclosures across an array of categories and dimensions. Ladany and Walker (2003) highlighted many examples of self-disclosure by clinical supervisors that may lead to, or be considered, a counterproductive event by the trainee. This study provides for both trainees and supervisors information about the potential impact that self-disclosures can have on the learning, confidence and development of trainees, as well as the influence of such events on the supervisory working alliance.

**Supervisory non-disclosure and the supervisory working alliance.** A similar discussion arises around disclosure in supervision and the working alliance, but instead focuses on non-disclosure of supervisors to trainees in clinical supervision (Ladany & Melincoff, 1999). The authors sought to investigate reasons in which supervisors would choose not to self-disclose in supervision and also examined the types of information they choose not to share with trainees. Previous research notes that in order to gain mutual trust between supervisor and trainee, the supervisor ought to address and explore his or her own clinical experiences (Bordin, 1983). Bordin (1983) noted that this also helps foster a stronger working alliance between trainee and supervisor. Additionally,

Blocher (1983) stated that supervision is most effective when patterns of communication are established through open expression of both supervisor and trainee.

Ladany and Melincoff (1999) highlighted the claims made by both Bordin (1983) and Blocher (1983); however, they also emphasized the notion that some non-disclosures by supervisors are appropriate, such as exploring their personal issues with a trainee or offering an abundance of personal information that is unrelated to supervision. Ladany and Melincoff (1999) argued that because of the potential impact on the supervisory working alliance, it is imperative that supervisors choose their disclosures and non-disclosures with mindfulness and care. Non-disclosure regarding feedback to trainees about their performance was also of interest to the authors conducting this study. The authors sought to investigate content of supervisor non-disclosures and why they choose not to disclose specific content to their trainees.

Participants in this study included 90 supervisors working in a variety of mental health settings including college counseling centers, hospitals, community mental health centers, schools, prisons, private practices, and academic departments. Participants were recruited through a mailing list from the American Counseling Association; participants were identified by contacting training directors at 51 pre-doctoral internship sites. Eighty percent of supervisors were doctoral level supervisors, and identified their field of study as counseling psychology, clinical psychology, or counselor education. The authors utilized the Supervisor Non-Disclosure Questionnaire (SNDQ; Cacioppo & Petty, 1981; Ladany et al., 1996) and a demographic questionnaire to collect data from participants.

Results from the Ladany and Melincoff (1999) study revealed that supervisor participants were able to identify roughly six categories of non-disclosures and 98% of

participants acknowledged withholding some information from their trainees. In regards to content of supervisor non-disclosures, the authors found that most cited were negative reactions to trainees' counseling and professional performances, with 74% of participants recognizing this in their practice. Participants acknowledged that this feedback was most typically withheld from trainees and revolved around concerns about the trainees' professional and clinical ability. Participants noted that most commonly this information was not disclosed during supervision due to developmental un-readiness by the trainee; many participants believed that trainees would eventually become aware of performance issues on their own through professional growth and development.

**Trainee non-disclosure and the supervisory working alliance.** Mehr, Ladany, and Caskie (2010) sought to investigate reasons for nondisclosure in supervision as well as seeking to understand how the supervisory alliance influences nondisclosure in supervision. The authors were also interested in uncovering the content of what trainees fail to disclose to their supervisors. For purposes of this study, Mehr and associates asked participants to focus solely on a single supervision session, as opposed to a sequence of sessions. Quantitative and qualitative data were collected from 204 participants, all of whom were individuals training to be therapists. Participants ranged in level of experience with 29% identifying as beginning practicum level trainees, 36% as advanced practicum level trainees, and 31% identified as internship trainees. The authors utilized a modified version of the Trainee Disclosure Scale (TDS; Walker, Laday, & Pate-Carolan, 2007). Modifications were made to include specific content of what trainees do not disclose in supervision and reasons for their nondisclosures and were based on findings of a trainee nondisclosure study conducted by Ladany et al., 1996. The questionnaire

asked participants to list their feelings, thoughts, and any reactions they had withheld from their supervisor during their most recent supervision session.

Additionally, the Trainee Disclosure Scale (Walker et al., 2007) was utilized to measure trainees' willingness to disclose during their most recent supervision sessions; the Working Alliance Inventory/Supervision-Short (WAI-Short; Ladany, Mori, & Mehr, 2007) was used to evaluate trainees' experiences of the supervisory working alliance; and the Trainee Anxiety Scale was implemented to assess the level of anxiety that trainees felt when they were in supervision. Finally participants were given a demographic questionnaire to address areas such as age, gender, race, field of study, degree program, months of experience providing counseling services, level of training, theoretical orientation, total number of clients seen, and hours of supervision per week. The demographic questionnaire was also used to obtain information on participants' supervisors, including their race, gender, setting of supervision, and theoretical orientation.

Results of the study indicated that nearly 85% of trainee participants reported withholding information from their supervisors during the most recent supervision session on which they reported. An average of 2.68 nondisclosures occurred in their most recent supervision sessions, as reported by these trainees. These non-disclosures were most often related to a negative supervision experience that they encountered with their current supervisor. Stronger supervisory working alliances were identified in relation to greater overall openness and willingness to disclose in supervision and decreased instances of nondisclosure, while higher trainee anxiety was related to lower willingness to openly disclose in supervision and greater instances of nondisclosure with supervisors.

Mehr et al., (2010) concluded that while not all nondisclosures in supervision are cause for alarm, it is important to examine nondisclosures that particularly harm the working alliance or hinder the progress of the relationship.

### **Counterproductive Events in Supervision and the Supervisory Alliance**

Nelson and Friedlander (2001) conducted a study surrounding the supervisory alliance and potentially harmful events that psychology trainees experience. The authors explored conflictual supervisory relationships that had a negative impact on the training experience of 13 master's level and doctoral level psychology trainees. The authors utilized a qualitative phenomenological approach, in order to determine themes experienced by trainees regarding harmful supervision experiences, and implemented two quantitative self-report instruments to investigate whether or not role ambiguity and role conflict impacted the negative experiences of participants.

Results of the study indicated that two primary themes were evident among participants. The first theme centered on the notion that a power struggle appeared to be characteristic of the supervisory relationships that were deemed as harmful. The second theme revolved around confusion and disharmony that were created by dual relationships between supervisor and trainee. Role conflict was also found to be problematic, particularly among the more advanced trainees as they experienced disappointment in being treated like students as opposed to being treated as colleagues. Among the 13 participants, many reported feeling hurt and confused by their negative supervision experiences and a few felt that they were strengthened professionally and personally. Long lasting self-doubt in their clinical abilities was another effect reported by participants due to negative supervision experiences and one participant left the field of



psychology all together as a result of counterproductive supervision. Results of these studies indicate the need to further examine various types of counterproductive events in clinical supervision and how the perception of these events relates to whether or not the trainee confronts the event or ignores it.

In a 1999 study conducted by Worthen and McNeill, roughly 71% of psychologists, serving as training directors and supervisor-experts, reported experiencing more than two negative or damaging supervision experiences during their training. In another study conducted by Unger (1999), results revealed that nearly 50% of participant trainees reported experiencing problematic supervision experiences, 15% of trainees reported being traumatized by an experience in supervision, 8% experienced sexual harassment or sexual advances by their supervisor, and roughly 8% left the field of psychology altogether due to harmful supervision. Unger (1999) concluded that on average, if one was to consider a cohort of 12 psychology doctoral students, two of the students would experience a traumatizing supervision event, and one student would leave the profession due to a harmful or abusive supervision event. Given that these findings came from a single study, these suggestions cannot be generalized to all trainees.

As previously mentioned, Gray et al. (2001) utilized qualitative methodology to explore 13 psychology trainee's experiences of counterproductive events that they experienced in supervision. The authors also explored participants' perceptions of how the events impacted the processes, outcomes, and relationships that trainees had with both their supervisors and their clients. Results indicated that common themes and patterns were detected among participants' responses. Many participants reported that they experienced negative feelings toward their supervisors after they experienced the

counterproductive event and the supervisory alliance was temporarily altered, however most participants reported that the supervisory alliance was eventually repaired after the counterproductive event was explored. Additionally, most trainees reported parallel processes that occurred between the counterproductive event and the work trainees did with clients; specifically, trainees found that they treated their clients as they had perceived their supervisors as treating them during the counterproductive event.

As noted previously, Nelson and Friedlander (2001) conducted a qualitative study which focused on negative supervisory experiences in psychology. Thirteen master's level and doctoral level trainees were asked to reflect on supervision experiences that had a harmful effect on their training. Participants were from a nationwide sample and ranged from 29 to 52 years in age and included nine women and four men who had experienced a harmful supervision experience within 3 years from the time of the study. The authors utilized a qualitative phenomenological approach, to identify themes experienced by trainees regarding counterproductive supervision experiences, and implemented two quantitative self-report instruments to investigate potential boundary issues or role conflict that may have impacted the negative supervision experiences of participants. Among the 13 participants, many reported feeling hurt and confused by their negative supervision experiences, were overworked without adequate supervision, and felt that their supervisors were not invested in the relationship and were not willing to acknowledge their role in conflict that occurred in the supervisory relationship. Furthermore, many participants reported intense stress and long lasting self-doubt in their clinical abilities, and some participants reported feeling as though they needed to support their supervisor. The authors also concluded that most participants in the study were able

to directly confront their supervisors regarding the counterproductive event, while some trainees sought the assistance of clinical or training directors as a means of intervention with their supervisor. The majority of participants reported that they sought guidance from their peers, co-workers, or partners, and a few even sought individual therapy to manage their emotional reactions more effectively with their supervisors.

### **Therapist Self-Efficacy**

Therapist self-efficacy is an essential component of both performance and effectiveness of a clinician. Counselor self-efficacy is related to other important variables such as the supervisory relationship and counselor anxiety (Ridgway & Sharpley, 1990). It is important to explore self-efficacy in relation to supervision experiences and the working alliance between trainee and supervisor.

A 2001 study, conducted by Daniels and Larson, sought to determine the relationship between feedback and self-efficacy of Masters level counselor trainees. The authors utilized Bandura's (1997) social cognitive theory to investigate this relationship. Bandura (1997) proposed that performance feedback is a means to convey information by which recipients can hear feedback from evaluators and make a social comparison. This is particularly pertinent when the task in question is complex or difficult.

Johnson, Perlow, and Pieper (1993) have made the claim that performance feedback is an indicator of whether the performance was a mastery experience or a performance failure, therefore it may be assumed that individuals will feel that such feedback, should it be negative, holds detrimental connotations about their skill and ability levels. Daniels and Larson (2001) examined the effect of both positive and negative performance feedback on trainees' self-efficacy and anxiety; all participants

were master's level trainees. Researchers asked participants to perform in mock counseling sessions in which they were provided with bogus feedback at the end of the mock session. The researchers utilized an experimental laboratory design (Heppner, Kivlighan, & Wampold, 1992) in order to manipulate an independent variable in the laboratory setting. By manipulation of which participant trainees would receive bogus feedback about their performance during the mock counseling sessions, the researchers were able to examine whether there was a causal relationship between the performance feedback participants received and counselor self-efficacy and feedback and anxiety.

**Self-efficacy and years of experience.** Daniels and Larson (2001) hypothesized that participants receiving positive feedback would report considerable increases in counseling self-efficacy, while those receiving negative feedback would report significant decreases in counselor self-efficacy, from pre-test to post-test. The authors also hypothesized that participants who received positive feedback would be more likely to report decreases in anxiety, while those receiving negative feedback would experience increases in anxiety from pre-test to post-test. Forty-five participants from Midwestern universities participated in the study, all of which were enrolled in counseling psychology, school counseling, counselor education, clinical psychology, or marriage and family therapy graduate programs. On average, participants had minimal supervised counseling experiences with many having less than one semester of supervised practicum experience.

Daniels and Larson implemented the Counseling Self-Estimate Inventory (COSE; Larson et al., 1992) to measure levels of counselor self-efficacy beliefs; The State-Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) to

measure state anxiety (STAI-S) and trait anxiety (STAI-T). The authors also utilized a demographic form to gather information on gender, age, ethnicity, and graduate program/training experience. Additionally, a manipulation check was used to assist the researchers in determining the participants' ratings of their own performance during the mock counseling session. Results indicated that both hypothesis 1 and hypothesis 2 were supported, revealing that feedback on trainee performance served as a cue for novice trainee participants, allowing them to enhance their clinical performance levels based on the feedback they received; novice counselor-trainee participants perceived positive feedback as mastery experiences, while negative feedback was attributed to failure. Additionally, perceptions of mastery experiences led to an increase in self-efficacy and a decrease in anxiety, while failure experiences led to a decrease in self-efficacy and an increase in anxiety for participants.

**Self-efficacy and gender.** In the framework of trainee self-efficacy, it is interesting to consider the role of gender. Within the field of psychology, the implications of gender have been a central theme surrounding many research studies (Gold & Hawley, 2001; Robinson, 1999; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Constantine (2000) notes that gender is described as construct developed through social and cultural experiences, which encompass behaviors, traits, and characteristics that affiliate with the male and female biological sex. In a 2001 study by Gold & Hawley, effects of socialization were found to potentially interfere with the incorporation of gender sensitive practices of counseling students. Additionally, Constantine and Ladany (2001) noted the importance of clinical supervision on societal influences based on gender identification and issues of discrimination. Constantine (2001) followed up the former study by

proposing that supervisors should teach counselor trainees through a comprehensive model that combines race, ethnicity, and gender awareness into their therapeutic practice. This study highlighted the notion that trainees, who obtain a more comprehensive background in the understanding of gender and ethnicity, may ultimately influence the counseling process in a more effective manner, thus improving trainee self-efficacy in these areas. Lastly, Stevens-Smith (1995) suggested that in order to be an effective, efficacious practitioner, one must have an understanding of a client's worldview of culture and gender as well as their own.

Overall, there is a substantial body of research on the topics of supervisory working alliance (Gandolfo & Brown, 1987; Kennard et al., 1987; Ladany et al., 1999; Ladany et al., 2001), counterproductive events (Gray et al., 2001; Nelson & Friedlander, 2001; Reichelt & Skjerve, 2002), and counselor self-efficacy (Daniels & Larson, 2001). However, there is a limited amount of research conducted on the relationship between counterproductive events in supervision and the effect on the supervisory working alliance (Gray et al., 2001; Hess et al., 2008; Mehr et al., 2010), and no research studies have been published that investigate the relationship between the supervisory working alliance, counterproductive events, and therapist self-efficacy during training. Additionally, much of the research has been conducted on smaller sample sizes which limit the ability to generalize to the larger population.

The current dissertation research is an essential next step in this area of research to help determine whether or not a relationship exists between the three variables. This study includes a larger sample size of pre-doctoral interns and doctoral practicum students and was quantitative in nature; previous studies have taken a qualitative

approach with smaller sample sizes. A larger sample size helped in making inferences about the general population of pre-doctoral level interns and their experiences in supervision during their internship/practicum years.

## **CHAPTER III**

### **METHODOLOGY**

#### **Purpose of the Study**

The primary purpose of this research was to assess the relationship between the supervisory working alliance, counterproductive events that occur in supervision, and of counselor/trainee self-efficacy beliefs.

#### **Research Questions**

The following research questions were addressed:

1. What is the relationship between the presence of counterproductive events and the supervisory working alliance as perceived by the trainee?
2. What is the relationship among the supervisory working alliance, the presence of counterproductive events, and the trainee's level of self-efficacy?
3. What is the independent contribution of the Supervisory Working Alliance, presence of counterproductive events, years of experience, and gender on self-efficacy?



## **Sample**

The sample for this research consisted of 102 adult participants from the United States who were completing a doctoral degree in either an APA accredited counseling or clinical psychology program. In order for inclusion in the study, participants were completing, or recently completed, either a practicum or internship placement. Participants were receiving clinical supervision from a licensed psychologist at their placement. Inclusion in the study was not determined by participants' gender, race, or year of their degree program.

Participants were recruited through the listserv of the Council of Counseling Psychology Training Programs (CCPTP). Listserv members were contacted electronically and sent a cover letter describing the study. A second letter to potential participants was included as an electronic link including the topic of study and participation requirements (ie: current or recent intern, practicum student). Participants were provided an informed consent page including information that all responses were completely anonymous. The total population of participants from the listserv came from all psychology interns who had been placed through the Association of Psychology Postdoctoral and Internship Centers (APPIC) matching system as well as practicum students who were completing an APA accredited doctoral program. APPIC match statistics revealed that during the 2012 match, roughly 3,150 doctoral students matched for internship placements across the United States and Canada (retrieved from <http://www.appic.org/Match/MatchStatistics/MatchStatistics2012PhaseI.aspx>).

Counseling psychology students were specifically recruited through the listserv, however a number of participants identified as clinical psychology students. It is

unknown whether the clinical psychology students received the survey link as a forward from other participants/listserv members or if they self-identified as clinical psychology students.

## **Procedure**

Following approval from the Cleveland State University Institutional Review Board (contained in Appendix A), the researcher contacted training directors through listserv of the Council of Counseling Psychology Training Programs (CCPTP). The researcher provided details regarding the purpose of the study and provided information regarding inclusion criteria for participants through a formal letter from the researcher included in the email. Training directors were asked to forward information regarding the project to their doctoral students who were completing their APA accredited pre-doctoral internship. Due to lower numbers of respondents, over a two month time period and after additional IRB approval, the researcher contacted training directors through the listserv to open participation to students who had completed at least one semester at a doctoral practicum placement.

Participants were given an informed consent letter with an electronic link to the survey via Survey Monkey. Participants were asked to reflect on their most recent year of supervision and focus on counterproductive events that occurred, the supervisory relationship which was developed during individual supervision with their internship/practicum supervisor at their current training site, and their personal beliefs of self-efficacy. Only those who could identify at least one counterproductive event were eligible for participation. An informed consent document was provided to all participants acknowledging that their participation was voluntary. Participants were provided a

detailed description of the current study. The informed consent document also included benefits and risks of participation in the study and highlighted anonymity of participants to their academic program advisors, directors of training and their clinical supervisors at their internship sites. See Appendix B for a copy of the introduction letter to training directors and participant consent form.

The number of participants needed, was identified based upon G\*power analysis. Power analysis is the name given to the process for determining the sample size for a research study. The technical definition of power is that it is the probability of detecting a "true" effect when it exists. Many students think that there is a simple formula for determining sample size for every research situation. However, the reality is that there are many research situations that are so complex that they almost defy rational power analysis. In most cases, power analysis involves a number of simplifying assumptions, in order to make the problem tractable, and running the analyses numerous times with different variations to cover all of the contingencies. (Erdfelder, Faul, & Buchner, 1996).

The sample size calculation is based a number of assumptions. One of these is the normality assumption for each participant. We also assume that the participants have the same common variance. Therefore based on these two assumptions we have a representative sample and a normal distribution. As our power analysis calculation is rooted in these assumptions it is important to remain aware of them. We have also assumed that we have knowledge of the magnitude of effect we are going to detect which is described in terms of means. When we are unsure about the means, we should use more conservative estimates.

Here are the sample sizes that we have come up with in our power analysis: 137 (best case scenario). Even though we expect a large effect, we will shoot for a sample size of between 90 and 125. This will help ensure that we have enough power in case some of the assumptions mentioned above are not met or in case we have some incomplete cases (i.e., missing data).

## **Instruments**

Due to the quantitative approach was utilized in this study, four instruments were selected: one standardized measure and three surveys. The first instrument measured the supervisory alliance and relationship that exists between participants and their supervisor. This instrument, The Working Alliance Inventory-Trainee Version, (WAI-T; Bahrnick, 1990), is a 36-item self-report measure that assessed the perception of the trainees regarding the relationship he or she held with their supervisors. This instrument measured perceptions of trainees regarding the three factors of the working alliance (agreement on goals of supervision, agreement on tasks of supervision, and emotional bond). Items on the WAI-T include statements such as “I find what I am doing in supervision confusing,” “I believe my supervisor is genuinely concerned about my welfare,” and “I am worried about the outcome of our supervision sessions.”

Three subscales are included in the WAI-T, each containing 12 items which correspond to the three factors of the supervisory working alliance mentioned above. For each item included in this measure, participants rated perceptions of the supervisory relationship on a 7-point scale; this scale ranges from *never* (1) to *always* (7). Higher scores on the scale reflect an increase in strength in goals, tasks, and bonds of supervision. Scores are obtained for each subscale by summing the item ratings; scores

range from 12 to 84, with higher scores revealing higher perceived agreement of trainee and supervisor regarding goals and tasks of supervision as well as a stronger perception of the supervisory bond.

The WAI-T has strong evidence of reliability and validity based on past studies (Hanson, Curry, & Bandalos, 2002). Reliability estimates vary minimally across different samples demonstrating stability, and both reliability and validity estimates that are similarly high have been reported by Horvath and Symonds (1991) and Martin, Garske, and Davis (2000). In sample studies, mean reliability estimates ranged from .79 to .90, with a modal estimate of .92 (Hanson et al., 2002). In this dissertation research, the WAI-T highlighted specific behaviors of the supervisors which were identified by participants. The total score of all three subscales was used for the purposes of the current study.

The second measure, the Counseling Self-Estimate Inventory (COSE), was utilized to measure self-efficacy beliefs of participants and was developed by Larson et al., (1992). This instrument contains 37 items, all of which are on a 6-point Likert type scale. Each item ranges from “Strongly Disagree” to “Strongly Agree.” The total score range represents the trainees’ level of self-efficacy beliefs; scores range from 37-222 with higher scores representing higher levels of self-efficacy. Further, the level of self-efficacy is outlined in 5 factor scores which include: handling of process, difficult client behaviors, micro skills, cultural competence, and awareness of personal values.

Examples of COSE items include, “I am sure the content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with and not discrepant from what the client is saying,” and “I feel competent regarding my abilities to deal with crisis situations that may arise during the counseling sessions – e.g., suicide, alcoholism,

abuse, etc.” The process factor includes 10 items and is defined as an integrated set of actions that are mutually identified by both the practitioner and the client. The difficult client behaviors factor includes seven items and includes the knowledge and skills required of a therapist when encountering challenging client behaviors such as suicidality, silence/resistance, or lack of client motivation. The micro skills factor includes 12 items and highlights the practitioner’s responses for quality and relevance. The cultural competence factor includes four items and is related to the practitioner’s competence, respect, and consideration of social class and ethnicity. Finally, the personal values factor includes 4 items and reflects the self-awareness of the practitioner’s personal biases. All scales on the COSE were utilized in this dissertation research.

The COSE has strong evidence of reliability and validity based on past studies (Larson & Daniels, 1998; Daniels & Larson, 2001). The COSE has an alpha coefficient above .85 and has adequate test and retest reliability (Larson & Daniels, 1998) and demonstrates initial construct validity through Factor Analyses; five orthogonal factors were replicated on 32 of the 37 items (Newcomb & Zinner, 1993). Larson and Daniels (1998) noted that the COSE appears to be the most widely used of the common self-efficacy measures and has the most adequate psychometric properties. For the purposes of this dissertation, the subscale scores were not utilized; only the total COSE total score was included.

The third measure, the Role Conflict Role Ambiguity Inventory (RCRAI; Olk & Friedlander, 1992) is a 29-item Likert type scale that measures role difficulties in supervision as perceived by the trainee. The RCRAI asks trainees to rate the extent to which the items reveal a difficulty or conflict experienced in their supervisory

relationship. The difficulties are rated on a 5-point likert scale which ranges from 1=not at all, to 5= very much so. Higher scores are reflective of greater perceptions of role difficulties and conflict.

Two subscales of 16 items are included on the RCRAI: (1) role conflict-13 items and (2) role ambiguity. The role conflict scale includes items such as “I got mixed signals from my supervisor and I was unsure of which signals to attend to,” “I have believed that my supervisor’s behavior in one or more situations was unethical or illegal and I was undecided about whether to confront him/her,” and “My supervisor told me to do something I perceived as illegal or unethical and I was expected to comply.” Examples of items included on the role ambiguity scale are “I was unsure of what to expect from my supervisor,” “there were no clear guidelines for my behavior in supervision,” and “I was not sure if I should discuss my professional weaknesses in supervision because I was not sure how I would be evaluated.”

Internal consistency based on Cronbach’s alpha for role ambiguity scale ranges from .89 (Olf & Friedlander, 1992) to .91 (Nilsson & Anderson, 2004; Nilsson & Duan, 2007). Role conflict Cronbach’s alpha was reported as .91 (Nilsson & Duan, 2007; Olf & Friedlander, 1992). According to Olf and Friedlander (1992), validity for the RCRAI reveals higher scores are associated with more dissatisfaction with the supervisory experience and higher levels of anxiety. This is also associated with a weaker supervisory working alliance as noted by Ladany and Friedlander (1995) and Nilsson and Anderson (2004). The total scores of both subscales was utilized for this dissertation research.

The demographic questionnaire, designed for the purposes of this dissertation, was utilized to provide information regarding participants’ age, race, sex,

year of graduation, number of total supervisors during years of doctoral training, number of months receiving clinical supervision, and degree, race and sex of current supervisor. It also included the trainees' program of study (ie: counseling psychology vs. clinical psychology) and their year in the program. It also assessed the current training site and population served (i.e.: college counseling center, hospital, community mental health facility) of participants. Years of clinical experience, and/or type of professional licensure the trainee has prior to current placement was also investigated. Appendix C contains copies of the measures used in this dissertation research.

### **Analysis**

Three statistical models were used to analyze the research questions proposed in this study. The first research question, that explored the presence of counterproductive events and the supervisory working alliance, was analyzed using bivariate correlation. This research question sought to understand the relationship between counterproductive events and the working alliance with their supervisor as reported by trainees.

A pearson-correlation was utilized to answer the second research question, that looked at the relationship between the supervisory working alliance, the presence of counterproductive events, and the trainee's reported level of self-efficacy.

The third research question was analyzed using multiple regression analysis to determine whether or not the supervisory working alliance, the presence of counterproductive events, years of trainee experience and gender, were predictive of self-efficacy.



### **Summary of Chapter III**

Chapter three reviewed the methods used in the current study, starting with the research questions and description of the population being analyzed. In addition, the purpose of the study, participants, procedures, instruments, and data analyses were addressed.

## **CHAPTER IV**

### **RESULTS**

This study explored the relationship between the supervisory working alliance, counterproductive/unethical events that occur in supervision, and level of counselor/trainee self-efficacy of doctoral practicum students and pre-doctoral interns. Further, this study sought to develop a deeper understanding of the following: Is there a relationship between the presence of counterproductive events and the supervisory working alliance as perceived by psychology trainees? Second, what is the relationship among the supervisory working alliance, the presence of counterproductive events, and the trainee's level of self-efficacy? Finally, what is the independent contribution of the Supervisory Working Alliance, presence of counterproductive events, years of experience, on self-efficacy?

#### **Participants**

Target participants for this study were 102 students from the United States, completing a doctoral degree in either an APA accredited counseling or clinical psychology program.

Participants were currently completing, or had recently completed either a practicum or internship placement and were receiving clinical supervision from a

licensed psychologist at their placement. Descriptive statistics including frequency distributions and means were evaluated. As shown in Table 4.1, participants were female (71.6%) and male (13.7%). Of the respondents, 14.7% chose not to disclose their gender. Eighty one percent of participants were enrolled in counseling psychology programs (PhD), and 18.4% were enrolled in clinical psychology programs (PsyD). The majority of participants (45.1%) reported having 3-5 years of clinical experience prior to completing practicum and internship placements; 46% completed their training in a college counseling center, 25.3% in a hospital, 23% in a community mental health facility. The remainder of the sample reported completing their training in a private practice setting, academic/school setting, forensic setting, state psychiatric hospital, veteran's medical center, and juvenile correctional centers. Of the participants 78.2% were Caucasian. Participants were recruited through the listserv of the Council of Counseling Psychology Training Programs (CCPTP).

Table 1 summarizes demographic information of participants.

Table 1

*Participant Demographics*

	Total	Percentage
Gender		
Male	14	13.7%
Female	73	71.6%
Missing	15	14.7%
Race/Ethnicity		
African American	10	9.8%
Caucasian	63	61.8%
Hispanic/Latino	6	5.9%
Asian American	6	6%
Native American/Pacific Islander	1	1.2%
Refused to Answer	15	15%
Other	1	1.2%
Education		
Counseling Psychology/PhD	82	81.6%
Clinical Psychology/PsyD	20	18.4%

The researcher provided details regarding the purpose of the study and information regarding inclusion criteria for participants electronically through a formal letter from the researcher. Training directors were asked to forward information regarding the project to doctoral students who are currently completing or recently completed their

pre-doctoral internship and practicum placements. Participants were provided with a link to the electronic survey via Survey Monkey. Responses were collected from November, 2013-February, 2014.

The general characteristics of the current sample appear to be representative of counseling and clinical psychology students as noted by the American Psychological Association. The APA reveals that females tend to dominate the profession of psychology with numbers of male psychology students continuing to fall (<http://www.apa.org/gradpsych/2011/01/cover-men.aspx>). Additionally, the APA notes demographic information from 2010, citing that roughly 77% of clinical and counseling psychology students are female and nearly 69% are Caucasian. Therefore, the APA statistics regarding race and gender are consistent with that of the sample in this dissertation research.

### **Analysis of Counterproductive Events and Supervisory Working Alliance**

The means, standard deviations, and score ranges of each of the assessments used in this dissertation research are presented in Table 2.

Table 2

#### *Analysis of Counterproductive Events and Supervisory Working Alliance*

	RC Total	WAI Total
N	68	68
RC Total    Pearson Correlation	1	.814**
N	68	71
WAI        Pearson Correlation	1	.814**

\*\*. Correlation is significant at the 0.01 level (2-tailed).

The first research question, “*What is the relationship between the presence of counterproductive events and the supervisory working alliance as perceived by the trainee?*” utilized a Bivariate correlation to demonstrate the strength of the relationship between counterproductive events and the supervisory working alliance. Statistical significance was set at the 0.01 level. The results of the Pearson Correlation indicated a significant relationship between the two variables,  $r = .814$ ,  $p < .01$ . Overall, there was a strong positive correlation between counterproductive events and supervisory working alliance. Increases in the presence of counterproductive events reported by trainees, correlate with a more problematic working alliance with supervisors. This is demonstrated in Table 3.

#### **Analysis of Counterproductive Events, Supervisory Alliance, and Self-Efficacy**

To investigate the second research question “*What is the relationship among the supervisory working alliance, the presence of counterproductive events, and the trainee’s level of self-efficacy?*” a Pearson Correlation was employed to determine whether there was a statistically significant relationship among the three variables. A positive correlation was found between the presence of counterproductive events, a weaker working alliance, and lower self-efficacy as reflected in Table 3.

Table 3

*Analysis of Counterproductive Events, Supervisory Alliance, and Self-Efficacy*

	RCtotal	WAtotal	COSEtotal
RCtotal	1	.814*	-.281*
N	68	68	68
WAtotal	.184*	1	-.223
N	68	71	71
COSe total	-.281*	-.223	1
N	68	71	75

\* P&lt;.05

Overall, there was a significant positive relationship between the strength of the working alliance, counterproductive events in supervision, and self-efficacy of trainees. The presence of counterproductive events and a weaker supervisory working alliance correlated with lower trainee self-efficacy.

**Analysis of Factors Predictive of Self-Efficacy**

A multiple regression analysis was employed to determine the extent to which the supervisory working alliance, the presence of counterproductive events, years of trainee experience and gender, are predictive of self-efficacy, as stated in the third research question. Results of the regression analysis are displayed in Tables 4 and 5. These four variables accounted for 36.5% of the variance in self efficacy among this population. Only two of the four factors contributed significantly to variance in self efficacy, years of clinical experience and the presence of counter productive events. Greater number of years of clinical experience contributed to higher self efficacy as did fewer reported counterproductive events. See tables 4 and 5 below.

Table 4

*Model Summary of Analysis of Factors Predictive of Self-Efficacy*

Model	R	R Square	Adjusted R Square
1	.634a	.403	.365

Table 5

*Model Summary of Analysis of Factors Predictive of Self-Efficacy*

Model	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>
	<i>B</i>	Std. Error	<i>Beta</i>	
1 WAI Total	.018	.085	.035	.209
2. RC Total	-.422	.174	-.409	-2.424 *
3. Gender?	-6.498	5.991	-.108	-1.085
4. Years of clinical experience prior to current training	14.315	2.478	.576	5.776*

p&lt;.05

**Summary of Chapter IV**

Chapter four presents the results of the three research questions. Findings of the study revealed a statistically significant relationship between counterproductive events experienced in supervision and a weaker supervisory working alliance. Additionally, findings indicated that more counterproductive events and a weaker working alliance related significantly to lower self-efficacy of psychology trainees. Lastly, the current study revealed that more years of experience of trainees and fewer reported counterproductive experiences, led to higher self efficacy. Gender was not a statistically



significant predictor of self-efficacy. Chapter V addresses these findings and implications for future research and practice.

## **CHAPTER V**

### **DISCUSSION**

#### **Summary of the Study**

The purpose of the study was to understand the relationship between counterproductive events in supervision, the supervisory working alliance, and trainee self-efficacy. The study looked closely at the impact of the supervisory working alliance on self-efficacy of doctoral level psychology trainees in the United States. This study included participants who were currently, or had recently, completed their practicum and internship placements. One of the unique factors of the current study was that participants evaluated not only their perceptions of the working alliance with supervisors and counterproductive events they may have experienced, they were also asked to rate their self-efficacy as a psychologist in training.

While prior studies have investigated the relationship between counterproductive events and the supervisory working alliance (Gray et al., 2001; Horrocks & Smaby, 2006; Kennard et al., 1987; Ladany & Friedlander, 1995), few studies have focused on the relationship between counterproductive events, working alliance and the impact on self efficacy. Additionally, most prior studies were qualitative in nature and employed a

smaller sample size. The current study provides insight into the importance of the supervisory alliance as it relates to self-efficacy of psychology trainees.

To answer the research questions, correlational analyses and multiple regression analysis were implemented. Research questions one and two investigated the strength of the relationship between counterproductive events, the supervisory working alliance, and trainee self-efficacy and utilized Pearson Correlations. To analyze the third research question, a standard multiple regression was employed to determine the extent to which the supervisory working alliance, the presence of counterproductive events, years of trainee experience and gender, were predictive of self-efficacy. Overall, findings from the study indicated that negative, or counterproductive events that psychology trainees experienced in supervision, were related to a weaker working alliance with supervisors. Additionally, higher ratings of counterproductive events and weaker supervisory working alliances correlated with lower trainee self-efficacy. Finally, participants who reported more years of experience and fewer counterproductive events during their supervision also demonstrated higher ratings of self-efficacy. These findings are discussed in detail below.

### **Research Question 1**

*What is the relationship between the presence of counterproductive events and the supervisory working alliance as perceived by the trainee?*

In looking at the constructs of counterproductive events and the supervisory working alliance, the findings of the current study revealed that psychology trainees reporting counterproductive, harmful, or confusing events in supervision reported weaker alliances with their training supervisors than those who did not indicate experiencing

counterproductive events. The findings of the Pearson Correlation, indicated a trending statistical significance,  $r = .814$ ,  $p < .01$ , towards the presence of counterproductive events demonstrating a more problematic working alliance with their supervisors. These findings support the importance of understanding how to recognize counterproductive events when they occur, developing appropriate methods to assist in resolution of such events, as to avoid the development of weak working alliances between supervisors and trainees.

There are multiple factors that contribute to a strong supervisory relationship, including modeling openness to exploration of conflicts that arise in supervision for the trainee, providing timely feedback, processing conflict and accentuating strengths of supervisees, as noted by Nelson, Barnes, Evans, and Triggiano (2008). According to this dissertation research, it appears that counterproductive events can take on many forms that may contribute to the overall relationship and view of trainee supervisors. It is imperative that supervisors understand and openly acknowledge such events to guide trainees in resolving and discussing conflicts. Trainees, as well, may need to take the initiative in bringing the discussion of counterproductive events to their supervision sessions.

The findings of this research may bring to question if supervisory relationships become weakened at times when trainees perceive their supervisors as struggling to model appropriate or effective responses to counterproductive events. Lack of modeling may impact the trainee's ability to understand and learn how to handle and approach counterproductive events. Additionally, harmful behavior from a supervisor delivers confusing messages to trainees regarding what is acceptable in a therapeutic or

supervisory relationship, and could hinder growth as a professional psychologist and perhaps even as a future supervisor. It seems that counterproductive experiences and weak working alliances may be transferred to future supervisory relationships. The question arises that if this is the case, will negative experiences and weak alliances become a pattern for many practicing psychologists?

Future research analyzing the impact of counterproductive events on the supervisory relationship might consider the long term impact. Counterproductive experiences may display a short term effect, most notably between the trainee and their training supervisory. It could be important to learn more about the impact of the counterproductive event and weakened supervisory relationship on post-degree professional relationships and the long-term impact of the trainee's later experiences as a supervisor.

As results of the current study indicated, when a negative supervisory event occurs, the supervisory relationship is weakened. It is important to consider how this impacts the growth of the trainee during such an imperative time in their professional development, when the relationship they hold with the professional primarily responsible for teaching them is insufficient. These questions lead into considering the construct of self-efficacy of trainees in relationship to the above topics.

## **Research Question 2**

*What is the relationship between the supervisory working alliance, the presence of counterproductive events, and the trainee's level of self-efficacy?*

Findings from the current study indicated that a relationship exists between the supervisory working alliance, the presence of counterproductive events and trainee self-efficacy. These findings are promising in advocating for the importance of supervisors to develop safe, strong, relationships with their supervisees. It is crucial that supervisors understand the impact of their actions and how events such as conflict, unresolved issues, and lack of communication can hinder the trainee's development and perceptions regarding ability to carry out responsibilities as a clinician. Further it seems that the topic of self-efficacy needs to be highlighted in the development of the professional identity of a counseling psychologist.

The findings of research question two support prior research conducted by Daniels and Larson in 2001. The researchers sought to determine the relationship between feedback and self-efficacy of counselor trainees, utilizing Bandura's (1997) social cognitive theory to investigate the supervisory relationship. Bandura (1997) proposed that performance feedback is a means to convey information by which recipients can hear feedback from evaluators and make social comparisons. Johnson, Perlow, and Pieper (1993) made the claim that performance feedback is an indicator of whether the performance was a mastery experience or a performance failure, therefore it may be understood that individuals will feel that negative feedback holds detrimental connotations about their skill and ability levels and directly impacts beliefs of self-efficacy.

Daniels and Larson (2001) examined the effects of both positive and negative performance feedback on trainees' self-efficacy and anxiety and found that participants receiving positive feedback reported considerable increases in counselor self-efficacy,

while those receiving negative feedback reported significant decreases in counselor self-efficacy. Additionally, perceptions of mastery experiences led to an increase in self-efficacy and a decrease in anxiety, while failure experiences led to a decrease in self-efficacy and an increase in anxiety for participants. We could also wonder if experiencing supervision as a mastery experience, rather than as a failure experience, matches the outcome results of this dissertation research.

Looking more closely at the importance of building strong working alliances with supervisees, the findings of this dissertation demonstrated that trainees, who rate fewer counterproductive events, also reported more stable working alliances with their training supervisors and rated higher levels of self-efficacy when asked to reflect on their clinical ability and skill. This may highlight that the supervisor's demonstration of behaviors that are suggestive of trust, respect, and safety, contribute to a more secure bond with the supervisor and that bond contributes to beliefs of self-efficacy. Additionally, the bond appears to allow for a wider range of topics and events to be perceived by the trainee as teaching moments that are more evaluative in nature, rather than events of conflict or attack. When this type of relationship develops, the supervisee may be far more likely to build confidence in their clinical abilities through open discussion and evaluative feedback. The opposite seems to be true when the relationship has been strained by harmful, conflictual events, as indicated by findings of research question two.

Additional studies related to these results may be needed to understand more about unique aspects of building self-efficacy, rather than assessing self-efficacy in total.

### **Research Question 3**

*What is the independent contribution of the Supervisory Working Alliance, presence of counterproductive events, years of experience, and gender on self-efficacy?*

When examining the presence of counterproductive events, strength of supervisory working alliance, years of clinical experience, and gender on the construct of self-efficacy, the results of the current study led to multiple inferences. First, the question arises around trainee self-efficacy and variables that relate to, or impact, these beliefs. It is interesting to think about the years of clinical experience and training that came before the doctoral internship or practicum, and how these years may impact or build upon current self-efficacious beliefs. The current study hypothesized that participants who reported more years of clinical experience prior to their current or recent training experience, would report higher scores on the COSE. Findings indicated support for this hypothesis revealing that more years of experience contributed significantly to higher trainee self-efficacy.

As previously mentioned, it seems reasonable to expect that as the trainees gathered more years of clinical experience, those experiences would be accompanied by more exposure to a wide range and variety of clinical and supervisory experiences. It also seems reasonable that an experienced individual would have more opportunities to handle difficult or challenging situations. When contemplating this notion, it would seem reasonable that the self-efficacy of these participants would not be lowered based on counterproductive events during supervision, as their efficacy could have been built and stabilized prior to the events occurring. Participants with more years of clinical



experience may also have had direct practice working through a multitude of counterproductive situations and therefore have knowledge regarding effective methods to carry out resolution.

Additionally, findings of this research question indicate that the fewer counterproductive events experienced, the higher the self-efficacy. This may be explained by the notion that participants who received more positive feedback and fewer negative or harmful supervision experiences, felt better about their overall performance, ability, and skill level.

Interestingly, the two variables supervisory working alliance and gender did not contribute significantly to the construct of self-efficacy. These findings may be explained in a few ways. While a relationship between the supervisory working alliance and self-efficacy was found in research question two, a possible explanation is that while the two constructs were related, one construct did not necessarily cause the other. It may be reasonable to expect that other factors, including years of experience, and fewer counterproductive events, were more prominent in building self-efficacy among trainees. Additionally, gender of the trainee did not contribute significantly to self-efficacy. Although women are more prevalent throughout the profession of psychology, it does not appear that the gender of trainees in the current study impacted ratings of efficacy. It is reasonable to infer from these results that both male and female trainees experienced similar levels of self-efficacy.

### **Study Delimitations**

Due to the use of the listserv to generate national participants for this study, the findings of this study are likely generalizable to most pre-doctoral interns and doctoral

practicum students in the United States, completing degrees in counseling or clinical psychology. The generalizability is dependent, though, on the listserv being representative of all trainees and that those who responded to the invitation to participate in this research were representative of the total listserv.

### **Study Limitations**

There are limitations to the findings and the design of this dissertation study. While the current study sought to cover a varied population of participants, the study only sought the self-report of pre-doctoral interns and practicum students. Feedback from the intern and practicum supervisors was not included in the current study.

Limitations among the group of participants may also exist. It is possible that only those who have experienced counterproductive or harmful events may have chosen to respond, which may have led to inflated responses among participants due to negative feelings toward their supervisors. Finally, because the sample was voluntary, it remains unclear whether or not the current sample is representative of the general population of pre-doctoral intern/practicum students.

Additionally, limitations exist in utilizing the RCRAI questionnaire. Since the questionnaire is a quantitative measure, it does not provide more specific qualitative information about the nature of the counterproductive events and how participants experienced such events. .

In spite of the above limitations of this study, confidence is provided through the validity and strength of the measures. The instruments utilized have been grounded in various research studies and three different instruments were used to support the findings.

Additionally, the study included a population of participants who work in a variety of settings across the country, and work with a diverse range of clients.

### **Applications for Future Research**

Based on the limitations of the current study, it is recommended that a follow-up study be administered to a larger, random sample. Although the current sample was larger than most previous studies, the statistical significance of the current findings was small in comparison to the general population. Therefore, future studies utilizing a larger sample size would have the advantage of demonstrating the strength of the relationship among the variables.

Additionally, the current study was limited to quantitative data. A deeper understanding of the relationship between counterproductive events, supervisory working alliance, and trainee self efficacy may be found by using a mixed methods approach in future studies. A qualitative data collection could add details of events that occurred and lead to further insights for psychology supervisors as to the unique nature of each counterproductive event and specific aspects of self-efficacy. A qualitative study could also examine a reflection by supervisors of their own counterproductive events and self-efficacy in their work with interns and practicum students.

Future studies may seek to utilize a longitudinal approach in which pre-doctoral interns and practicum students are asked to document and reflect on experiences throughout their training year, to gain insight into changes and growth that may occur within supervision and then extend to their experiences as a practicing professional. It may also be beneficial to determine whether interns and practicum students are at different enough developmental levels to necessitate how supervisors may choose to

approach individuals at varying levels. Lastly, it may be beneficial to investigate how trainees and supervisors repair damaged alliances.

### **Applications for Future Practice/Graduate Education**

This study, together with prior literature (Gray, Ladany, Walker, & Ancis, 2001; Ellis, 2001; Ellis et al., 2000) demonstrates the critical role of the clinical supervisor in the supervision setting. The clinical supervisor serves as a strong example for the role of a professional in the field of psychology. The working alliance that is built with trainees is imperative to the professional growth and development of future psychologists.

Building healthy, supportive relationships with trainees will create confident, well-equipped clinicians who will then be able to lead their trainees by positive example.

Creating positive and supportive supervision experiences for psychology trainees will promote future psychologists who are ready to teach and support. It is the responsibility of all psychologists to set the stage for future practitioners to be successful in the work they do with their trainees as well as with their clients. It is imperative that supervisors accept responsibility for addressing the working alliance supervisory sessions.

Additionally, training facilities have an ethical responsibility to the field of psychology to maintain good supervision to trainees. Continued failure to model ethical behaviors in supervision will result in a pattern of unhealthy dynamics between supervisors and trainees. This ultimately will lead to further decreases in self-efficacy of future psychologists and break down of ability to supervise others as trainees someday move into the supervisory role. Additionally, it is important for the psychology trainees, themselves, to be aware of how supervision experiences can impact their professional development and self-efficacy.

Additionally, findings from this study support the requirement that supervising psychologists receive formal training and supervised experiences as supervisors, themselves. As noted in prior literature, competence of supervisors is often assumed and not actually tested (Falender & Shafranske, 2004; Farber & Kaslow, 2010), leading to the need for consistency in the profession for competency based training approaches to supervision. Additionally, positive interactions in supervision appear to produce enhanced training experiences and increased self-efficacy of supervisees (Daniels & Larson, 2001). Negative supervision experiences also produce long lasting self-doubt of trainees regarding their clinical abilities and have been reported as an effect of counterproductive supervision experiences (Nelson & Friedlander, 2001).

Findings of the current study regarding counterproductive experiences in supervision also connect to the APA Ethical Principles (2010) which highlight standards for supervision. *Standard 3.04 Avoiding Harm*, states that “Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients and others with whom they work, and to minimize harm where it is foreseeable and unavoidable” (APA, 2010, p. 6). Supervisors must consider that ethical interactions with trainees are to do no harm and offer teachable moments in which they have a chance to educate trainees on relevant ethical behavior and principles (Thomas, 2010). Additionally, supervisors must be present and self-aware to not only recognize teachable moments in supervision, but also to fully engage trainees when opportunities for ethical instruction arise. It is imperative that future psychologists understand the impact of the supervisory relationships they experience throughout their training and professional development.

## **Summary of Chapter V**

In summary, the current study sought to investigate more closely the relationship between counterproductive events psychology trainees experience, the supervisory working alliance, and the impact of counterproductive events on self-efficacy of the trainee. Overall the findings of the current study support previous research indicating that more reported counterproductive events correlate with a more problematic supervisory working alliance. The current study added to previous findings by revealing that higher ratings of counterproductive events and weaker supervisory working alliances correlate with lower trainee self-efficacy. Findings also revealed that more years of clinical experience of trainees contributed significantly to higher self-efficacy as well as reports of fewer counterproductive events.

It is not only imperative to better understand how the supervisory alliance relates to the presence of counterproductive events, but it is also important to determine how counterproductive events in supervision can influence the working alliance, and relate to the self-efficacy of the developing practitioner. These aspects are vital to consider so that supervisors can be aware of the potential impact their approaches have on the growth and development of their trainees and the trainees' work with clients, as well as the level of competence trainees feel in their ability to diagnose and treat clients, and the trainees they may supervise in the future.

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## **APPENDICES**



**APPENDIX A**  
**IRB APPROVAL LETTER**

9/29/13

Dear Researchers Welfel and Kirk,

I have once again received your multiple responses. I'm responding to one of those, trying to keep on our radar the other emails you have sent. In future IRB application processes, please try not to respond piecemeal, as this results in confusion, errors, and a slowdown of the process.

Using the original review item numbers, here are my responses to your revisions and submissions. All points except the three listed immediately below had been previously addressed and are OK:

3. The email from the listserv director is fine. This is not a true "site" approval, and actually, none is needed for an online solicitation. However, we DO ask for verification that you have permission to use contact lists (like the listserv), so this document is very useful. All set to go on this point.

7. I have received this document as an attachment on your email. Thank you.

8. The recruitment email (sent to me via a different email) looks good. And, the Informed Consent Statement looks complete as well. I did spot one typo for you that you may want to fix: "Your will be asked for an electronic signature. . ."

Based on your revisions and submissions, I'm happy to approve your protocol. This email will serve as initial approval documentation; a hard-copy confirmation will follow.

Best wishes for success in your research endeavors.

Sincerely,  
Kim Neuendorf, Ph.D.  
Primary IRB Reviewer

Dear Researchers Welfel and Kirk,  
2/5/14

Thank you for this notification of a minor variation in your protocol for this research. There is no problem with adding this recruitment, so long as these students are not recruited by any researcher who happens to be their instructor at the time. Assuming this to be true, consider this email to be an approval of this addendum.

Sincerely,  
Kim Neuendorf, Ph.D.  
Primary IRB Reviewer

## APPENDIX B

### PARTICIPANT LETTERS

Dear Training Director,

My name is Holly Kirk and I am a doctoral candidate in the Counseling Psychology Ph.D. program at Cleveland State University. For my dissertation, I am examining the relationship among counterproductive events in supervision, the supervisory working alliance and trainee self-efficacy. Counterproductive events can be described as any event or experience, in which the trainee perceives that the event either harmed or hindered their growth and development as a therapist. To my knowledge, this is the first empirical study on the relationship among these three variables in the context of supervision at the doctoral internship level. *I am requesting your assistance in forwarding this research participation request to your doctoral students who are currently completing their APA accredited internship, those who have completed their APA accredited internship within the past 12 months, and those who have completed at least ONE SEMESTER of doctoral practicum with a focus on therapy.*

In this study, we are asking participants to reflect on their experiences and behaviors in supervision with their **current or recent internship or practicum supervisor** with whom they have been in individual (one-on-one) supervision. Their responses in this study will be completely anonymous.

Participants will be asked to complete likert rating scales. This survey should take **approximately 10-15 minutes**. We will maintain complete anonymity regarding participant data. We never ask participants to put their names, supervisor's name, or their institutional affiliation anywhere on this questionnaire. No individual results will be reported. Unfortunately, since we won't know who participants are, we will have no way of knowing whether they have completed the questionnaire. For this reason, we will be sending reminders through the listserve to everyone who could potentially participate. Participation is completely voluntary and participants have the right to withdraw consent and discontinue participation at any time without penalty. This study has been fully approved by the Cleveland State Institutional Review Board (IRB project number: # 29890-WEL). If you or your students have any questions about your rights as research participants you may contact Cleveland State University Institutional Review Board at (216) 687-3630.

Should you have any questions, please feel free to contact me at [hollyekirk@gmail.com](mailto:hollyekirk@gmail.com) or Dr. Elizabeth Welfel at [welfeler@yahoo.com](mailto:welfeler@yahoo.com).

Thanks once again for your help.

Sincerely,  
Holly Kirk, M.Ed.  
Doctoral Candidate in Counseling Psychology  
Cleveland State University

Elizabeth Reynolds Welfel  
Professor and Co-Director of Training  
Counseling Psychology Ph.D Program  
Cleveland State University

Dear Colleague,

My name is Holly Kirk and I am a doctoral candidate in the Counseling Psychology Ph.D. program at Cleveland State University. For my dissertation, I am examining the relationship among counterproductive events in supervision, the supervisory working alliance and trainee self-efficacy. Counterproductive events can be described as any event or experience, in which the trainee perceives that the event either harmed or hindered their growth and development as a therapist. To my knowledge, this is the first empirical study on the relationship among these three variables in the context of supervision at the doctoral internship level. *You have received this request for research participation because your doctoral program training director who forwarded this invitation to participate in research (which he or she received through the CCPTP listserv) to you.*

In this study, we are asking you to reflect on your experiences and behaviors in supervision with your **current or recent internship or practicum supervisor** with whom you have been in individual (one-on-one) supervision. If you have multiple supervisors, please choose the one considered to be your primary, on-site supervisor. Your responses in this study will be completely anonymous.

Although minimal, a potential risk you may incur by completing this questionnaire is minor psychological discomfort as you reflect upon your supervisory experience and how it has affected you. However, it is anticipated that the potential insight into supervision and possibly into the self will outweigh this discomfort. In addition, the results from a line of such research should help us gain important information for improving supervision practice.

You will be asked to complete likert rating scales. This survey should take **approximately 10-15 minutes**. We will maintain complete anonymity regarding your data. We never ask you to put your name, your supervisor's name, or your institutional affiliation anywhere on this questionnaire. No individual results will be reported. Unfortunately, since we won't know who you are, we will have no way of knowing whether you have completed your questionnaire. For this reason, we will be sending reminders through the listserv to everyone who could potentially participate. You will be asked for an electronic signature at the end of this letter which will constitute your informed consent to participate in this study. Your participation is completely voluntary and you have the right to withdraw consent and discontinue participation at any time without penalty.

Clicking "I agree to participate" below will confirm that you are 18 years or older and have read and understood this consent statement. Clicking will constitute your informed consent to participate in the study as outlined above.

This study has been fully approved by the Cleveland State Institutional Review Board (IRB project number: # 29890-WEL). If you have any questions about your rights as research participants you may contact Cleveland State University Institutional Review Board at (216) 687-3630.

We hope that you will find this task to be thought-provoking and stimulating. Findings of this study are intended for publication to add to the current body of research in the area of professional ethics in psychology. Should you have any questions, please feel free to contact me at [hollyekirk@gmail.com](mailto:hollyekirk@gmail.com) or Dr. Elizabeth Welfel at [welfeler@yahoo.com](mailto:welfeler@yahoo.com).

Thanks once again for your help.

Sincerely,  
Holly Kirk, M.Ed.  
Doctoral Candidate in Counseling Psychology  
Cleveland State University

Elizabeth Reynolds Welfel  
Professor and Co-Director of Training  
Counseling Psychology Ph.D Program  
Cleveland State University

**APPENDIX C**  
**DEMOGRAPHIC QUESTIONNAIRE**

1. Date of Birth
2. What is your gender?
  - Female
  - Male
  - Transgender
  - Other gender, you may specify: \_\_\_\_\_
3. What is your race/ethnicity?
  - African American /Black
  - Hispanic/Latino
  - Caucasian/ European American
  - Middle Eastern
  - Asian American
  - Native American/Pacific Islander
  - Other, please specify: \_\_\_\_\_
4. What is the race/ethnicity of your supervisor?
  - African American /Black
  - Hispanic/Latino
  - Caucasian/ European American
  - Middle Eastern
  - Asian American
  - Native American/Pacific Islander
  - Other, please specify: \_\_\_\_\_
5. In what area is your program of study at the doctoral level?
  - Counseling Psychology
  - Clinical Psychology
  - School Psychology
  - Other, please specify: \_\_\_\_\_
6. What type of graduate program are you in?
  - PhD
  - PsyD
  - Other, please specify: \_\_\_\_\_
7. What is your current training level?
  - Doctoral Intern
  - Doctoral Practicum Student

8. Where is your current practicum or internship placement?

College Counseling Center  
Hospital  
Community Mental Health Facility  
Private Practice  
Academic Setting  
Other, please specify: \_\_\_\_\_

9. What population do you serve? (you may choose more than one)

Children/Adolescents  
Adults  
College Students  
Geriatric  
Other, please specify: \_\_\_\_\_

10. How many years of clinical experience do you have prior to your placement at current training site?

None  
1 to 3  
3 to 5  
5 to 7  
More than 7

## APPENDIX D

### COSE - COUNSELING SELF-ESTIMATE INVENTORY SURVEY

#### Instructions:

On the following pages there are sentences that describe some of the ways a person might feel regarding their clinical abilities as a counselor. As you read the sentences please reflect on your perception of your skills as a counselor. Beside each statement is a seven point scale:

Strongly Disagree                      Strongly Agree  
1       2       3       4       5       6       7

1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.

Strongly Disagree                      Strongly Agree  
1       2       3       4       5       6       7

2. I am likely to impose my values on the client during the interview.

Strongly Disagree                      Strongly Agree  
1       2       3       4       5       6       7

3. When I initiate the end of a session, I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time.

Strongly Disagree                      Strongly Agree  
1       2       3       4       5       6       7

4. I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and minutia).

Strongly Disagree                      Strongly Agree  
1       2       3       4       5       6       7

5. I am certain that my interpretation and confrontation responses will be concise and to the point.

Strongly Disagree                      Strongly Agree  
1       2       3       4       5       6       7

6. I am worried that the wording of my responses lack reflection of feeling, clarification, and probing, and may be confusing and hard to understand.

Strongly Disagree                      Strongly Agree  
1       2       3       4       5       6       7

7. I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client's values, beliefs, etc.

**Strongly Disagree** **Strongly Agree**  
1 2 3 4 5 6 7

8. I feel I will respond to the client in an appropriate length of time (neither interrupting the client nor waiting too long to respond).

**Strongly Disagree** **Strongly Agree**  
1 2 3 4 5 6 7

9. I am worried that the type of response I use at a particular time, i.e., reflection of feeling, interpretation, etc., may not be the appropriate response.

**Strongly Disagree** **Strongly Agree**  
1 2 3 4 5 6 7

10. I am sure the content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with and not discrepant from what the client is saying.

**Strongly Disagree** **Strongly Agree**  
1 2 3 4 5 6 7

11. I feel confident that I will appear competent and earn the respect of my client.

**Strongly Disagree** **Strongly Agree**  
1 2 3 4 5 6 7

12. I am confident that my interpretation and confrontation responses will be effective in that they will be validated by the client's immediate response.

**Strongly Disagree** **Strongly Agree**  
1 2 3 4 5 6 7

13. I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.

**Strongly Disagree** **Strongly Agree**  
1 2 3 4 5 6 7

14. I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying.

**Strongly Disagree** **Strongly Agree**  
1 2 3 4 5 6 7

15. I feel that I have enough fundamental knowledge to do effective counseling.

**Strongly Disagree** **Strongly Agree**  
1 2 3 4 5 6 7

Strongly Disagree      Strongly Agree

1      2      3      4      5      6      7

Strongly Disagree      Strongly Agree

1      2      3      4      5      6      7

Strongly Disagree      Strongly Agree

1    2    3    4    5    6    7

Strongly Disagree      Strongly Agree

1      2      3      4      5      6      7

Strongly Disagree      Strongly Agree

1      2      3      4      5      6      7

Strongly Disagree      Strongly Agree

1      2      3      4      5      6      7

Strongly Disagree      Strongly Agree

1      2      3      4      5      6      7

Strongly Disagree      Strongly Agree

1      2      3      4      5      6      7

Strongly Disagree      Strongly Agree

1      2      3      4      5      6      7



25. I feel competent regarding my abilities to deal with crisis situations that may arise during the counseling sessions – e.g., suicide, alcoholism, abuse, etc.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

26. I am uncomfortable about dealing with clients who appear unmotivated to work towards mutually determined goals.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

27. I may have difficulty dealing with clients who do not verbalize their thoughts during the counseling sessions.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

28. I am unsure as to how to deal with clients who appear noncommittal and indecisive.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

29. When working with ethnic minority clients, I am confident that I will be able to bridge cultural differences in the counseling process.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

30. I will be an effective counselor with clients of a different social class.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

31. I am worried that my interpretation and confrontation responses may not, over time, assist the client to be more specific in defining and clarifying their problem.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

32. I am confident that I will be able to conceptualize my client's problems.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

33. I am unsure as to how I will lead my client towards the development and selection of concrete goals to work towards.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

34. I am confident that I can assess my client's readiness and commitment to change.

**Strongly Disagree**

**Strongly Agree**

1      2      3      4      5      6      7

35. I feel I may give advice.

**Strongly Disagree**

**Strongly Agree**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

36. In working with culturally different clients, I may have a difficult time viewing situations from their perspective.

**Strongly Disagree**

**Strongly Agree**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

37. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.

**Strongly Disagree**

**Strongly Agree**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

## APPENDIX E

### WORKING ALLIANCE INVENTORY: SUPERVISEE FORM

Instructions: On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her supervisor. As you read the sentences, mentally insert the name of your supervisor in place of \_\_\_\_\_ in the text. Beside each statement there is a seven point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you always feel (or think), select the number “7”; if it never applies to you, circle the number “1”. Use the numbers in between to describe the variations between these extremes.

Please work fast. Your first impression is what is wanted.

**1. I feel uncomfortable with \_\_\_\_\_.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**2. \_\_\_\_\_ and I agree about the things I will need to do in supervision.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**3. I am worried about the outcome of our supervision sessions.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**4. What I am doing in supervision gives me a new way of looking at myself as a counselor.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**5. \_\_\_\_\_ and I understand each other.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**6. \_\_\_\_\_ perceives accurately what my goals are.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**7. I find what I am doing in supervision confusing.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**8. I believe \_\_\_\_\_ likes me.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**9. I wish \_\_\_\_\_ and I could clarify the purpose of our sessions.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**10. I disagree with \_\_\_\_\_ about what I ought to get out of supervision.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**11. I believe the time \_\_\_\_\_ and I are spending together is not spent efficiently.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**12. \_\_\_\_\_ does not understand what I want to accomplish in supervision.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**13. I am clear on what my responsibilities are in supervision.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**14. The goals of these sessions are important to me.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**15. I find what \_\_\_\_\_ and I are doing in supervision will help me to accomplish the changes that I want in order to be a more effective counselor.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**16. I feel that what \_\_\_\_\_ and I are doing in supervision is unrelated to my concerns.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**17. I believe \_\_\_\_\_ is genuinely concerned for my welfare.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**18. I am clear as to what \_\_\_\_\_ wants me to do in our supervision sessions.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

19. \_\_\_\_\_ and I respect each other.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
20. I feel that \_\_\_\_\_ is not totally honest about his or her feelings towards me.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
21. I am confident in \_\_\_\_\_'s ability to supervise me.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
22. \_\_\_\_\_ and I are working toward mutually agreed-upon goals.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
23. I feel that \_\_\_\_\_ appreciates me.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
24. We agree on what is important for me to work on.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
25. As a result of our supervision sessions, I am clearer as to how I might improve my counseling skills.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
26. \_\_\_\_\_ and I trust one another.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
27. \_\_\_\_\_ and I have different ideas on what I need to work on.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
28. My relationship with \_\_\_\_\_ is very important to me.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
29. I have the feeling that it is important that I say or do the "right" things in supervision with \_\_\_\_\_.
- |       |        |              |           |       |            |        |
|-------|--------|--------------|-----------|-------|------------|--------|
| 1     | 2      | 3            | 4         | 5     | 6          | 7      |
| Never | Rarely | Occasionally | Sometimes | Often | Very Often | Always |
30. \_\_\_\_\_ and I collaborate on setting goals for my supervision.
- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
-------	--------	--------------	-----------	-------	------------	--------

**31. I am frustrated by the things we are doing in supervision.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**32. We have established a good understanding of the kinds of things I need to work on.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**33. The things that \_\_\_\_\_ is asking me to do don't make sense.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**34. I don't know what to expect as a result of my supervision.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**35. I believe the way we are working with my issues is correct.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

**36. I believe \_\_\_\_\_ cares about me even when I do things that he or she doesn't approve of.**

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

## APPENDIX F

### ROLE CONFLICT AND ROLE AMBIGUITY INVENTORY SURVEY

**Instructions:** The following statements describe some problems that therapists-in-training may experience during the course of clinical supervision. Please read each statement and then rate the extent to which you have experienced difficulty in supervision in your most recent clinical training.

For each of the following, circle the most appropriate number, where 1 = *not at all*, and 5 = *very much so*.

I HAVE EXPERIENCED DIFFICULTY IN MY CURRENT OR MOST RECENT SUPERVISION BECAUSE;

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. I was not certain about what material to present to my supervisor.   | 1 | 2 | 3 | 4 | 5 |
| 2. I have felt that my supervisor was incompetent or less competent than I. I often felt as though I was supervising him/her.   | 1 | 2 | 3 | 4 | 5 |
| 3. I have wanted to challenge the appropriateness of my supervisor's recommendations for using a technique with one of my clients, but I have thought it better to keep my opinion to my self | 1 | 2 | 3 | 4 | 5 |
| 4. I wasn't sure how best to use supervision as I became more experienced, although I was aware that I was undecided about whether to confront her/him.                                       | 1 | 2 | 3 | 4 | 5 |
| 5. I have believed that my supervisor's behavior in one or more situations was unethical or illegal and I was undecided about whether to confront him/her.                                    | 1 | 2 | 3 | 4 | 5 |
| 6. My orientation to therapy was different from that of my supervisor. She or he wanted me to work with clients using her or his framework, and I felt I should                               | 1 | 2 | 3 | 4 | 5 |

be allowed to use my own approach.

7. I wanted to intervene with one of my clients in a particular way and my supervisor has wanted me to approach the client in a very different way. I am expected to both judge what is appropriate for myself and also to do what I am told. 1 2 3 4 5

8. My supervisor expected me to come prepared for supervision, but I had no idea what or how to prepare. 1 2 3 4 5

9. I wasn't sure how autonomous I should be in my work with my clients. 1 2 3 4 5

10. My supervisor told me to do something I perceived as illegal or unethical and I was expected to comply. 1 2 3 4 5

11. My supervisor's criteria for evaluating my work was not specific. 1 2 3 4 5

12. I was not sure that I had done what my supervisor expected me to do in session with a client. 1 2 3 4 5

13. The criteria for evaluating my performance in supervision were not clear. 1 2 3 4 5

14. I got mixed signals from my supervisor and I was unsure of which signals to attend to. 1 2 3 4 5

15. When using a new technique, I was unclear about the specific steps involved. As a result, I wasn't sure how my supervisor would evaluate my work. 1 2 3 4 5

16. I disagreed with my supervisor about how to introduce a specific topic to a client, but I wanted to do what the supervisor recommended. 1 2 3 4 5

17. Part of me wanted to rely on my own instinct with a client, but I always knew that my supervisor would have the last word. 1 2 3 4 5

18. The feedback I got from my supervisor did not help me to know what was 1 2 3 4 5



expected of me in my day to day work with clients.

19. I was not comfortable using a technique recommended by my supervisor; however, I felt I should do what my supervisor recommended. 1 2 3 4 5

20. Everything was new and I wasn't sure what would be expected of me. 1 2 3 4 5

21. I was not sure if I should discuss my professional weaknesses in supervision because I was not sure how I would be evaluated. 1 2 3 4 5

22. I disagreed with my supervisor about implementing a specific technique, but I also wanted to do what the supervisor thought best. 1 2 3 4 5

23. My supervisor gave me no feedback and I felt lost. 1 2 3 4 5

24. My supervisor told me what to do with a client, but did not give me very specific ideas of how to do it. 1 2 3 4 5

25. My supervisor wanted me to use an assessment technique that I considered inappropriate for a particular client. 1 2 3 4 5

26. There were no clear guidelines for my behavior in supervision. 1 2 3 4 5

27. The supervisor gave no constructive or negative feedback and as a result, I did not know how to address my weaknesses. 1 2 3 4 5

28. I did not know how I was doing as a therapist and, as a result, I did not know how my supervisor would evaluate me. 1 2 3 4 5

29. I was unsure of what to expect from my supervisor. 1 2 3 4 5