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Evaluation Feedback Process in Supervision Using Critical Events Model

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Evaluation Feedback Process in Supervision Using Critical Events Model

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Abstract

Evaluative feedback in supervision is an important factor that compounds the hierarchical nature of the supervisory relationship. Whereas the evaluative feedback process can be constructive when it contributes to supervisee learning and self-efficacy, the evaluative nature of providing feedback can also make the supervisee feel vulnerable due to its inherent focus on areas of growth that form the basis for evaluation. Moreover, a lack of set criteria for evaluation on a particular issue (e.g., supervisee's professional development) can further compound the issues. At the same time, challenging feedback can provide a constructive experience when the supervisor's approach (i.e., interventions) to addressing challenging feedback resonates with supervisee needs. However, supervision literature on the nature of interventions used in addressing challenging evaluative feedback in relation to supervisee outcomes remains scant. Using the critical events in supervision (CES) model, the current study utilized a mixed method design to examine types of supervisor interventions used to address supervisee responses to challenging feedback and its relationship to supervisee outcomes (supervisee awareness, knowledge, skills, supervisee self-efficacy, supervisee satisfaction and supervisory working alliance). Qualitative analyses using consensual qualitative research-modified revealed five distinct categories, clinical approach/assessment, professionalism, interpersonal, and personal feedback and no challenging feedback. Supervisee reactions to the challenging feedback included being disappointed with oneself, frustration with self and supervisor, feeling hurt, shocked, and experiencing self-doubt. Quantitative analyses using multiple multivariate linear regression analysis revealed that three supervisor interventions, focusing on supervisee awareness, skills, and normalizing

supervisee experiences were significant predictors of supervisee satisfaction and

supervisory working alliance. Implications for these findings are discussed.

Chapter I

Introduction

Evaluation, a critical component of supervision, assists in the overall development

of counseling supervisees (Chur-Hansen & McLean, 2006; Heckman-Stone, 2003;

Lehrman-Watermann & Ladany, 2001). Research has highlighted a number of benefits to

using supportive and effective evaluative practices in supervision such as bolstering

trainee self-confidence (Heppner & Roehlke, 1984), creating a positive experience of

supervision for the supervisees (Hilton, Russell, & Salmi, 1995), increased supervisee

satisfaction with supervision, and a stronger supervisory alliance (Lehrman-Waterman &

Ladany, 2001). Although evaluation can benefit supervisees in clinical training, it can

also be a source of confusion and anxiety (Bradley & Kottler, 2001). Specifically,

disclosing personal and clinical vulnerabilities can create ambivalence or reticence within

the context of an evaluative relationship. How the supervisor handles such disclosures

and vulnerabilities can have important implications for the supervisory process. Given

that evaluation is a critical component for accountability in supervision (Bradley &

Kottler, 2001), and supervisee development (Heckman-Stone, 2003; Johnston & Milne,

2012), there is a need for a closer examination of the role of evaluation in promoting or

hindering supervisee development.

One important component of supervisory evaluation is feedback (Lehrman-

Watermann & Ladany 2001). Studies examining the role of feedback in the effectiveness

of supervision have revealed that feedback has been positively related to supervisee's

perspectives of the working alliance and supervisor's role in promoting supervisee self-

efficacy (Lehrman-Waterman & Ladany, 2001). Specifically, Wong, Wong and Ishiyama

(2013) found that when supervisors followed up and debriefed about the feedback, it contributed to positive experiences for supervisees and was perceived as one of the important attributes of supervisors' professional competence. Additionally (Gray, Ladany, Walker, & Ancis, 2001; Ladany, Mori, & Mehr, 2013) when supervisors were supportive, empathic, and listened when providing feedback, it assisted supervisees in identifying and working on their areas of growth in supervision.

Conversely, when supervisors provided indirect and vague feedback (Allen, Szollos, & Williams, 1986), and overemphasized trainee deficits (negative feedback; Anderson, Schlossberg, & Rigazio-DiGilio, 2000; Hutt, Scott, & King, 1983) supervisees perceived this as the worst supervisory experience. In particular, an overemphasis on trainee's areas of growth during feedback not only increased supervisee anxiety but also decreased supervisee self-efficacy (Daniels & Larson, 2001). Moreover, challenging feedback seemed to limit self-disclosure and affects the supervisee's quality of subsequent work with clients (Gray et al., 2001), thwarts future learning opportunities for the supervisee, and strains the supervisory working alliance (Ladany et al; 2013). From supervisor perspectives, it appeared that supervisors avoided providing feedback related to supervisee's personality and professional issues because they anticipated a negative reaction from the supervisee (Hoffman, Hill, Holmes, & Freitas, 2005). However, the supervisors seemed to acknowledge that being directive and timing the feedback would have assisted in the provision of challenging feedback when needed.

Findings consistently indicate that providing challenging feedback in an affirmative manner not only enhances learning for the supervisee, but also models effective interventions in the case of challenging situations with clients (Ladany et al.,

2013). Although studies have identified some aspects of challenging feedback, (Daniels & Larson, 2001; Ellis, D'luso, & Ladany, 2008; Hutt et al., 1986), how supervisors' respond to the effects of such feedback on supervisees has received minimal attention.

The current study examines how supervisor interventions used to process challenging feedback may influence supervisee outcomes (i.e., knowledge, awareness and skills, supervisee self-efficacy and satisfaction, supervisory alliance) from a supervisee perspective. In order to understand the relational dynamics between supervisor interventions addressing challenging feedback and supervisee variables, it is important to first frame the current study within a theoretical framework, namely the critical events model in supervision (CEM).

Critical Events Model (CEM)

CEM is an events-based model, characterized by a pan theoretical, interpersonal perspective that focuses on supervisee's growth in supervision (Ladany, Friedlander, & Nelson, 2005). The CEM conceptualizes supervision as a series of events that occur between the supervisor and supervisee; with each event having a marker, an interactional sequence, and a resolution. The marker can be overt (e.g., discussing evaluation) or covert (e.g., supervisee missing appointment). In the current study, supervisor's statements providing challenging feedback to the supervisee represent the beginning phase of a critical event (Ladany, Walker, Pate-Carolan, & Evans, 2008). Following the provision of challenging feedback, the supervisee's statement or reactions to the feedback is the marker that signals the need for the supervisor to enter into an interaction sequence with the supervisee (middle phase). In this middle phase, the supervisor engages in a series of interventions (e.g., supervisor validates supervisee's feelings, focuses on

supervisory working alliance) to address supervisee reactions. In this stage, the supervisee can also request specific interventions depending on his/her needs in supervision (Ladany et al., 2008). The manner in which the supervisor handles this stage can result in a constructive or hindering experience for the supervisee (i.e., resolution, the final phase). A constructive resolution could result in supervisee acknowledging how personal biases, feelings, behaviors and attitudes influences his/her work with clients (Ladany et al., 2005). A hindering resolution could end with the supervisee feeling uncomfortable and not wanting to discuss the feedback further (Ladany et al., 2010).

The CEM can function as an important avenue through which challenging feedback may be discussed between the supervisor and supervisee. In fact, two studies (Bertsch et al., 2013; Ladany et al., 2012) have provided preliminary evidence for the CEM by highlighting the role supervisor interventions can play in promoting a corrective relational experience for supervisees after a challenging interaction in supervision. Specifically, Ladany, Inman et al. (2012) revealed that supervisor interventions such as open and direct discussion of feedback resulted in stronger ratings of the supervisory alliance by the supervisees. Supervisees also reported being seen by their supervisor as genuine and self-disclosing after they experienced a corrective relational experience in supervision (Ladany et al., 2012). Similarly, Bertsch et al. (2013) used the CEM paradigm to identify critical gender-related events that occurred in supervision. Results revealed that relational (e.g., being attentive to supervisee needs) and reflective (e.g., exploring supervisee feelings) supervisor interventions were effective in increasing supervisee outcome, namely, self-awareness, skills and the supervisory working alliance. Thus, the CEM provides a strong theoretical and empirical framework for the current

study's focus on supervisor intervention in working through challenging feedback and its influence on supervisee outcomes.

Supervisee Outcomes

For the purpose of the current study, supervisee outcome refers to supervisee knowledge, awareness, and skills (Sue, Arredondo, & McDavis, 1992). Supervision has been identified as an important avenue to gain theoretical perspectives (knowledge), develop self-awareness, and learn counseling skills (Bernard & Goodyear, 1998). Knowledge refers to the theoretical, empirical, and practical understanding that is developed and refined through training and experience. Awareness is defined as supervisees' ability to understand how one's own feelings, biases, behaviors, and beliefs influence work with clients and skills relate to the conceptual, technical, and interpersonal behaviors used during one's work with clients (Ladany et al., 2010).

Studies have revealed that supervisees are more inclined to progress in each of these learning outcomes when supervisors provide an optimal learning environment that reinforces supervisee strengths (Gray et al., 2001; Ladany et al., 2013). For example, Anderson et al.'s study (2000) revealed that supervisees experienced positive supervision when supervisors provided multiple useful conceptual frameworks in understanding clients, and introduced new ideas and techniques in working with clients. Moreover, when feedback was clear, consistent, balanced, immediate, strength focused, and ongoing (e.g., based on clearly defined criteria and observation of supervisees' work) supervisees seemed to develop greater awareness (self-evaluation) and competency in their clinical skills (Farnill, Gordon, & Sansom, 1997; Heckman-Stone, 2003).

Research (Johnston & Milne, 2012; Ladany et al., 2013) suggests that supervisees experience less anxiety and more growth when they perceive that their supervisors do not adopt a judgmental approach in providing feedback about their mistakes in supervision (Ladany et al., 2013). Conversely, supervisees' anxiety surrounding evaluation has been noted to be high when supervisors' reactions are unpredictable and inconsistent (Madani, Kees, Carlson, & Littrell, 2010) and feedback is poorly communicated, missing, or absent from supervision (Johnston & Milne, 2012). Such interactions seem to eventually limit learning opportunities for supervisees. Although these studies provide some insights into supervisee experiences with evaluative feedback, neither of the studies (Hoffman et al., 2005; Wilcoxon, Norem, & Magnuson, 2005) delved into the mechanisms underlying the provision and reception of challenging feedback as a critical component that can create learning opportunities for supervisees. Given the current findings (Johnston & Milne, 2012; Madani et al., 2010; Wilcoxon et al., 2005), and the exploratory nature of the current study, the following research question was proposed: What types of supervisor interventions used to address supervisee reactions to challenging feedback predict supervisee knowledge, awareness, and skills? Moreover, successful execution of learned counseling behaviors not only requires knowledge and skills, but also, the belief that one can execute the learned behaviors successfully (Bandura, 1977; Cashwell & Dooley, 2001). Thus, a second variable of interest in the current study was supervisee self-efficacy.

Supervisee Self-efficacy

One of the primary goals of supervision is to develop proficiency in counselors by increasing their level of competency and self-efficacy (Bernard & Goodyear, 2004).

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Feedback is one of the primary sources of developing confidence in one's personal ability (Bandura, 1977). For instance, supervisor's structured and focused feedback regarding counseling skills, modeling of appropriate behaviors, and providing encouragement in supervision can strengthen supervisee's clinical work with clients and enhance supervise self-efficacy (Cashwell & Dooley, 2001; Ladany, Ellis, & Friedlander, 1999).

When supervisors do not handle challenging or negative feedback effectively (Lane, Daugherty, & Nyman, 1998; Madani et al., 2010; Gray et al., 2001), supervisee learning is limited (Madani et al., 2010), thereby minimizing supervisee self-efficacy (Lane et al., 1998). Gray et al. (2001) in their study on counterproductive events in supervision found that when supervisors were critical in their feedback, supervisees experienced significant disempowerment. These supervisees believed that their negative experiences in supervision eventually affected their work with clients, thereby diminishing their perceived sense of confidence as therapists. Additionally, these authors found that supervisors were not aware of the detrimental impact of their feedback on supervisees. Moreover, Gray et al.'s study (2001), consistent with related studies (Lane et al., 1998; Madani et al., 2010), did not examine the steps taken (i.e., interventions) by the supervisor to address supervisee reactions to challenging feedback. In light of this gap, the current study purported to examine a second research question: What types of supervisor interventions used in addressing supervisee reactions to challenging feedback predict supervisee self-efficacy.

In addition to promoting supervisee learning and self-efficacy, supervisors' interventions in handling supervisee reactions may be effective when supervisees are

satisfied with the manner in which the challenging feedback is handled in supervision. Thus, satisfaction with supervision was a third variable to be considered in this study.

Supervisee Satisfaction

Supervisees experience satisfaction from supervision when supervisors tailor feedback to supervisees' needs (Ladany, Lehrman-Waterman, Molinaro & Wolgast, 1999), when supervisees feel they can benefit from the feedback (Gray et al., 2001; Ladany et al., 1999), and perceive a supportive learning environment that bolsters their skills and self-confidence (Hilton, Russell, & Salmi, 1995). On the other hand, low supervisee satisfaction with supervision and a poorer working alliance (Bernard & Goodyear, 2009; Gray et al., 2001) has been related to untimely or inconsistent evaluation of supervisees (Ladany et al., 1999), negative feedback (Ladany, 2004; Lehrman-Waterman & Ladany, 2001) and ambiguous feedback (i.e., disconnected from supervisee's performance or vague; Gray et al., 2001).

Based on this evidence, it can be extrapolated that supervisee satisfaction with feedback in supervision is imperative to supervisee growth, self-confidence, and overall development. Thus the third research question entailed: What types of supervisor interventions used in addressing supervisee reactions to challenging feedback will predict supervisee satisfaction.

Closely associated with supervisee satisfaction is the provision of a supervisory relationship that promotes a supportive learning environment and fosters supervisee development (Johnston & Milne, 2012). Thus, the fourth variable of interest was the supervisory working alliance.

Supervisory Working Alliance

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Supervisory working alliance that refers to the mutual agreement on tasks and goals and the bond in supervision (Bordin, 1983) can exert a positive or a negative influence on supervisee growth and development. Research has indicated that a stronger working alliance in supervision is related to clear and effective goal setting and feedback (Lehrman-Waterman & Ladany, 2001), greater supervisee satisfaction (Inman, 2006; Sterner, 2009), greater supervisor interpersonal sensitivity and attractiveness (Ladany, Walker & Melincoff, 2001), and greater supervisee self-efficacy (Efstation, Patton, & Kardash, 1990). On the other hand, studies (Ellis et al., 2008; Nelson & Friedlander, 2001) have shown that supervision can be rendered inadequate due to a poor quality supervisory relationship, dual relations between the supervisor and supervisee, and power struggles inherent within the supervisory relationship. Additionally, supervisee self-disclosure, a key element of supervisee growth and self-awareness, is limited as a result of poor working alliance and overly critical feedback (Gray et al., 2001; Ladany et al., 2013).

Although supervisor support and encouragement (Wilcoxon et al., 2005), and supervisor self-disclosure (Knox, Burkard, Edwards, Smith, & Schlosser, 2008) within a strong supervisory alliance promote safety and normalize mistakes of the supervisee in supervision (Ladany et al., 2013), a primary focus on negative feedback and an over emphasis on the evaluative component of supervision weakens the supervisory relationship, thereby hindering supervisee growth and learning in supervision (Efstation et al., 1990). Subsequently, the supervisee's work with clients is also negatively affected (Gray et al., 2001), thus defeating the purpose of supervision – promotion of supervisee learning outcomes and ensuring client welfare (Bernard & Goodyear, 2004). Based on the

existing literature, it can be assumed that challenging feedback that is not handled effectively in supervision could rupture and weaken the supervisory working alliance, thereby limiting learning opportunities and growth for the supervisee. Therefore, the fifth research question was: What types of supervisor interventions addressing supervisee reactions to challenging feedback predict the supervisory working alliance.

The Present Study

Supervision aims to promote supervisee development and protect client welfare through the avenue of evaluative feedback (Bernard & Goodyear, 1998). Additionally, studies indicate the important influence of feedback (Lehrman-Waterman & Ladany, 2001; Hoffman et al., 2005) on supervisee outcomes such as supervisee development of knowledge, awareness and skills (Borders & Brown, 2005; Efstation et al., 1990), supervisee self-efficacy (Daniels & Larson, 2001), supervisee satisfaction (Ladany, 2004; Ladany et al., 1999) and supervisory working alliance (Bernard & Goodyear, 2009; Gray et al., 2001). However, examining feedback that is challenging warrants special attention as a potential growth opportunity for over all supervisee development. Therefore, it is important to examine the interventions used by supervisors in addressing supervisee reactions to challenging feedback. Identifying such supervisor interventions can model effective interventions, and increase supervisee's use of skills with subsequent clients.

The current exploratory study proposed a mixed method design to examine supervisory interventions in handling supervisees' responses to challenging feedback and its influence on supervisee outcomes using the critical events in supervision model (CEM; Ladany et al., 2010). The study was guided by the following research questions:

(a) What is the challenging feedback provided by the supervisor?

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(b) What is the reaction of the supervisee to the challenging feedback that indicates a marker?

(c) What interventions does the supervisor employ to address supervisee response to feedback?

(d) What is the relationship between supervisory interventions and supervisee outcomes? Specifically,

(d1) What types of supervisor interventions predict supervisee learning, namely knowledge, awareness, and skills?

(d2) What types of supervisor interventions predict supervisee self-efficacy?

(d3) What types of supervisor interventions predict supervisee satisfaction?

(d4) What types of supervisor interventions predict supervisory working alliance?

Chapter II

Literature Review

Evaluation in Supervision

Evaluation serves multiple functions in supervision. It not only promotes awareness of strengths and areas of growth for supervisees, but also serves a gate-keeping role for the ethical practice of supervisees and welfare of clients (Bernard & Goodyear, 2009; Falender & Shafranske, 2004; Getz, 1999). In fact, studies have strongly recommended the examination of effective supervisory evaluative practices in supervision, such as use of objective criteria, institutional standards, and national standards (Bernard & Goodyear, 2009; Lehrman-Waterman & Ladany, 2001) in evaluating supervisees. Relatedly, the ethical principles of psychologists and the code of conduct (APA, 2010) and the guidelines for supervisory practices (ACES, 2011) emphasize evaluation as an important responsibility of supervisors where ongoing evaluation based on supervisees' work with clients and self-reports in supervision is specified. Additionally, these guidelines also highlight making the criteria and process of evaluation clear to supervisees at the outset of supervision (ACES, 2011). Thus, there is a repeated focus on the importance of effective evaluative practices in supervision.

In fact, effective evaluative practices have several benefits: It increases supervisee development (Chur-Hansen & McLean, 2006; Heckman-Stone, 2003; Lehrman-Waterman & Ladany, 2001), predicts stronger working alliance, greater supervisee satisfaction, increases supervisee perception of supervisor role in promoting self-efficacy (Lehrman-Waterman & Ladany, 2001) and monitors client welfare (Bernard & Goodyear, 1998). In spite of the importance and benefits, few models that allude to the

evaluative component of supervision (Holloway, 1997; Taibbi, 1995), address evaluation as one of the several functions of the supervisor without elaborating on the nature of evaluation and specifically feedback in supervision. Moreover, despite the pervasive influence of evaluation on supervisee development, studies and models of supervision have repeatedly overlooked evaluation that can be challenging and have the potential to promote supervisee outcomes (e.g., supervisee self-efficacy, supervisory working alliance).

Effective evaluative practices: Feedback. Effective evaluative practices include two components: Goal setting and feedback. Goal setting refers to setting of objectives for supervision based on mutual agreement between supervisee and supervisor. Feedback refers to the process of evaluating and verbally providing information on the behaviors of the supervisee (Lehrman-Waterman & Ladany, 2001). The APA code of ethics (2010) states that the role of psychologists as supervisors includes ascertaining a timely and specific criteria for providing feedback and making the feedback process known to supervisees at the outset of supervision (Standard 7.06a). In fact, the state regulatory boards have increasingly looked to supervisors to have competencies in providing evaluative feedback to supervisees (Getz, 1999). Similarly, the proposed guidelines on providing feedback in supervision (ACES, 2011) emphasizes providing a manageable amount of feedback during sessions on an ongoing basis, ensuring that the nature of feedback is balanced and based on supervisees' work with clients, and supervisee self-reports and analysis in sessions.

Additionally, studies (Farnill et al., 1997; Heckman-Stone, 2003) have also recommended criteria that feedback be clear, consistent, based on objective criteria, and

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observation of supervisees' performance in order to promote supervisees' growth and development. Specifically, the benefits of ensuring transparency in providing feedback include supervisee empowerment (Bernard & Goodyear, 2009), and creating a positive experience of supervision for supervisees within a safe environment. Modeling transparency in feedback practices in turn, sets the stage for supervisees to practice the modeled behaviors learned in supervision with clients (Ladany et al., 2013). Relatedly, studies (Freeman, 1984; Heckman-Stone, 2003) also suggest that the process of feedback entails a non-beratory approach and supportive stance of the supervisor when providing feedback.

At the same time, feedback that is challenging in supervision can be anxiety provoking for supervisees, create a negative impression of supervision as a growth avenue, minimize learning opportunities for supervisees, and limit supervisee self-disclosure in supervision when handled ineffectively (Lane et al., 1998; Madani et al., 2010; Gray et al., 2001). Moreover, a few studies (Hoffman et al., 2005; Ladany & Melincoff, 1999) have also highlighted supervisors' dilemma in providing challenging feedback that invariably affects supervisee development. For instance, Ladany and Melincoff (1999) in their study found that 98% of supervisors of graduate student counselors reported not providing some feedback to their supervisees. The most common reasons for withholding feedback included supervisors' perceptions that it was based on their reactions to supervisee professional and counseling performance and were unrelated to client welfare. Another reason included supervisors' anticipation of a negative reaction from their supervisees (Ladany & Melincoff, 1999). However, it was interesting to note that despite research evidencing a link between feedback and supervisee professional

development, supervisors were reluctant to provide feedback on supervisees' professional performance.

Thus, challenging feedback continues to be critical to supervisee development; yet, the processes of working through challenging feedback have received less attention. Few studies that have examined challenging, negative, or difficult feedback have focused on supervisee outcomes, namely supervisee self-efficacy, satisfaction of supervision and supervisee anxiety (Daniels & Larson, 2001; Lehrman-Waterman & Ladany, 2001). For instance, Daniels and Larson (2001) highlighted the outcome of negative feedback on supervisee self-efficacy and supervisee anxiety among 45 counseling trainees receiving supervision. The authors used mock counseling sessions where counselor trainees counseled an individual who volunteered to role-play as a client based on a script provided by the authors. The researchers (Daniels & Larson, 2001) randomized participants into two groups; one group received positive feedback, while the other group received negative feedback from different supervisors. Findings (Daniels & Larson, 2001) revealed a significant decrease in supervisee self-efficacy and increase in supervisee anxiety when the content of feedback was negative, compared to those who received positive feedback. However, the criterion for determining negative feedback was not specified by the authors, thereby overlooking the conceptualization of negative feedback and the process of providing and receiving the negative feedback (Daniels & Larson, 2001).

Similarly, Heckman-Stone (2003) assessed preferences for what constituted effective and ineffective feedback among 40 supervisees across three graduate training programs, using the Evaluation Process Within Supervision Inventory (Lehrman-

Waterman & Ladany, 2001). Supervisees indicated that ineffective feedback constituted a lack of correlation between verbal feedback and written evaluations, and infrequent feedback (Heckman-Stone, 2003). Additionally, supervisees also attributed less satisfaction with feedback to unclear expectations about the role of feedback in supervision. Such a lack of clarity seemed to increase the ambiguity surrounding feedback for supervisees in the study (Heckman-Stone, 2003).

Relaying similar ambiguity concerning challenging feedback, Hoffmann et al. (2005) qualitatively examined the process and outcome of providing easy, difficult, or no feedback among 15 supervisors in a counseling center. In this study, supervisors reported that feedback was easy when the content was clinical in nature and the process of providing feedback was direct and was well received by the supervisee. Feedback was difficult when the supervisor questioned the relevance and applicability of feedback to supervisee's counseling skills (Hoffmann et al., 2005). Additionally, the content of difficult feedback was about the supervisee's personality, supervisory interactions, and supervisee's performance in supervision. Moreover, supervisors anticipated that supervisees would not be open to difficult feedback that included feedback about supervisees' personality and feedback that was not directly related to supervisees' clinical skills, issues seen as outside the bounds of supervision. The authors (Hoffmann et al., 2005) also noted themes of role ambiguity, potential boundary crossing, and quality of supervisory relationship when feedback was difficult to provide or withheld from supervisees. The above findings, consistent with previous studies (Ladany & Melincoff, 1999), suggest that supervisors consider feedback difficult when it is non-clinical in nature; the process of providing feedback involves an indirect style of communication,

and is poorly received by the supervisee. However, the supervisors in the Hoffmann et al.'s study (2005) did acknowledge that additional competency such as timing and knowing how to provide difficult feedback, and support from colleagues would have equipped them with tools to handle difficult feedback.

Over all, limitations such as conceptualization of negative, ineffective feedback, and small sample sizes confounded the results of studies (Daniels, & Larson, 2001; Heckman-Stone, 2003). Moreover, criteria for determining challenging feedback, and the interactional sequence between supervisor and supervisee processing challenging feedback that can benefit supervisee development have been overlooked across studies.

Relatedly, other researchers (Getz, 1999; Ladany, Mori et al., 2013) have stressed the role of supervisors in adapting their feedback approach based on supervisees' responses in supervision. Specifically, Ladany, Mori et al. (2013) in their study of 76 supervisees examined effective and ineffective practices among best and worst supervisors (as rated by the supervisees). Findings revealed that across both groups of supervisors (best and worst supervisors), an overemphasis on evaluation and limitations of supervisees during supervision constituted poor practice. In contrast, examples of effective supervisor practice included providing a constructive challenge (encouraging supervisees to take risks and try alternative approaches in conceptualizing) and being able to provide positive and challenging feedback based on supervisee performance. Furthermore, supervisors' checking in with supervisees about their progress subsequent to the feedback seemed to constitute effective practice. Thus, findings across studies (Hoffman et al., 2005; Ladany et al., 2013) inform the need to not only examine the

nature of challenging feedback but also the supervisor's approach in working through the challenging feedback that in turn affects supervisee outcome.

Thus, the purpose of the current study was to examine how supervisors address challenging feedback in supervision from a supervisee perspective using the CEM model. Specifically, the current study purported to examine the role of supervisory interventions in addressing reactions to challenging feedback and its influence on supervisee outcome (knowledge, awareness, skills, supervisee self-efficacy, supervisee satisfaction, and the supervisory working alliance). In order to understand challenging feedback and the interactional sequence between the supervisor and supervisee addressing challenging feedback, it is important to first understand the CEM model that provides a theoretical context for exploring such interactional sequences between the supervisor and supervisee.

CEM Model

The CEM model (Ladany et al., 2005) offers an interpersonal lens to not only examine critical events that occur in supervision, but also the interactional sequence between the supervisor and supervisee in addressing and processing critical events that influence the trajectory of supervision. The CEM model helps identify markers in supervision, characterized by supervisee statements or responses to a topic initiated by the supervisor (Ladany et al., 2005). The marker can also be covert and signal the need for supervisor intervention (e.g., supervisee being passive or nonresponsive in supervision). This preempts the supervisor to initiate an interactional sequence with the supervisee that involves a task analysis where the supervisor employs a set of interventions to process the marker with the supervisee. The outcome of the task analysis

(resolution) can positively or negatively impact the supervisory relationship and influence supervisee development (Ladany et al., 2005).

The CEM model was chosen to provide a theoretical lens to the current study because of several reasons: First, it is pan theoretical in nature, and can be applied across disciplines when dealing with critical events such as feedback from an interpersonal perspective and focus on supervisee outcome (Ladany, Friedlander et al., 2005). In the current study, exploring the process of providing challenging feedback and its influence on supervisee outcome, can both be addressed through the theoretical underpinnings of the CEM model. Secondly, there is growing empirical support for the CEM model (Bertsch et al., 2014; Ladany et al., 2012). For instance, Ladany et al.'s (2012) study explored the utility of the CEM model in effectively examining critical events as a common occurrence in supervision. These authors not only identified critical events that trainees experience in supervision, but also used the CEM model to examine the task sequence (supervisor interventions) and the resultant resolution for supervisees. For instance, markers identified by trainees included challenging clinical situations, professional development, or the supervisory interaction, or the supervision process. Helpful supervisor interventions were normalizing trainees' experience, being open to trainees' experiences, focusing on the supervisory relational experience, and trainees' feelings about the clinical situation. The findings revealed that such interventions resulted in a stronger supervisory working alliance, increased self-efficacy as a professional, and had a positive influence on trainees' work with clients.

Similarly, Bertsch et al. (2014) used the CEM model to explore gender-related critical events in supervision from a supervisee perspective. Findings revealed the

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identification of critical gender related events in supervision, and supervisor interventions that were effective in addressing the identified critical events and promoting supervisee outcome. Specifically, supervisor interventions that focused on the therapeutic process, exploration of feelings, skills, and self-efficacy significantly increased supervisee self-awareness, knowledge, and skills, and strengthened the supervisory alliance (Bertsch et al., 2014). These findings reiterate the need to identify critical events in supervision and explore the underlying processes of addressing and resolving them to benefit supervisee development (Ladany, Friedlander et al., 2005). Thus, the CEM model appears to be a sound theoretical lens to contextualize the purpose of the current study: To explore how supervisor interventions used to address supervisee reactions to challenging feedback may influence supervisee outcome.

Existing supervision literature conceptualizes supervisee outcome as variables that represent supervisee growth and development (ACES, 2011). For the purpose of the current study, supervisee outcome refers to supervisee learning (knowledge, awareness, and skills), supervisee self-efficacy, supervision satisfaction, and the supervisory working alliance.

Supervisee Outcome and Challenging Feedback

Supervisee learning outcomes. Supervisee learning encompasses knowledge, awareness, and skills that the supervisee develops through the course of supervision (Sue et al., 1992). In fact, there is an ongoing emphasis to tailor supervisee outcome to explicitly include knowledge, awareness and skills in order to effectively assess supervision competencies (Falender & Shafranske, 2014). Knowledge refers to gaining multiple theoretical perspectives in conceptualizing client concerns, while awareness

refs to an increased awareness of personal factors influencing therapeutic style and work. Skills refer to the development and use of new interventions, based on the client's needs for treatment (Sue et al., 1992). Knowledge, awareness, and skills domains are part of supervisee development that evolve as an outcome of supervision. The supervisee gains diverse perspectives on examining client concerns (knowledge), develops an awareness of biases and assumptions (awareness) and practices alternative strategies (skills) only when the supervisee is made aware of his/her strengths and growth areas (Borders & Brown, 2005). The aforementioned implies that the supervisor and supervisee engage in collaborative goal setting based on supervisee needs (Lehrman-Waterman & Ladany, 2001) that includes transparency in the provision of consistent, timely and constructive feedback (Getz, 1999). When feedback is handled effectively it creates a positive experience for supervisees, eventually strengthening the supervisory working alliance and promoting supervisee development (Ladany et al., 2013). For instance, Ladany et al.'s study revealed that discussing and working through challenging situations not only resulted in supervisees rating their supervisors favorably, strengthening the supervisory working alliance, but also led to more favorable evaluations of supervisees due to their effort to engage in self-disclosure during challenging times. This ability to engage in critical self-reflection despite the challenges implies the development of self-awareness among supervisees in the study.

Although existing studies have not directly examined the process of providing and receiving challenging feedback in supervision, few studies (Anderson et al., 2000; Gray et al., 2001; Hutt et al., 1983) have explored helpful, unhelpful, or counterproductive experiences in supervision and its influence on supervisee growth. For instance,

Anderson et al. (2000) iterated that when supervisors provided feedback and discussed technical aspects of performance without focusing on personal growth (awareness domain); it constituted one of the worst experiences for the supervisees. Similarly, Gray et al. (2001) examined counterproductive (i.e., hindering, unhelpful, harmful) events in supervision among 13 supervisees in counseling psychology graduate programs. Findings revealed that when supervisors were perceived as being dismissive of supervisees' thoughts, feelings and behaviors, supervisees engaged in greater non-disclosure of counterproductive events and their personal reactions to the events, thereby limiting expression of their self-awareness in supervision. Although trainees in the study acknowledged that their lack of self-disclosure may subsequently affect their work with clients, they also stated that they were less likely to share their experiences with their supervisors (Gray et al., 2001). However, the study did not assess for supervisors' approach in remedying the counterproductive experience of supervisees which can have important implications for processing difficult supervision experiences, i.e., challenging feedback.

Conversely, Anderson et al.'s study (2000) also focused on best supervision experiences, where supervisees identified a balance between discussing multiple theoretical ways of understanding clients (knowledge domain), personal growth (self-awareness domain), and development of technical skills (skills domain) as helpful experiences. However, existing literature has not examined the specific processes involved in providing and receiving challenging feedback and its impact on supervisee development. Therefore, the current study proposes to examine how supervisors'

approach to handling challenging feedback (i.e., their interventions) can promote supervisee learning.

Supervisee self-efficacy. Supervisee self-efficacy refers to perceived confidence in one's ability to execute a task or skill (Bandura, 1982). One of the aims of supervision is to promote clinical proficiency and self-efficacy by helping trainees develop competencies (Bernard & Goodyear, 2004). In fact, effective supervisory practices have been associated with increased levels of supervisee self-efficacy (Cashwell & Dooley, 2001). For instance, Cashwell and Dooley (2001) examined the relationship between supervision and counselor self-efficacy among 33 supervisees in a community and university setting. Of the 33 participants, 11 were not receiving supervision while the remaining 22 were receiving supervision. Findings revealed a significant increase in self-efficacy among supervisees who received clinical supervision (Cashwell & Dooley, 2001). Similar findings were revealed in Heppner and Roehlke's (1984) study. These authors found that supervisees across three different training levels (beginning, advanced practicum and intern students) rated supervisor behaviors that increased their self-confidence most favorably. Supervisor behaviors included helping the supervisees identify their strengths as a developing professional, reinforcing identified strengths as a means of developing self-confidence, and normalizing supervisees' experience of feeling awkward when experimenting with newly acquired skills. The authors (Cashwell & Dooley, 2001) speculate that feedback in supervision could be a potential factor influencing supervisee self-efficacy and clinical performance. Specifically, positive feedback on abilities (Lane et al., 1998) and a task-oriented supervisory style (structured and goal-oriented) were found to increase perceived confidence in clinical ability to work

with clients among supervisees (Fernando & Hulse-Kulacky, 2005). Higher trainee self-efficacy in turn has been noted to decrease performance anxiety in supervisees (Bandura, 1982). Moreover, Larson et al. (1992) examined the association between counselor self-efficacy and supervisees' perceived performance and found that supervisees who reported higher self-efficacy perceived themselves to be more effective problem solvers in their work with clients. Others have found that supervision improves counseling skills, moral reasoning, and conceptual development among trainees (Peace, 1995). However, in many of these studies, a lack of clarity on specific types of supervisor interventions in increasing supervisee self-efficacy, and a primary focus on positive attributes of feedback continue to contribute to the ambiguity on the role of challenging feedback and the process of handling challenging feedback.

Simultaneously, stressing the benefits of addressing challenging situations in supervision, Ladany et al.'s study (2012) focused on supervisor interventions that provided a corrective relational experience for supervisees when they expressed concerns in supervision. As a result of handling the expressed concerns effectively, supervisees reported increased self-efficacy and positive evaluations from their supervisors. Despite the importance of addressing challenging concerns effectively in promoting supervisee self-efficacy, only one other study (Bertsch et al., 2014) to date has addressed challenging feedback (gender-related events) and its influence on supervisee outcome (supervisee knowledge, self-awareness, skills and supervisory working alliance). The current study aimed to examine how supervisors' interventions in handling challenging feedback influence supervisee self-efficacy.

Supervisee satisfaction. Supervisee satisfaction is defined as a trainee's satisfaction with supervision when feedback is tailored to their needs (Ladany et al., 1999), and the supervisee feels that he or she could benefit from processing the feedback (Ladany et al., 1999). Although evaluative practices are relevant to supervisees' learning trajectories, and supervisees' self-efficacy, they are equally important to supervisees' satisfaction (Ladany et al., 1999). Although current supervision literature does not examine challenging feedback and supervisee satisfaction simultaneously, studies (Gray et al., 2001; Ladany et al., 1996) have examined supervisees' perspectives of positive and negative experiences of supervision, and found negative experiences to be associated with greater supervisee dissatisfaction with supervision. For instance, Ladany et al. (1996) found that 90% of the trainees in their study experienced a negative reaction to a supervisor, but did not disclose their reactions in supervision. Trainees' reasons for nondisclosure included supervisors' authority, impression management and fear of negative repercussions that may harm their professional performance, including a negative evaluation. Moreover their inability to disclose created greater dissatisfaction with supervision (Ladany et al., 1996).

Relatedly, Gray et al. (2001) revealed that supervisees did not disclose their experience of a counterproductive experience in supervision due to evaluative concerns, poor supervisory relationship, and perceived supervisor incompetence. As a result, supervisees in the study reported greater dissatisfaction with supervision, and also acknowledged that their non-disclosure may affect their subsequent work with clients (Gray et al., 2001).

Thus, studies (Gray et al., 2001; Mehr, Ladany, & Caskie, 2010) focusing on supervisee perspectives highlight supervisee dissatisfaction being associated with limited disclosure of challenging supervision experiences and its subsequent impact on supervisee performance. However, none of the studies explore the mechanisms (interventions) supervisors employ to address challenging supervision situations with supervisees that can promote supervisee growth and increase their satisfaction with supervision. Therefore, this study examined the relationship between supervisors' interventions in handling challenging feedback and supervisee satisfaction.

Supervisory working alliance. Bordin (1983) emphasized the role of the supervisory working alliance in supervision where the supervisor and supervisee mutually influence each other through dialogue. Similarly, Holloway (1987) in her examination of the developmental approaches to supervision concluded that the underlying mechanism of all the models was the supervisory working alliance in promoting supervisee growth and learning. The supervisory working alliance is defined by three components: Mutual agreement on goals and tasks and the emotional bond (Bordin, 1983). Goals refer to the process of identifying supervisee needs that are to be met through the process of supervision. Tasks refer to the mutual strategies agreed upon by the supervisor and supervisee to achieve the goals (Bordin, 1983). The emotional bond refers to the relationship that supervisor and supervisee form and maintain throughout supervision, and is considered to be fundamental to the process of supervision (Bordin, 1983).

Significant research has been conducted on the importance of this variable in supervision (Bordin, 1983; Ladany et al., 1999; Mehr et al., 2010). The literature has

revealed that the supervisory working alliance is central to creating a space for discussing topics that are personal to the supervisee (Falender, & Shafranske, 2004; Ladany et al., 2013), including supervisees' understanding of the tasks and goals in supervision (Bordin, 1983) and promoting trainee learning (Ladany et al., 2013).

Relatedly, studies (Bordin, 1983; Ladany et al., 1999; Madani et al., 2010) have explored trainee perceptions of the supervisory working alliance and its implications for supervisee learning and evaluation in supervision. Findings (Ladany et al., 1999; Madani et al., 2010) consistently reveal the importance of a strong supervisory working alliance in promoting effective evaluative practices and supervisee learning. For instance, Madani et al. (2010) examined perceptions of the supervisory working alliance among 20 graduate trainees. Qualitative analysis revealed two emergent themes: Evaluation and students' perceptions and feelings. Specific sub-themes related to evaluation included purpose of evaluation and evaluation methods, while sub-themes of students' perceptions and feelings were about being evaluated and helpful aspects of the supervisory working alliance. Supervisees reported that although there was significant anxiety surrounding the process of evaluation, they valued an open, supportive supervisory environment where mutual, reciprocal self-disclosure in interactional sequences strengthened the supervisory alliance. However, supervisee evaluative anxiety was also related to prior unpredictable responses from the supervisor. Interestingly, a few participants also indicated trusting their supervisors to have the skills and ability to convey negative or corrective feedback in a manner that would minimize their experience of associated negative reactions. However, Madani et al.'s study (2010) did not explore what specific supervisor skills and abilities could be used to process challenging feedback.

Across studies, negative or counterproductive events including inadequate provision of challenging feedback seem to be a common occurrence in supervision. Yet, research has not focused on the factors promoting the processing of such experiences (i.e., interventions in handling reaction to challenging feedback) and its influence on the supervisory working alliance. Focusing on supervisory working alliance is imperative to building trust and processing challenging experiences in a safe environment (Ladany et al., 2013). Extrapolating from existing research (Ladany et al., 2013; Madani et al., 2010), it can be assumed that supervisors' abilities in adequately monitoring supervisees' reactions to challenging feedback and using effective interventions can influence the alliance, increase supervisee learning, and impact subsequent client welfare. Thus, the final purpose of the current study was to examine how supervisor interventions used in addressing challenging feedback may influence the supervisory working alliance.

Chapter III

Method

Participants

Although 300 participants accessed and clicked on the survey link, only 128

participants completed the survey packet for this study. Participants ranged in age

between 23 and 58 years ($M = 29.22$, $SD = 6.55$), and 82% identified as female and 18%

as male ($M = .82$, $SD = .39$). In terms of race, 71% identified as Caucasian and 29%

identified as persons of color ($M = .29$, $SD = .46$). Eighty-four percent of the participants

identified as straight while 16% identified as LGBTQ. In terms of year in program, 9%

were in the first year of their degree program, 29% in their second year, 20% in their

third year, 23% in their fourth year, and 15% in their fifth year, 2% in their sixth-seventh

year of training in their programs respectively ($M = 3.2$, $SD = 1.4$).

In terms of practicum training, 34% were in their beginning practica training

(number of practica = $1 - 2$), 41% in their advanced practica training (number of practica

= $3 - 4$) and 25% were on their internship training ($M = .91$, $SD = .77$). In terms of

academic discipline, 38% of the participants were in a counseling psychology program,

42% were in a clinical psychology program, and 20% were in other programs such as

social work, forensic psychology, school counseling, marriage and family therapy, and

community counseling *($M = 2.36$, $SD = 1.82$)*. In regards to theoretical orientation, 15%

of participants identified with a psychodynamic orientation, 23% identified with CBT,

41% identified with a multiple orientations (e.g. integrative, eclectic), and 20% identified

with other theoretical models (e.g., scientist/practitioner, social work, IMAGO). One

percent of participants stated that they did not know their theoretical orientation ($M =$

1.66, SD = .97). In terms of supervised counseling experience, participants' experiences

ranged from less than a month to 96 months (M = 22.14, SD = 18.08). In terms of

practicum or internship settings, 38% of the participants were training at college

counseling centers, 29% were in community settings, and 33% were placed in other

settings such as hospitals, juvenile detention centers, private practice, and veteran centers.

Lastly, number of hours of individual supervision for participants ranged from one to

three hours per week, with 59% receiving an hour of supervision per week, and 38%

receiving two hours per week and an additional 1% received three hours of supervision

per week. Two percent did not report on the individual supervision hours received and

were excluded from the study.

Participants were also asked to provide demographic information on their

supervisors. In terms of race, participants reported that 81% of their supervisors identified

as White and 19% identified as non-White (Hispanic = 7%, Asian American = 7%, and

other = 5%; M = .19, SD = .39); 5% were unsure of their supervisor's race. Participants

reported 31% of their supervisors as male and 69% as female (M = .69, SD = .47). In

regards to supervisor theoretical orientation, 37% supervisors were noted to identify with

a mixed theoretical orientation, 29% with a CBT orientation, 16% with other forms of

theoretical orientation (e.g., social work, scientist-practitioner), and 13% with a

psychodynamic orientation (M = 1.6, SD = .93). Moreover, 79% of the participants were

unsure of their supervisors' counseling experience and 71% of participants were unaware

of their supervisors' supervision experience.

Procedure

The CACREP and APPIC online directories were used to obtain a list of training directors for masters and doctoral level mental health programs (e.g., community counseling, counseling psychology, clinical psychology, social work, clinical mental health counseling). Training directors of these programs were contacted via e-mail and requested to distribute the questionnaire packet to eligible students. Participants were invited to participate in an online survey (Qualtrics) consisting of the consent letter that described the purpose of the study, a demographic form, the Evaluative Feedback Events Questionnaire (EFEQ), Counselor Self-Estimate Inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992), Supervision Satisfaction Questionnaire (Ladany et al., 1996) and the Working Alliance Inventory/Supervision-Short trainee version (WAI/S-S; Ladany, Mori, & Mehr, 2007). The order of measures was randomized to account for counterbalancing effects. Participants explicitly stated their consent to participate in the study on the questionnaire. To ensure confidentiality and anonymity, participants were not asked to provide their name or contact information. On a predetermined basis, the 5th, 25th, 45th, 65th and 85th participant was selected for one of the five 25$ Amazon gift cards.

Measures

Demographic form. Participants were asked about their current age, gender, race, ethnicity, sexual orientation, year in the program, and field of study. Participants were also asked about their current practicum/internship setting, and number of practica/internships completed. Additionally, months of supervised counseling experience, number of hours of individual supervision per week, and supervisor's race,

ethnicity, sexual orientation, theoretical orientation and credentials were also explored in the questionnaire (see Appendix C).

Evaluation Feedback Events Questionnaire (EFEQ). Identification of preliminary themes regarding supervisory feedback was based on existing supervision literature and the adapted version of the Gender Related Events Questionnaire (GREQ; Bertsch et al., 2013). Permission was sought and obtained from the authors of GREQ to modify their questionnaire. The preliminary themes from the literature were used to inform the development of the EFEQ (see Appendix D). The EFEQ provides definitions and examples of evaluative feedback and consists of two questions that qualitatively assess the supervisee's recall of one instance of challenging feedback and supervisee reaction to the feedback. The EFEQ also assesses the types of supervisor interventions used in addressing supervisee reactions and any perceived changes in supervisee outcomes, knowledge, awareness, skills and supervisory working alliance. For purposes of the current study, supervisee outcomes were knowledge, awareness and skills. The EFEQ consists of four questions. The first question provided a definition of challenging feedback and asked participants to provide one example of a challenging feedback related event that their respective supervisors provided in supervision. The second question asked about their emotional responses (e.g., "Please describe in two or three sentences your emotional reaction to the CEFRE (e.g., feeling upset, disappointed, frustrated) to the specific feedback. The third question provided a range of supervisor interventions that could be used based on the CEM. Supervisor interventions included interventions suggested in the CEM model (e.g., focus on working alliance, focus on knowledge) and interventions from the extant supervision literature (e.g., being dismissive, engaging in

self-disclosure). Responses to questions were a forced choice format where the participant chose a 'yes' or a 'no' to each supervisor intervention. The range of supervisor interventions also included an additional open-ended question – "Other (Please Specify)" to provide a choice for participants to describe additional supervisor interventions. Finally, the fourth question asked participants to rate the extent to which supervisor interventions led to changes in supervisee knowledge, awareness, and skills using a Likert-type format for responses (ranging from -2, *negatively influenced to +2, positively influenced).* For the purpose of the current study, the individual scores for knowledge, awareness and skills were used.

Counselor Self-Estimate Inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992). The COSE is a 37 item self-report inventory used to assess trainees' perceived self-efficacy in counseling abilities (see Appendix E). The COSE contains both positive and negative statements about counseling self-efficacy. Examples of positive and negative statements include, "I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand" and "I am not sure that in a counseling relationship I will express myself in a way that is natural without deliberating over every response or action" respectively. The negatively worded items were reverse scored. Items on trainees' perceived counseling abilities were rated on a six point Likert-type scale ranging from ''Strongly Disagree'' to ''Strongly Agree.'' The total score, the sum of the 37 item responses range from 37 to 222. The total score represents the counselor's level of self-efficacy beliefs; higher scores denote greater self-efficacy. For the purpose of the current study, the total score was used to determine the total self-efficacy score.

Test-retest reliability after three weeks for the global COSE measure was .87; internal consistency estimates were .93 (Kozina, Grabovari, Stefano, & Drapeau, 2010). Convergent validity was demonstrated by a significant positive correlation with the Tennessee Self-Concept Scale, a criterion measure of self-esteem and significant negative associations with both the State Anxiety and the Trait Anxiety Scales for the overall COSE score as well as for all five factors scores (Kozina et al., 2010). Cronbach's alpha for the current study equaled .94.

Satisfaction with Supervision Questionnaire (SSQ; Ladany, Hill, Corbett, & Nutt, 1996). The SSQ, a self-report inventory, was initially developed to assess supervisee satisfaction with supervision (Ladany et al., 1996), but was used here to assess supervisee satisfaction with the types of supervisor interventions used to address supervisees' reactions to challenging feedback in supervision (see Appendix F). The SSQ consists of eight items in which the supervisee rates his or her responses on a four-point Likert scale ranging from 1 to 4. Examples of items include, "To what extent has this supervision fit your needs" and "If a friend were in need of supervision, would you recommend this supervisor to them?" Scores range from 8 to 32, with higher scores reflecting greater satisfaction. The SSQ was derived from the Client Satisfaction Questionnaire (CSQ; Larsen, Attkisson, Hargreaves, & Nguyen, 1979). The CSQ assesses clients' satisfaction of their treatment in the field of mental and human services systems. Previous supervision research revealed the internal consistency of the SSQ to be .96 (Ladany, et al. 1996). Internal consistency for the current study equaled .90.

Working Alliance Inventory/Supervision-Short trainee version (WAI/S-S; Ladany, Mori, & Mehr, 2007). Developed from the Working Alliance Inventory (WAI; Horvath

& Greenberg, 1989) and the Working Alliance Inventory-Short (WAI-Short; Tracey &

Kokotovic, 1989), the WAI/S-S is a 12 item self-report questionnaire consisting of three

subscales, each of which contains four items, corresponding to the three components

(bond, tasks and goals) of the supervisory working alliance (Bordin, 1983). Sample items

of the WAI/S-S include positively and negatively worded items, "What I am doing in

supervision gives me a new way of looking at myself as a counselor" and "_____

does not understand what I want to accomplish in supervision." The negatively worded

items are reverse scored.

Responses are rated on a 7-point Likert-type scale ranging from never (1) to

always (7). Scores are calculated by summing the item ratings such that scores range

from 4 to 28 for each subscale. Higher scores indicate that supervisee's perceived

agreement on the goals and tasks of supervision are high including a stronger bond

between supervisee and supervisor (see Appendix G). For the purpose of the study, the

total score was used to assess working alliance.

The WAI/S-S demonstrates sound psychometric properties. The WAI/S-S, in

terms of concurrent validity, was positively related to effective supervisor behaviors,

such as strengthening the supervisory relationship, promoting open discussion, and

demonstrating positive personal and professional characteristics (Ladany, et al. 2007).

Previous studies (Ladany, et al. 1997; Mehr, et al. 2010) reporting reliability estimates of

the WAI/S-S revealed Cronbach's Alpha to exceed .90 for all the three subscales.

Cronbach's alpha for the current study was .96.

Data Analysis

The current study used a mixed method analysis. Consensual qualitative research-modified was employed to explore two domains: Types of challenging feedback experienced, and supervisee's emotional reactions to the challenging feedback. Multivariate multiple linear regression was employed to assess which supervisor interventions were significant predictors of supervisee outcomes.

Qualitative analysis. Consensual qualitative research-modified (CQR-M; Spangler, Liu, & Hill, 2012) was used to reach an in-depth understanding of two domains within the CEM paradigm: The marker (i.e., content of the challenging feedback) and the critical event (supervisees' reaction). CQR-M was chosen for several reasons; CQR-M is adapted from CQR (consensual qualitative research) but allows for data analysis of a large sample size which is the case in the current study. Secondly, CQR-M integrates the discovery-oriented method (Mahrer, 1988) and exploratory research (Hill, 1990), which allows for categories to develop from participant data (Spangler et al., 2012), where quantitative methods can be used in combination with qualitative methods to obtain multiple, diverse understandings of the evaluative feedback process. Lastly, from a data collection perspective, CQR-M strongly recommends electronic methods of gathering participant responses as a cost-effective method that ensures participant anonymity and avoids transcription of participant data. The current study used an online survey method that also appropriates the use of CQR-M.

CQR-M involves coding a limited set of qualitative data and is a bottom up process where domains are extracted from participant data by a team of researchers. The research team included two doctoral students from the counseling psychology program, and the researcher. All team members had research experience in qualitative coding,

including CQR and thematic coding procedures. One team member identified as Dutch while another team member identified as South Asian Indian. The researcher identified as South Asian Indian American. Team members first discussed their biases, expectations, training, and prior experience to bracket assumptions and engage in self-reflexivity. In step 1, we began with selecting 30 participant responses, considered standard for training in qualitative research (Spangler et al., 2012). We examined key words, phrases and paragraphs for each response for an initial set of broader categories until consensus was reached. For example, in sharing challenging feedback about their work with a client, one participant stated, "My supervisor originally disagreed with my therapeutic approach in regard to a client. A few weeks later when I reflected that the approach may not be the best fit…." We coded key words such as "therapeutic approach," and "approach may not be the best fit" as differences in therapeutic approach. We coded other key phrases/sentences indicating potential differences in therapeutic styles such as "my supervisor being upset about the length of my intake…" and "You should not necessarily ask the client about that specific experience" We coded the above mentioned key phrases and sentences as differences in intake styles. We also examined key phrases/sentences on theoretical orientation, "Due to my program being CBT-minded, I was faced with the challenge of learning emotionally-focused therapies…received low feedback scores on emotion work." We coded key phrases such as "CBT-minded" and "challenge of learning emotionally-focused therapies" and "emotion work" as differences in theoretical approach. We coded these statements into a preliminary category, namely, therapeutic approach where therapeutic approach, intake styles and theoretical orientation represented properties of this category.

Other initial categories that emerged were related to professional requirements (e.g., "concern about completing paperwork on time," and "primarily focused on my personal needs"). We coded these phrases as not meeting professional deadlines, and a lack of focus on professional and clinical needs. These initial open categories were then subsumed under a larger category, professionalism. We discussed and agreed on our understanding of professionalism as opportunities to meet the professional requirements in clinical settings. We adopted similar steps for additional broader categories (i.e., interpersonal feedback, personal feedback and no challenging feedback). Step 2 entailed coding an additional set of 30 statements to ensure that the initial category system was representative of participant data and saturation was reached. Modifications of the categories were made to ensure representation of data until consensus was reached. For instance, we coded additional key sentences such as "Recently I told my supervisor that a diagnostic assessment I did was difficult and that I'd like her to listen to it for feedback and to see if she thought it was a valid assessment. She listened to it and recommended to my higher level supervisors that I be taken off the assessment until further training was provided. She said in our next supervision meeting that I did not follow the protocol and should have asked for help during the assessment because the patient was particularly difficult. She said it was more an oversight on the part of the training staff for throwing me in without adequate training." We also examined additional sentences on diagnostic assessment, "There was a time when my supervisors stated that my anxiety about treating clients with suicide ideation may be causing me to see signs of suicide ideation in clients that may not truly be experiencing suicide ideation. At the time I had two clients with severe suicide ideation and this was my first experiencing treating a patient with suicide

ideation...." These additional sentences were labeled as assessment/risk management. We then discussed these differences in relation to assessment styles. As such, assessment styles became additional properties of the broader category, clinical approach/assessment. This category represented properties of therapeutic approach, intake styles, theoretical orientation and assessment styles. Saturation was reached when no further categories emerged when coding the additional set of 30 statements.

Similarly, modifications of categories for professionalism were made to ensure adequate representation of all data. For example, we examined additional phrases/sentences on professional concerns, "an email I sent the training coordinator regarding my schedule…failed to cc my supervisor…"demanded time off instead of requesting it"." We initially coded these phrases as professional e-mail communication. This initial category was then added to the category of professionalism for a broader representation of the category. The same set of steps was applied to modify and broaden the categories, interpersonal, personal, and no challenging feedback. A final list of five categories was applied to the set of 128 participant statements each for content of challenging feedback and supervisee reactions, respectively. The five categories were mutually exclusive of each other. In coding supervisee reactions to challenging feedback, similar steps were employed by the coding team to develop the initial category system and reach saturation. Supervisee responses included self-disappointment, frustration towards self and supervisor, feelings hurt, shocked, and experiencing self-doubt across the five categories of challenging feedback. Trustworthiness of the data was established through ongoing researcher self-reflexivity, bracketing researchers' expectations and

biases, establishing consensus among team members on the coding of the data until saturation of data was reached (Spangler et al., 2012).

Quantitative analysis. Preliminary data analysis (MANOVA) was conducted to identify any significant group differences between demographic variables (with two or more categorical levels) on the set of dependent variables. MANOVA helps examine significant group differences in categorical independent variables that have two or more levels on scores of dependent variables (Stevens, 2009). Since the predictor variables relevant to interventions were dichotomous, they were dummy coded (e.g., $0 = $ No, $1 = $ Yes). Frequency analysis was then conducted for each of the predictor and dependent variables, which helped identify the four most frequently indicated supervisor interventions based on majority of participant responses. Frequency analysis was used to reduce the number of supervisor interventions to be examined in relation to supervisee outcome variables, and to account for multicollinearity among a large number of predictor variables (Bertsch et al., 2014).

Cell sizes for each demographic variable were then checked to ensure adequate sample size. The demographic variables relevant to the dependent variables (supervisees' academic discipline, year in program, number of practica, practica/internship setting and theoretical orientation) were dummy coded. For each demographic variable with more than two levels (e.g., counseling, clinical and other) the reference group was chosen on a conceptual basis (e.g., counseling group $= 0$) and the other two groups were coded as well (e.g., clinical group $= 1$, other $= 2$). A similar procedure was adopted for the remaining demographic variables.

Multivariate multiple linear regression (MMLR) was then employed to address the relationship between the set of predictors (supervisor interventions) and the dependent variables (knowledge, awareness, skills, self-efficacy, satisfaction with supervision, and working alliance). Multivariate multiple regression analysis was selected to simultaneously examine the relationship between the set of multiple predictors and multiple dependent variables. The benefits of MMLR over a series of univariate multiple regressions include control of Type I error and incorporation of cross-outcome correlations (Stevens, 2009).

The following research questions were addressed using MMLR: (1) What types of supervisor interventions predict supervisee learning, namely knowledge, awareness, and skills? (2) What types of supervisor interventions predict supervisee self-efficacy? (3) What types of supervisor interventions predict supervisee satisfaction? (4) What types of supervisor interventions predict supervisory working alliance?

Chapter IV

Results

Power Analysis

Pre-test power analyses were performed to determine the sample size required to

detect an estimated effect size of .07, power of .80 and alpha level of .05 for the

multivariate multiple regression analysis. The estimated effect size (Cohen's f^2) was

calculated using a value of .25 for the correlation co-efficient (R^2). Analysis indicated that

a sample size of 97 was needed to achieve the desired power and effect size. The current

sample size of 128 participants indicated that the results of the power analysis achieved

power of .80 to detect a small to medium effect ($f^2 = .07$), based on conventional standards

(Cohen, 1988).

Qualitative Analysis

Challenging feedback. Results indicated that 92% of participants reported

experiencing an instance of challenging feedback, 6% stating that they did not experience

any challenging feedback, and the remaining 2% were excluded from the study because

they did not report individual supervision hours. A total of five categories of challenging

feedback emerged through CQR-M analysis. Types of challenging feedback were related

to clinical approach/assessment (62%), interpersonal feedback (16%), professional

development (8%), personal feedback (6%), and no challenging feedback (6%). Two

percent did not respond to this question.

Clinical approach/assessment. Consistent with previous literature, clinical

approach/assessment ($N = 80$) was the most frequent type of feedback indicated by

participants and included issues related to theoretical orientation, case conceptualization,

diagnosis, risk assessment, use of clinical skills, and self-reflective/introspective skills (supervisees' self-awareness in sessions with clients).

In highlighting the challenging feedback related to diagnosis, one participant shared:

I told my supervisor a diagnosis that I would have given a client I was seeing. She responded that she thought he might have a different disorder. She then tested my knowledge of this other disorder and would kind of minimize anything I said about the initial diagnosis that I would have given my client.

Similarly, a participant shared challenging feedback pertaining to risk assessment:

One incident involved my supervisor being upset about the length of my intake with a difficult client. My focus was to make sure that a comprehensive suicide risk assessment could be completed. Her focus was on whether family-of-origin and past trauma was assessed.

Conversely, sharing an instance of challenging feedback on the purpose of implementing clinical skills, a participant stated, "In this particular instance, [my supervisor] wonder why I felt the need to disclose with this client, when I have not [used] disclosure with other clients." Highlighting feedback on self-reflective skills, a participant noted the following challenging feedback, "My supervisor wondered about my reaction when my patient's mother indicated that I wasn't helping manage the tantrums. My supervisor felt that I seemed to have had a fairly intense reaction to that statement."

Interpersonal feedback. Interpersonal feedback ($N = 20$) pertained to supervisees'

interactional styles in general with clients and colleagues. Interactional styles included

being active, direct, non-verbal, and general interactive style, and being friendly in

session. For instance, with clients, one participant shared, "My supervisor has told me

before, 'You seem to talk a bit too much. Maybe be wary about how much you are saying

so that you don't become too verbose." Another quoted, "My supervisor commented on

my tendency to come out of or withdraw from emotional expressions from the client" and

yet a third participant noted, "My supervisor mentioned that it is hard for her to read how

I am feeling in the moment at times." Similarly, another participant noted, "I was told to

quit the chit chat and start working while working with adolescents."

With regard to interpersonal interactions with colleagues, one participant shared,

"I got feedback about how I wasn't getting along with a co-facilitator in group therapy.

The feedback was that I might be too "harsh" on the trainee who has much less clinical

experience." Another noted, "He gave me the feedback that I should be speaking up more

in clinical staff meetings and in the group that we co-facilitate together."

Professionalism. Here feedback referred to supervisees' professional deportment

(e.g., self-image, sense of responsibility, ability to manage personal needs and

commitment to practicum) as a counselor-in training on site ($N = 10$). For instance, one

participant shared:

> Recently my supervisor gave me some feedback about the focus of our
>
> supervision sessions. She mentioned that we have been primarily focused on my
>
> personal needs (i.e., personal growth edges as a beginning counselor,

emotionality, etc.), and do not have sufficient time to focus on discussing my clients.

Highlighting feedback about one's professional self-image, one participant shared, "My supervisor informed me that my anxiety level regarding an issue with the head of our organization was causing others to have a negative view of me."
On managing personal responsibility a participant shared:

I was having a situation where I was supposed to work in two different internship placements with two different supervisors in two different cities. I was finding that I was also playing catch up at each organization… The stress of trying to balance two internships was incredible, and I was feeling overwhelmed. I explained to my supervisor that after discussions with both task supervisors, and personal reflection that I would ask to separate myself from one of the organizations … My supervisor suggested that I have humility as I may not know what is best and that the field director may have put me in that particular situation for a reason…She challenged me that if I don't get my way what would I do. I

told   her that I would go to someone with higher authority…because I was being put into an unfair situation for myself and my clients … I accepted her feedback about humility, but I did not agree with it.

Another participant also shared challenging feedback on her dedication to practicum, "You are not dedicated to your practicum I don't want you here."

Personal feedback. Personal feedback ($N = 8$) pertained to supervisees' personality, use of language, and manners. For instance, one participant noted, "I was told I had a bitchy defensiveness to me," while another participant shared,

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I had been working in a child-adolescent day treatment setting for about three

months when I received my first evaluation from my supervisor. The biggest

criticism from the evaluation was that I tried too hard to be every client's best

friend.

A third participant reported challenging feedback on language usage, "There

appears to be several spelling errors. Is English your first language?" Another participant

shared feedback pertaining to the use of manners, "My supervisor noted that my use of

manners (e.g., yes ma'am, no ma'am) was excessive, made me seem somewhat

sycophantic, and naive, and was likely detrimental to me."

No challenging feedback. Participants ($N = 8$) reported that they did not

experience challenging feedback. For instance, one participant shared, "I haven't had a

challenging feedback with my current supervisor." Interestingly, participants who

reported no challenging feedback also reported the content of feedback they received. For

example, one participant stated, "I am not sure if this is challenging feedback but more

didactic. My supervisor informed me of various services I can inform my clients of who

are at risk (e.g., crisis, college credit programs)." Another participant, while stating no

challenging feedback, shared, "I don't think I have encountered a challenging feedback

event. My Supervisor has been very understanding, constructively critical, and open.

Whenever she has suggestions or feedback, it is presented in a professional and warm

manner. She has only had to correct me on note entry errors when I began Internship,

simply because of initial adjustment/inexperience with database." Thus, although

participants reported no challenging feedback, they seemed to identify content that was

suggestive of challenging feedback and these were included in the analysis.

Supervisee reactions. Across the four categories of challenging feedback, supervisees expressed frustration with self and supervisor, feeling self-disappointment, hurt, shocked, and experiencing self-doubt with the negative evaluation. For instance, one participant shared, "I was frustrated with our inability to agree on the focus on the intake. I felt that it was unfair for her to overlook risk assessment, as I've always been accommodating with things she finds important in her orientation." Another participant noted:

> Disappointed and frustrated, as it was evident previous to this interaction that something was inhibiting rapport with the supervisor, but when brought up in supervision it was glossed over, until the supervisor's negative behavior increased to the point that the academic institution became involved. I was hurt that the supervisor viewed me in a such a way despite my efforts and disappointed because it was just another supervisor unable to process what was going on in the supervisor-supervisee relationship....

Another participant shared experiencing self-doubt after receiving personal feedback, "I felt upset and disappointed, and most of all, I felt unsure of myself."

Participants also noted how this feedback elicited several emotions in them, such as feeling judged, hurt, and shocked. For instance, one participant shared:

> As a product of my upbringing, I have been taught to show respect and use manners with all individuals that I come into contact with. While I think she was trying to be helpful, it made me feel like she was chastising me because my verbiage didn't confer special privilege to anyone, including her. She said, I feel

like you say that to the cab driver too. Well I do, and the implication that my respect for her should be granted any higher authority than being decent and respectful to everyone felt manipulative and petty.

Another participant noted, "I was taken aback by the statement. I am clearly Caucasian, with no accent. I felt the statement was culturally insensitive."

Despite these intense feelings, participants reported an acknowledgment of the usefulness of challenging feedback and some even engaged in self-reflection:

It was embarrassing to be called out, but it was solicited (I asked for it) and totally helpful. So while it was embarrassing, that was fleeting. My supervisor also empathized with me, and related her experiences with it. So it was a good moment. I left it feeling refreshed and happy.

Another stated:

I felt a little bit embarrassed because I felt I should not have had difficulty discussing boundaries and therapeutic relationships with the client…I also felt empowered because my supervisor was thinking I needed to be more assertive which was what I had also been thinking but had been too nervous to verbalize.

Moreover, participants shared other helpful aspects of supervision. For instance, one participant stated, "I felt encouraged knowing that my supervisor wanted to share his fears with me, and validated my own" while another noted, "I feel empowered. I feel like, even though I am new, I am capable of being a competent therapist."

Supervisor interventions. With regards to supervisor interventions used to address challenging feedback, 72% of the participants reported that their supervisors focused on increasing supervisee's self-awareness, 72% reported that their supervisors focused on

normalizing their reactions, 71% reported their supervisors focusing on clinical skills, and 71% reported their supervisors' focused on providing details of the evaluation (e.g., further discussion of supervisee performance in therapy, in supervision and/or as a professional, using concrete examples). Other interventions included supervisor focus on knowledge (62%), and the supervisory working alliance (48%).

Quantitative Analysis

Prior to conducting a preliminary analysis using multivariate analysis of variance (MANOVA), the data were evaluated to assess whether they met the statistical assumptions of the procedure. Assumptions of univariate normality for the dependent variables were tested using skewness and kurtosis statistics, which were found to be within the normal range (skewness and kurtosis values should be within the range of -2 to +2; Lomax, 2001), and normal probability p-plots, which also showed relatively straight lines, indicating no substantial departures from normality. Table 1 displays the means, standard deviations, and range of the observed variables in the study.

Bivariate normality was assessed by examining scatter plots for each pair of dependent variables. The relatively elliptical shapes observed in each scatterplot provided support for bivariate normality of the data (Stevens, 2009). Based on the univariate and bivariate normality evidence, the assumption of multivariate normality necessary for MANOVA was assumed to have been satisfied. The assumption of equal (i.e., homogeneous) covariance matrices of the dependent measures for each of groups was also met, using Box's test ($F(10,15) = 2.585$, $p = .131$). Lastly, multicollinearity was assessed through the examination of the correlation matrix which revealed no multicollinearity issues in the data and linear correlations between the predictors and

dependent variables. Correlations among the dependent variables, consistent with the assumption of MANOVA, revealed moderate correlations. Table 2 displays Pearson correlations of the observed variables and predictor variables.

Preliminary analysis using MANOVA was conducted to examine whether there were significant group differences between the demographic variables (with two or more levels) on the set of dependent variables. Demographic variables were identified as supervisees' theoretical orientation, supervisees' academic discipline, number of practica completed by supervisees, practicum/internship setting and year in program. Dependent variables were identified as knowledge, awareness, skills, self-efficacy, supervisee satisfaction, and supervisory working alliance.

The multivariate test of the academic discipline group main effect found significant differences between the three academic discipline group means (i.e., counseling, clinical, and other groups) on the set of dependent variables being analyzed (Wilks' $\lambda = .78$, $F(12, 198) = 2.22$, $p = .01$) Given the significance of the overall test, Univariate ANOVAs were conducted to examine group differences in each of the dependent variable separately. The univariate results found significant group differences on self-awareness, knowledge and skills. Specifically, on the self-awareness ratings, the mean for the counseling program group ($M = 1.48$) was significantly higher ($p = .01$) than the clinical program group mean ($M = 1.00$). On the knowledge ratings, the counseling program group mean ($M = 1.24$) was significantly higher ($p = .05$) than the clinical program group mean ($M = .82$). Finally, for ratings on skills, the mean for the other programs group (e.g., social work, community counseling; $M = 1.24$) was significantly higher ($p < .01$) than the clinical program group mean ($M = .74$). The multivariate test for

the remaining demographic variables found no significant group differences on the set of dependent variables.

As the next step, multiple multivariate linear regression (MMLR) analysis was conducted to simultaneously examine the relationship between the four most frequently indicated supervisor interventions (endorsement above 70%) and supervisee outcome (self-awareness, knowledge, skills, self-efficacy, supervisee satisfaction, and supervisory working alliance). The four most frequently used supervisor interventions were: Supervisors' focus on supervisee awareness (72%), normalizing supervisee experience (72%), focus on supervisee skill set (71%), and providing detailed explanations of evaluation (71%). A cut-off percentage point of 65 was chosen to include the most frequently indicated supervisor interventions. The four supervisor interventions chosen in the current study also represent frequently examined interventions in the supervision literature exploring supervisor interventions (Ladany et al., 2012; Falender & Shafranske, 2014; Hoffman et al., 2005; Grant, Schofield, & Crawford, 2012). Since academic discipline showed a significant main effect on the set of dependent variables, knowledge, self-awareness and skills, it was included as a covariate in the main regression analysis to control for its confounding effects on the set of dependent variables.

The overall multivariate test showed that the predictor variables were significantly and positively related to the set of dependent variables (Wilks' $\lambda = .42$, $p < .001$). Because the multivariate test was significant, univariate tests were examined for the predictor variables and each outcome variable. Controlling for academic discipline, the predictor variables explained a significant amount of variability in supervisee satisfaction ($R^2 = 31\%$, $p < .001$) and supervisory working alliance ($R^2 = 46\%$, $p < .001$), but not in

supervisee self-awareness ($R^2 = 4\%$, $p = .44$), knowledge ($R^2 = 4\%$, $p = .48$), skills ($R^2 = 2\%$, $p = .85$) and self-efficacy ($R^2 = 8\%$, $p = .12$). For any outcome variable with a significant univariate test, the significance of individual predictor variables for that outcome variable was examined. Results revealed that three of the four interventions were significantly related to supervision satisfaction and the supervisory working alliance (see Table 3). Specifically, supervisor focus on supervisee self-awareness was significantly related to supervisee satisfaction ($\beta = .34$, $p = .02$) and supervisory working alliance ($\beta = 12.30$, $p < .001$); supervisor focus on supervisee skills was significantly related to supervisee satisfaction ($\beta = .86$, $p = .05$) and supervisory working alliance ($\beta = 6.05$, $p = .03$). Similarly, supervisor focus on normalizing supervisee reactions was significantly related to supervisee satisfaction ($\beta = 1.27$, $p = .001$) and supervisory working alliance ($\beta = 9.03$, $p < .001$).

Chapter **V**

Discussion

Consistent with previous research (Ladany et al., 2012; Bertsch et al., 2014) critical events are a common occurrence in supervision. In fact, addressing critical events in supervision can lead to increased knowledge, awareness and skills, and self-efficacy for both, supervisees and supervisors (Ladany et al., 2012). Given the nature of the evaluative process in supervision, critical events related to evaluation warrant attention. This study purported to examine supervisor interventions used to address supervisee reactions to challenging feedback and whether these supervisor interventions were predictive of supervisee outcome (knowledge, awareness, skills, self-efficacy, supervisee satisfaction and supervisory working alliance).

Challenging Feedback and Supervisory Interventions

Consistent with previous research (Hoffman et al., 2005), our findings revealed four categories of challenging feedback: Clinical, interpersonal, professional development and personal feedback. A fifth category represented participants who reported no challenging feedback. This fifth category was created to maintain consistency with CQR-M that requires all participant data to be coded (Spangler et al., 2012), including the responses that indicated no challenging feedback. Although some participants reported no challenging feedback, they identified content that challenged them in a positive rather than a negative manner. These responses have been included in the final analysis as part of the larger data set. Clinical feedback emerged as the most frequently endorsed challenging feedback in supervision. This seems to reiterate previous findings (Falender & Shafranske, 2014; Hoffman et al., 2005) that highlight the

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importance of providing clinical feedback as an integral component of developing competencies as a clinician. Specifically, Hoffman et al., (2005) highlighted that clinical feedback that focuses on supervisee's work with clients and is clinically relevant was the most frequent type of feedback in supervision. Participants in the current study identified feedback related to their theoretical orientation, case conceptualization, diagnosis, clinical/risk assessment, and clinical skills as challenging yet helpful in being able to identify their strengths and areas of growth as developing clinicians.

Interestingly, albeit at a lower frequency, challenging feedback on interpersonal style was the second most frequently endorsed feedback, followed by professionalism, and personal issues. Feedback that is non-clinical in nature and includes feedback on supervisees' interactional style, professionalism and personality has been identified as occurring less frequently (Hoffman et al., 2005; Ladany & Melincoff, 1999). These authors note that supervisors express hesitancy or withhold such feedback out of concern for hurting the supervisee's self-efficacy, perceiving it as boundary crossing by supervisors, and questioning the relevance of feedback. The fact that our participants noted receiving such feedback at a lesser frequency seems indicative of the continued ambivalence and reluctance around sharing feedback that is non-clinical in nature. This is concerning because supervision practices (ACES, 2011) encourage supervisory focus on both supervisees' clinical and professional development.

Interestingly, a small subset of participants endorsed receiving feedback related to their personality, use of manners, and language. Consistent with previous findings (Hoffman et al., 2005), this type of feedback seems to be the least endorsed feedback. Hoffman et al. asserted that supervisors were hesitant to address this type of feedback

because of the personal nature of the feedback. However, these authors also report that supervisors in their study acknowledged that if they had collegial support, consulted more often, and considered timing of delivering such challenging feedback that it perhaps may have benefited the supervisees.

Participants experienced strong reactions to the challenging feedback they received. In particular, participants experienced anger, frustration, hurt, and self-disappointment because they perceived the feedback to be unhelpful and they felt judged. In fact, Grant et al. (2012) has identified several defining features of problematic supervision when dealing with difficulties that arise in supervision: supervisors being confrontational, critical, blaming, having unclear plans, and primarily instructive rather than engaging in an interactive learning process. It appears that the participants in this study also experienced many difficulties through feeling dismissed, frustrated, and self-doubt when supervisors did not engage in reflective and validating stances. This is concerning, given the fact that the guidelines for best supervision practices (ACES, 2011) and research studies (Falender & Shafranske, 2014) emphasize the benefits of supervisors normalizing, exploring feelings, using concrete examples, and balancing positive and challenging feedback. Moreover, authors (e.g., Farnill et al., 1997; Heckman-Stone, 2003) have highlighted the importance of balanced feedback that not only reinforces supervisee strengths but also helps identity areas of growth. Such feedback can assist in the overall development of supervisee self-efficacy (Bandura, 1977), increase supervisee openness to such feedback (Ladany et al., 2012) and encourage supervisees to perform self-evaluations (Heckman-Stone, 2003), thereby making supervision an effective avenue for supervisee development and accountability.

In receiving feedback, participants noted four supervisory interventions that were most frequently used in the supervisory process: Increasing supervisees' awareness, normalizing supervisees' experience, focusing on supervisees' skills set, and focusing on evaluation. These findings resonate with previous studies (Bertsch et al., 2014; Ladany et al., 2012) that assert similar effective supervisor interventions in addressing critical events in supervision. Supervisors' responsiveness to challenging situations in supervision such as acknowledging and normalizing supervisee reactions, while increasing supervisees' awareness of strengths and areas of growth seems imperative to reinforcing supervisee growth as a clinician (Ladany et al., 2013). Specific supervisor interventions such as being supportive, reflective, and encouraging open discussions with supervisees when addressing supervisee concerns also strengthen the supervisory working alliance, and increase supervisee self-disclosure (Grant et al., 2012; Ladany et al., 2013). Moreover, supervisee self-disclosure, in turn, promotes self-examination of growth edges and encourages supervisee self-evaluation (Grant et al., 2012; Ladany et al., 2012). The findings from the current study are reassuring and add to the supervision literature on the mechanisms of handling challenging feedback. This study iterates the efficacy of reflective (e.g., increasing self-awareness), relational (e.g., normalizing; Bertsch et al., 2014; Grant, et al., 2012), and proficiency-based (e.g., skills set; Anderson et al., 2000) supervisor interventions in making constructive use of challenging feedback as a critical growth-promoting avenue in supervision.

Relationship between Supervisor Interventions and Resolution

The current study revealed that three of the supervisory interventions, namely, focus on normalizing supervisee experience, self-awareness, and skills set were

significantly related to two supervisee outcomes: supervisee satisfaction and supervisory working alliance. When supervisors normalize supervisees' reactions to feedback, and explore supervisees' feelings to promote supervisees' awareness, it significantly increases supervisees' satisfaction with the supervisors' approach (Fernando & Hulse-Killacky, 2005). Additionally, supervisors' focus on increasing the skills set of supervisees appears to be predictive of supervisee self-efficacy, which in turn, contributes to greater supervisee satisfaction (Heppner & Roehlke, 1984; Ladany et al., 2005). Supervisee satisfaction with such supervisory interventions in turn can make supervisees more receptive to the supervisory feedback and promote the clinical development of supervisees (Hilton, Russell, & Salmi, 1995).

The study's findings also revealed that supervisors' focus on normalizing supervisees' reactions, supervisee self-awareness, and supervisees' skills set were significantly predictive of increased supervisee satisfaction and stronger supervisory alliance (resolution). Research has indicated that supervisees are more open to discussions on challenging topics in supervision, and are willing to engage in self-disclosure when supervisors offer a supportive environment (Hoffman et al., 2005; Ladany et al., 2013). Supportive environments that include supervisors' openness to furthering difficult discussions with supervisees, normalizing mistakes, being open to supervisees' ideas, encouraging supervisee autonomy, and building supervisee self-efficacy by validating their clinical strengths while focusing on their identified areas of growth seems to be salient to a good supervisory relationship. Additionally, supervisors' focus on expanding their skills set also seems to fortify supervisees' development as a clinician and strengthen the working alliance. In sum, the current study offers additional

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evidence for specific supervisor interventions that can effectively address supervisee

reactions to challenging feedback in promoting successful resolution in supervision.

Interestingly, other outcome variables, namely, knowledge, awareness, and skills,

and self-efficacy were not significantly related to any of the supervisor interventions.

Research has shown that it is imperative for supervisees to first perceive and experience

feedback as helpful in order to increase their competencies (Gray et al., 2001; Ladany et

al., 1999). Perhaps, supervisees in this study did not receive new information that would

provide insights that may be helpful in increasing their knowledge, self-awareness and

self-efficacy. Further research is needed to clarify these findings. Additionally,

knowledge, awareness and skills were measured with one item respectively and may not

holistically capture the conceptual meaning of the constructs. Similarly, although the

COSE consists of five subscales: Micro skills (12 items), process (10 items), difficult

client behaviors (7 items), cultural competence (4 items), and awareness of values (4

items). Based on the number of items, the COSE seems to capture some aspects of self-

efficacy (micro skills, process-oriented skills) more so than others. Another important

consideration is related to the Critical Events Model (Ladany et al., 2005). According to

this model, critical events occur in one or more sessions and can carry forward into

subsequent sessions. The focus of this study was on one evaluative moment in the

supervisory process. Perhaps, capturing the unfolding of the interactional sequence that

may happen through multiple, ongoing discussions across sessions may provide

additional information on how supervisees experience resolution.

Limitations

The findings from this study need to be contextualized against several limitations.

First, is the composition of the sample. Majority of the participants were in their second year in program, and completing their third and fourth practica. As a result, findings cannot be generalized to participants who identify at other levels of clinical training. Second, the measures used in the current study capture self-reports of supervisee perspectives based on recall of one instance of their challenging feedback. This could skew the data because of selective recall and potential time lapse between instances of challenging feedback and recall (Bertsch et al., 2013; Ladany et al., 2013). Third, the supervisee outcome variables, knowledge, awareness and skills were measured using single items for each variable, respectively. This could restrict variability of responses. Lastly, the role of the self, i.e. researcher, is hard to separate from qualitative research (Yeh & Inman, 2006). Although the research team engaged in self-reflexivity to account for biases and expectations, there may be a possibility that the coding process may have been influenced by the coding team members' preconceived ideas. Another set of research team members could potentially have developed different themes from the data.

Implications

Existing research (Hoffman et al., 2012) highlights the limited use of challenging feedback in supervision due to the ambivalence surrounding its utility, content, and supervisory tools to address them effectively. Simultaneously, addressing feedback has consistently been identified as an avenue for promoting supervisee development (Heckman-Stone, 2003). The current study offers additional empirical support for the Critical Events Model (CEM) in supervision as an effective pan-theoretical framework and tool in addressing and working through challenging feedback. Specifically, the CEM allows a systematic identification of the critical event (supervisee reactions), and helps

supervisors identify effective interventions that can provide a resolution. Beyond the identification of some core interventions, this study allowed the development of additional supervisor interventions (e.g., engaged in self-disclosure) that can be used in addressing challenging feedback. Moreover, the findings also highlight the salience of supervisee satisfaction and supervisory working alliance in the conceptualization of challenging feedback. Given that these outcomes have been identified as core components of effective supervision (Ladany, Lehrman-Waterman et al., 1999), these constructs are critical to the outcome of addressing challenging feedback effectively.

From a research standpoint, this study adds to the limited supervision literature on evaluation processes in supervision. There is a growing emphasis in supervision (ACES, 2011) to assess supervisee's impairments, blind spots, and limitations as part of the evaluative process, and provide such challenging feedback in a direct and supportive manner to promote supervisees' professional development (APA Board of Educational Affairs Task Force on Supervision Guidelines, 2014). This study addresses the importance of such challenging feedback. By highlighting effective mechanisms of handling challenging feedback and processing supervisee reactions to this feedback, this study provides empirical evidence for tools to process challenging feedback that may be imperative to modeling transparency in supervision, gatekeeping, protecting client welfare in supervision, and informing supervisees about their competencies (APA Board of Educational Affairs Task Force on Supervision Guidelines, 2014). Finally, it is recommended that the interactional sequence between the supervisor and supervisee be looked at over the course of multiple sessions especially since the resolution of a critical event may occur over multiple sessions. Such data may more effectively help address

challenging feedback. Specifically, a single subject design examining the interactional

sequence in one supervisory dyad over the course of several weeks (e.g, 12 weeks) could

highlight the immediacy and processes of handling challenging feedback in detail.

Lastly, existing research (Hoffman et al., 2012) has highlighted the importance of

supervisee readiness and openness to receiving challenging feedback. Future research

that includes supervisee variables such as personality traits (e.g., neuroticism) and

supervisor variables (e.g., supervisors' theoretical orientation) may account for whether

these variables influence the mechanisms of providing and receiving challenging

feedback, and its resulting impact on supervisee outcome variables, within the relational

model of CEM. Perhaps, this research direction could also shed light on the role of

supervisors' theoretical orientation in accounting for the variability in group differences

between counseling, clinical and other program groups on knowledge, awareness and

skills.

In terms of supervision training, it may be helpful to discuss the specific challenges

in providing difficult feedback in multiple areas (e.g., professional deportment, clinical

skills etc.) In fact, the mechanisms of addressing such challenging feedback across

clinical and professional domains serve as an important avenue that addresses the critical

role of supervision: to promote the professional identity and ethical behaviors of

supervisees (ASPPB supervision guidelines, 2003). Because supervisees can experience

disappointment, frustration and de-moralization when challenging feedback is not

effectively addressed in supervision, tailoring feedback that is balanced and meets the

needs of the supervisee become salient (Lehrman-Waterman & Ladany, 2001). The use

of role-plays and training videos can model effective ways of providing and using

challenging feedback as a growth- promoting avenue for mental health professionals

practicing in the realm of supervision. Additionally, tying the challenging feedback to

initial supervisory goals, an important component of evaluation, (Lehrman-Waterman, &

Ladany, 2001) may add evidence to the factors that influence the mechanisms of

challenging feedback. Lastly, peer group supervision that includes review of videotaped

supervision sessions can provide the platform for cross-consultation and collaboration on

using multiple theoretical lenses, and mechanisms of processing challenging feedback to

contribute to the professional development of supervisees and supervisors-in-training.

References

ACES Executive Council (2011). Best practices in clinical supervision. Retrieved from

www.saces.org/resources/documents/aces_best_practices.doc

Allen, G. J., Szollos, S. J., & Williams, B. E. (1986). Doctoral students' comparative

evaluations of best and worst psychotherapy supervision. *Professional*

Psychology: Research and Practice, 17, 91-99. doi:10.1037/0735-7028.17.2.91

American Psychological Association (2002). American Psychological Association ethical

principles of psychologists and code of conduct. Retrieved from

http://www.apa.org/ethics/code2002.html

American Psychological Association. (2014). Guidelines for clinical supervision in health

service psychology. Retrieved from http://apa.org/about/policy/guidelines-

supervision.pdf

Anderson, S. A., Schlossberg, M., & Rigazio-DiGilio, S. (2000). Family therapy trainees'

evaluations of their best and worst supervision experiences. *Journal of Marital*

and Family Therapy, 26, 79–91. doi:10.1111/j.1752-0606.2000.tb00278.x

Association of State and Provincial Psychology Boards (2003). ASPPB supervision

guidelines. Revised 2003. Retrieved from

www.asppb.net/resource/resmgr/guidelines/current_asppb_supervision_gu.pdf

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change.

Psychological Review, 84, 191-215. doi:10.1037/0033-295X.84.2.191

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist,*

37, 122-147. doi:10.1037/0003-066X.37.2.122

Bernard, J. M., & Goodyear, R. G. (1998). *Fundamentals of Clinical Supervision* (2nd ed.). Needham Heights, MA: Allyn & Bacon.

Bernard, J.M. & Goodyear, R.K. (2004). *Fundamentals of clinical supervision* (3rd ed.). New York, NY: Pearson.

Bernard, J. M., & Goodyear, R. K. (2009). Evaluation. In *Fundamentals of clinical supervision* (4th ed.) (pp. 20-49). Upper Saddle River, NJ: Merrill.

Bertsch, K. N., Bremer-Landau, J., DeCarlo, A., Kreider, E. D., Price, T., & Inman, A. G. (2014). Evaluation of the critical events in supervision model using gender related events. *Training and Education in Professional Psychology*, *8,* 174-181.

Borders, D. L., & Brown, L. L. (2005). *The new handbook of counseling supervision*. New York, NY: Lawrence Erlbaum Associates.

Bordin, E. S. (1983). A working alliance model of supervision. *The Counseling Psychologist, 11,* 35-42. doi:10.1177/0011000083111007

Bradley, L.J., & Kottler, J.A. (2001). Overview of counselor supervision. In L. J. Bradley & N. Ladany (Eds.), *Counselor supervision: Principles, process and practice* (pp. 3-27). Ann Arbor, MI: Taylor & Francis.

Cashwell, T. H., & Dooley, K. (2001). The impact of supervision on counselor self-efficacy. *The Clinical Supervisor, 20*, 39-47. doi:10.1300/J001v20n01_03

Chur-Hansen, A., & McLean, S. (2006). On being a supervisor: The importance of feedback and how to give it. *Australasian Psychiatry, 14*, 67-71. doi: 10.1111/j.1440 1665.2006.02248.x

Cohen, J. (1988). *Statistical power analysis for the behavior sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Daniels, J. A., & Larson, L. M. (2001). The impact of performance feedback on

    counseling self-efficacy and counselor anxiety. *Counselor Education and*

    Supervision, *41*, 120–130. doi: 10.1002/j.1556-6978.2001.tb01276.x

Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance

    in counselor supervision. *Journal of Counseling Psychology, 37*, 322-329. doi:

    10.1037/0022-0167.37.3.322

Ellis, M. V., & Ladany, N. (1997). Inferences concerning supervisees and clients in

    clinical supervision: An integrative review. In C. E. Watkins, Jr. (Ed.), *Handbook*

    of psychotherapy supervision (pp. 447-507). Hoboken, NJ: John Wiley & Sons.

Ellis, M. V., D'luso, N., & Ladany, N. (2008). State of the art in the assessment,

    measurement, and evaluation of clinical supervision. In A. K. Hess, K. D. Hess, &

    T. H. Hess, (Eds.), *Psychotherapy supervision: Theory, research, and practice*

    (2nd ed.) (pp. 473-499). New York, NY: Wiley.

Falender, C. A., & Shafranske, E. P. (2014). Clinical Supervision: The State of the Art.

    Journal of Clinical Psychology, 70, 1030–1041. doi:10.1002/jclp.22124

Farnill, D., Gordon, J., & Sansom, D. (1997). The role of evaluative feedback in

    supervision. *Australian Journal of Clinical and Experimental Hypnosis, 25*(2)*,*

    155–161.

Fernando, D. M. and Hulse-Killacky, D. (2005). The relationship of supervisory styles to

    satisfaction with supervision and the perceived self-efficacy of master's-level

    counseling students. *Counselor Education and Supervision, 44*, 293–304. doi:

    10.1002/j.1556-6978.2005.tb01757.x

Freeman, E. M. (1984). The importance of feedback in clinical supervision: Implications

    for direct practice. *The Clinical Supervisor, 3*, 5-26. doi:10.1300/J001v03n01_02

Friedlander, M. L., & Snyder, J. (1983). Trainees' expectations for the supervisory

    process: Testing a developmental model. *Counselor Education and Supervision,*

    22, 342-348. doi: 10.1002/j.1556-6978.1983.tb01771.x

Getz, H. G. (1999). Assessment of clinical supervisor competencies. *Journal of*

    Counseling & Development, 77, 491–497. doi:10.1002/j.1556-

    6676.1999.tb02477.x

Gray, L. A. Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees

    experience of counterproductive events in supervision. *Journal of Counseling*

    Psychology, 48, 371-383. doi:10.1037/0022-0167.48.4.371

Grant, J., Schofield, M. J., & Crawford, S. (2012). Managing difficulties in supervision:

    Supervisors' perspectives. *Journal of Counseling Psychology, 59,* 528-541. doi:

    10.1037/a0030000

Heckman-Stone, C. (2003). Trainee preferences for feedback and evaluation in clinical

    supervision. *The Clinical Supervisor, 22*, 21-33. doi:10.1300/J001v22n01_03

Heppner, P. P., & Roehlke, H. J. (1984). Differences among supervisees at different

    levels of training: Implications for a developmental model of supervision. *Journal*

    of Counseling Psychology, 31, 76-90. doi:10.1037/0022-0167.31.1.76

Hill, C. E. (1990). Exploratory in-session process research in individual psychotherapy:

    A review. *Journal of Consulting and Clinical Psychology, 58(3),* 288-294.

    doi:10.1037/0022-006X.58.3.288

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Counseling Psychology, 52*, 196-205. doi:10.1037/0022-0167.52.2.196

Hilton, D. B., Russell, R. K., & Salmi, S. W. (1995). The effects of supervisor's race and level of support on perceptions of supervision. *Journal of Counseling & Development*, 73, 559-563. doi:10.1002/j.1556-6676.1995.tb01794.x

Hoffman, M. A., Hill, C., Holmes, S. E., & Freitas, G. F. (2005). Supervisor perspective on the process and outcome of giving easy, difficult, or no feedback to supervisees. *Journal of Counseling Psychology, 52,* 3-13. doi:10.1037/0022-0167.52.1.3

Holloway, E. L. (1987). Developmental models of supervision: Is it development? *Professional Psychology: Research and Practice, 18*, 209 - 216. doi: 10.1037/0735-7028.18.3.209

Holloway, E. L. (1997). Structures for the analysis and teaching of psychotherapy. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 249-276). NY, New York: Wiley.

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the working alliance inventory. *Journal of Counseling Psychology, 36*, 223-233. doi: 10.1037/0022-0167.36.2.223

Hutt, C. H., Scott, J., & King, M. (1983). A phenomenological study of supervisees' positive and negative experiences in supervision. *Psychotherapy: Theory, research and practice, 20,* 118-123. doi:10.1037/h0088471

Inman, A. G. (2006). Supervisor multicultural competence and its relation to supervisory

    process and outcome. *Journal of Marital and Family Therapy, 32,* 73-85. doi:

    10.1111/j.1752-0606.2006.tb01589.x

Johnston, L. H., & Milne, D. L. (2012). How do supervisee's learn during supervision? A

    Grounded Theory study of the perceived developmental process. *The Cognitive*

    Behaviour Therapist, 5, 1-23. doi:10.1017/S1754470X12000013.

Knox, S., Burkard, A. W., Edwards, L. M., Smith, J. J., & Schlosser, L. Z. (2008).

    Supervisors' reports of the effects of supervisor self-disclosure on supervisees.

    Psychotherapy Research, 18, 543-559. doi:10.1080/10503300801982781

Kozina, K., Grabovari, N., Stefano, J. D., & Drapeau, M. (2010). Measuring changes in

    counselor self-efficacy: Further validation and implications for training and

    supervision, *The Clinical Supervisor, 29*, 117-127. doi:

    10.1080/07325223.2010.517483

Ladany, N. (2004). Psychotherapy supervision: What lies beneath. *Psychotherapy*

    Research, 14, 1-19. doi:10.1093/ptr/kph001

Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance,

    trainee self-efficacy, and satisfaction. *Journal of Counseling and Development,*

    77, 447-455. doi:10.1002/j.1556-6676.1999.tb02472.x

Ladany, N., Friedlander, M. L., & Nelson, M. L. (2005). *Critical events model in*

    psychotherapy supervision: An interpersonal approach. Washington, DC:

    American Psychological Association.

Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and

importance of what psychotherapy trainees do not disclose to their supervisors.

Journal of Counseling Psychology, 43, 10-24. doi:10.1037/0022-0167.43.1.10

Ladany, N., Inman, A. G., Hill, C. E., Knox, S., Crook-Lyon, R., Thompson, B. J… &

Walker, J. A. (2012). Corrective relational experiences in supervision. In L. G.

Castonguay & C. E. Hill (Eds.), *Transformation in psychotherapy: Corrective*

experiences across cognitive behavioral, humanistic, and psychodynamic

approaches (pp. 335-352). Washington DC: American Psychological Association.

Ladany, N., Lehrman-Waterman, D., Molinaro, M., & Wolgast, B. (1999). Psychotherapy

supervisor ethical practices: Adherence to guidelines, supervisory working

alliance, and supervisee satisfaction. *The Counseling Psychologist, 27,* 443-475.

doi:10.1177/0011000099273008

Ladany, N., & Melincoff, D. S. (1999). The nature of counselor supervisor nondisclosure.

Counselor Ed & Supervision, 38, 161–176. doi:10.1002/j.1556-

6978.1999.tb00568.x

Ladany, N., Mori, Y., & Mehr, K. E. (2007). *Trainee perceptions of effective and*

ineffective supervision interventions. Unpublished manuscript, Lehigh University,

Bethlehem, PA.

Ladany, N., Mori, Y., & Mehr, K. E. (2013). Effective and ineffective supervision. *The*

Counseling Psychologist, 41(1), 28-47. doi:10.1177/0011000012442648

Ladany, N., Walker, J. A., & Melincoff, D. S. (2001). Supervisory style: Its relation to the supervisory working alliance and supervisor self-disclosure. *Counselor Education and Supervision, 40,* 263-275. doi:10.1002/j.1556-6978.2001.tb01259.x

Ladany, N., Walker, J. A., Pate-Carolan, L. M., & Evans, L. G. (2008). *Practicing counseling and psychotherapy: Insights from trainees, supervisors, and clients* New York, NY: Taylor & Francis.

Lane, E. J., Daugherty, T. K., & Nyman, S. J. (1998). Feedback on ability in counseling, self-efficacy, and persistence on task. *Psychological Reports 83*, 1113-1114. doi: 10.2466/pr0.1998.83.3.1113

Larsen, D. L., Attkisson, C. C., Hargreaves, W. A., & Nguyen, T. D. (1979). Assessment of client/patient satisfaction: Development of a general scale. *Evaluation and Program Planning, 2*(3)*,* 197-207.

Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the Counseling Self-Estimate Inventory. *Journal of Counseling Psychology, 39,* 105–120. doi:10.1037/0022-0167.39.1.105

Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology, 48,* 168-177. doi:10.1037/0022-0167.48.2.168

Lomax, R.G. (2001). An introduction to statistical concepts for education and behavioral sciences. Mahwah, NJ: Erlbaum.

Madani, Y., Kees, N., Carlson, L., & Littrell, J. (2010). *Counseling students' experience of the supervisory relationship*. Paper presented at the 2009 ACES Conference, San Diego, California. Retrieved from http://counselingoutfitters.com/vistas/vistas10/Article_40.pdf

Mahrer, A. R. (1988). Discovery-oriented psychotherapy research: Rationale, aims and methods. *American Psychologist, 43*, 693-702. doi:10.1037/0003-066X.43.9.694

Mehr, K. E., Ladany, N., & Caskie, G. I. L. (2010). Trainee nondisclosure in supervision: What are they not telling you? *Counselling & Psychotherapy Research, 10*, 103-111. doi:10.1080/14733141003712301

Nelson, M. E., & Friedlander, M. L., (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology, 48,* 384-395. doi: 10.1037/0022-0167.48.4.384

Peace, S. D. (1995). Addressing school counselor induction issues: A developmental counselor mentor model. *Elementary School Guidance and Counseling, 29*(3)*,* 177-190.

Spangler, P.T., Liu, J., & Hill, C.E. (2012). Consensual qualitative research for simple qualitative data: An introduction to CQR-M. In C.E. Hill (Ed.), *Consensual qualitative research: A practical resources for investigating social science phenomena* (pp. 269-283). Washington, D.C.: American Psychological Association.

Sterner, W. R. (2009). Influence of the supervisory working alliance on supervisee work

    satisfaction and work related stress. *Journal of Mental Health Counseling, 31*, 249

    – 263. Retrieved from

    http://amhca.metapress.com/link.asp?id=f3544l502401831g

Stevens, J. P. (2009). *Applied multivariate statistics for the social sciences* (5th ed.). New

    York, NY: Taylor & Francis.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling

    competencies and standards: A call to the profession. *Journal of Counseling and*

    Development, *70*(4), 477-477. Retrieved from

    http://search.proquest.com/docview/219047907?accountid=12043

Taibbi, R. (1995). *Clinical supervision*. Milwaukee, WI: Families International.

Tracey, T. J., & Kotovic, A. M. (1989). Factor structure of the working alliance

    inventory. *Psychological Assessment, 1,* 207-210. doi:10.1037/1040-

    3590.1.3.207

Wilcoxon, S. A., Norem, K., & Magnuson, S. (2005). Supervisees' contributions to lousy

    supervision outcomes. *Journal of Professional Counseling: Practice. Theory, and*

    Research. 33, 31-49. Retrieved from

    http://search.proquest.com.ezproxy.lib.lehigh.edu/docview/212436605?accountid
    =12043

Wong, L. C., Wong, P. T., & Ishiyama, F. I. (2013). What helps and what hinders in

    cross-cultural clinical supervision: A critical incident study. *The Counseling*

    Psychologist, 41, 66-85. doi:10.1177/0011000012442652

Appendix A

Consent Form

Evaluation Feedback Process in Supervision using the Critical Events Model

You are invited to be in a research study exploring the Evaluation Feedback Process in Supervision. You were selected as a possible participant because you identified as a male/female current graduate student who is placed in a practicum/internship setting and has experienced at least one instance of challenging feedback. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Lavanya Devdas, doctoral student, Counseling Psychology, Lehigh University under the direction of Dr. Arpana G. Inman, Department of Counseling Psychology, Lehigh University.

Purpose of the study:
The purpose of this study is to understand the mechanisms of providing and receiving challenging feedback that can promote supervisee growth and development. In particular, I am interested in exploring the types of interventions supervisors use to address supervisee responses to feedback that is perceived as challenging, and the outcome of the interventions on supervisee development. We hope that your participation will help us develop better models of supervisor interventions that promote supervisee development through challenging feedback.

Procedures:
In order to understand your experiences about challenging feedback, you will be asked to write a short description of **one** challenging feedback experience and complete standard rating scales. Please be as thorough as possible. Also, please don't be intimidated by the size of the questionnaire; it should take you approximately 30 minutes to complete the packet. If you choose to participate, please access the survey at the following web address: www.qualtrics.com. The password to logon to this survey is **FEEDBACK**.

Risks and _Benefits_ of being in the study:
Although minimal, a potential risk you may incur by completing this questionnaire is minor psychological discomfort as you reflect upon your feedback experience and how it has affected you. **Should you experience more serious discomfort or risks, you may stop your work on the questionnaire. Please contact your local counseling center or speak to a peer who might be able to assist you in this regard. However, I anticipate the minimal discomfort** would be outweighed by the gains of discovering and learning about aspects of evaluative feedback process you may not have considered.

The benefits to participation may include discovering and reflecting on the nature of challenging feedback and your approach to receiving the feedback. Additional benefits include understanding supervisors' approach in handling your responses to challenging feedback and what types of supervisor interventions work for you in discussing challenging feedback.

Compensation:

The 5th, 25th, 45th, 65th and 85th participant will be selected for five Amazon gift cards. Each gift card amounts to 25 dollars.

Confidentiality:

Please note that all of your responses will be completely confidential. Your anonymity will be maintained throughout the study. I ask that you do not include your name on the questionnaire packet. Also, any publication of the data from this study will in no way identify you as no individual results will be reported. Research records will be stored securely and only the primary researcher will have access to the records. No individual results will be reported. Your return of the questionnaire will constitute your informed consent to participate in this study.

Voluntary Nature of the study

Your participation is completely voluntary and you have the right to withdraw consent and discontinue participation at any time. Your decision whether or not to participate will not affect your current or future relations with Lehigh University. If you have questions regarding the study, please contact Lavanya Devdas at lad210@lehigh.edu, OR Dr. Arpana Inman at agi2@lehigh.edu, or (610) 758 4443.

Contacts and Questions

We hope that you will find this task to be thought-provoking and stimulating. Should you have any questions, please feel free to contact Arpana G. Inman, Ph.D., at (610) 758-4443 or agi2@lehigh.edu, or Susan Disidore, inors@lehigh.edu, Office of Research and Sponsored Programs, at (610) 758-3021. Thank you again for your help.

Sincerely,

Lavanya Devdas, MSW   Arpana G. Inman, Ph.D.
Doctoral Student, Counseling Psychology   Professor, Counseling Psychology
Lehigh University, Bethlehem, PA   Lehigh University, Bethlehem, PA

Appendix B

Recruitment Letter

Dear Training Director,

I am currently conducting my dissertation study on the evaluative feedback process in supervision. Through the study, I hope to explore the underlying mechanisms of providing and receiving challenging feedback from a supervisee perspective. In relation to the study, I request your assistance in forwarding the letter for participation to practicum trainees at your site or program. I also acknowledge the time and effort required in responding to my participation request and greatly appreciate your help in this matter. Please find below the letter of request for participation to be forwarded to your trainees.

Thank you in advance for your time and consideration,

Lavanya Devdas

Dear Graduate Student:

Subject: Research Participation Request: "Evaluation Feedback Process in Supervision using the CEM Model."

I am a doctoral student in Counseling Psychology at Lehigh University, completing my dissertation under the guidance of Dr. Arpana Inman. I invite you to participate in a research study on evaluation feedback process in supervision. This is an important area of investigation because research has shown that challenging feedback in supervision is a critical component of evaluation in supervision. Although studies highlight effective (consistent, timely, based on supervisee performance) and ineffective feedback (inconsistent, not tying the feedback to supervisee goals and clinical work), little is known about how challenging feedback is processed in supervision. Thus, the purpose of this study is to understand the relationship between the types of interventions supervisors use to handle supervisees' responses to challenging feedback and its influence on supervisee outcomes.

Eligibility for participation in this study:

(A) Male and female students currently enrolled in psychology graduate programs (counseling, clinical, MFT, social work)
(B) Placed at a clinical practicum/internship site such as hospital, college or community mental health settings
(C) Completed at least one month of supervised practicum where you received verbal feedback at least once, and
(D) Experienced at least one instance of challenging feedback in supervision.

Why should you participate in this study?

Well, I hope that your participation will stimulate your thinking about specific areas of feedback that you found challenging and whether specific approaches your supervisor used to address your concerns helped you understand the nature of feedback. Additionally, I hope that your participation in this study will also assist other supervisees to understand the nuances of discussing challenging feedback and effective strategies that help you grow from the challenging feedback. **If you choose to participate, you could be one among five to win a 25$ Amazon gift card.**
Participation involves completion of several measures. It should take you approximately 30 minutes to complete the packet. If you prefer to complete a hard copy of the questionnaire, please contact me at lad210@lehigh.edu
If you choose to participate, you can access the survey at the following web address: https://www.qualtrics.com
The password to log on to this survey is FEEDBACK

I thank you in advance for your time and consideration. I am also interested in soliciting your help in recruiting other graduate supervisees who would be willing to participate in the study. Your help in identifying additional participants for this study is purely voluntary. Please pass along our e-mail address or telephone numbers to others who might be interested in participating. Should you have any questions, please feel free to contact Lavanya Devdas at lad210@lehigh.edu, or my advisor, Dr. Arpana G. Inman at agi2@lehigh.edu, or Susan Disidore, inors@lehigh.edu, Office of Research and Sponsored Programs, at (610) 758-3021. Thank you again for your help.

Sincerely,
Lavanya Devdas, MSW   Arpana G. Inman, Ph.D.
Doctoral Student, Counseling Psychology   Professor, Counseling Psychology,
Lehigh University, Bethlehem, PA   Lehigh University, Bethlehem, PA

Appendix C

DEMOGRAPHIC QUESTIONNAIRE
Below are a set of questions to gather general information about your background
for the purpose of the study. Please check and write in the response that best describes
you.

01. Your Current Age: _____

02. Race (check all that apply):
☐ Caucasian ☐ Hispanic American ☐ Asian American ☐ African American ☐ Other: _____
03. Ethnicity: Please specify: _____

04. Gender (check one):
☐ Male ☐ Female ☐ Transgender (M to F) ☐ Transgender (F to M) ☐ Other: _____

05. Sexual Orientation:
☐ Straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Queer
☐ Other: _____

06. Supervisor's race (check all that apply):
☐ Caucasian ☐ Hispanic American ☐ Asian American ☐ African American ☐ Other: _____
07. Supervisor's ethnicity: Please specify: _____

08. Supervisor's gender (check one):
☐ Male ☐ Female ☐ Transgender (M to F) ☐ Transgender (F to M) ☐ Other: _____

09. Supervisor's sexual orientation:
☐ Straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Queer
☐ Other: _____

10. Current year in the program (Check one). If other, please specify:
☐ First ☐ Second ☐ Third ☐ Fourth ☐ Other: _____

11. What program are you in (Check one). If other, please specify:
☐ Counseling ☐ Clinical ☐ Other: _____

12. Current practicum setting (check one): If other, please specify:
☐ College ☐ Community setting ☐ Hospital ☐ Other: _____

13. Number of practica completed:
☐ (1 – 2) Beginning level ☐ (3-4) Advanced level ☐ Internship

14. Your current theoretical orientation, please specify: _____

15. Current supervisor's theoretical orientation, please specify: _____

16. Number of months of supervised counseling experience, please specify: _____

17. Number of months of counseling experience of your supervisor, please specify: _____

18. Number of hours per week of individual supervision, please specify: _____

19. Are you supervised by a licensed psychologist?
☐ Yes ☐ No ☐ Other (Specify) _____

Appendix D

Evaluative feedback event in Supervision Questionnaire
EFEQ

Supervisory experiences are replete with critical incidents that impact the supervisory process. The process of evaluative feedback is an example of such critical events. For these questions, please reflect on supervisory experiences with a supervisor you are currently working with.

Evaluative feedback refers to the process of supervisor assessing supervisee progress on knowledge, awareness and skills, and providing information verbally about the supervisee performance. Evaluative feedback can be a critical event that signals the need for attention on the part of the supervisor. An evaluative feedback related event (EFE) is defined as a process or interaction that occurs within supervision that could impact (a) supervisor intervention and (b) supervisee learning outcome.

In responding to the following question, please reflect on your supervisory experience with the supervisor you are currently working with.

1. Please describe in two or three sentences one challenging feedback related event (CFRE) that your supervisor brought up and it was discussed between you and your supervisor. For example, the CFRE could be a statement like, "In the particular instance that you described, you don't seem to be empathizing with the client or you don't seem to be attending to the affective experience of the client…" Please take your time in answering this question as it may take a few minutes to recall a CEFRE.

2. Please describe in two or three sentences your emotional reaction to the CEFRE (e.g., feeling upset, disappointed, frustrated).

3. After your reaction to the CEFRE, did your supervisor:

Focus on the exploration of your feelings *(e.g., discussion of feelings about the evaluation process)*	Yes	No
No further discussion *(e.g., no de-briefing or follow up)*	Yes	No
Focus on the supervision process *(e.g., discussion on what is taking place between you and supervisor in the supervisory relationship in the here and now)*	Yes	No
Focus on evaluation	Yes	No

(e.g., further discussion of your performance in therapy, in supervision, and as a professional, used concrete examples based on your performance)

Assess your knowledge *(e.g., evaluating degree to which the you are knowledgeable in areas relevant to the case under discussion)*	Yes	No
Assess your self-awareness *(e.g., evaluating the degree to which you are aware of personal biases, contextual influences, feelings and attitudes that influences client's functioning and your work with clients)*	Yes	No
Focus on negative areas of work (*e.g., focusing exclusively on areas of growth*)	Yes	No
Focus on your skill(s) *(e.g., discussion on the how, when, where, and why of conceptual, technical, interpersonal skills, and personalization factors as part of the evaluative feedback process)*	Yes	No
Focus on your reactions in an indirect manner *(responding in a manner that is not connected to addressing your reactions)*	Yes	No
Provide vague responses *(e.g., ambiguous and disconnected to performance)*	Yes	No
Become angry and/or dismissive (*e.g., defensive and resistant to further addressing your reactions*)	Yes	No
Focus on your self-efficacy *(e.g., discussion on your perceived abilities as a therapist)*	Yes	No
Focus on normalizing your experience *(e.g., discussion of experience as typical, expected or developmentally appropriate)*	Yes	No
Focus on the supervisory alliance *(e.g., discussion of bond, tasks, and goals)*	Yes	No
Provide an insufficient rationale in addressing your reaction *(e.g., not being able to provide clear objective criteria)*	Yes	No
Engage in self-disclosure *(e.g., supervisor shared similar Reactions to challenging feedback that he/she received as a supervisee)*	Yes	No

Change the topic of discussion (*e.g., supervisor shifted focus of* Yes   No
discussion from your reactions to feedback to an unrelated topic)

Other (Please Specify)   Yes   No
(e.g., if there was another intervention used by your supervisor)

4. Please rate the extent to which this event led to changes in the following:

   (-2= negatively influenced, -1=somewhat negatively influenced, 0= no impact,
1= somewhat positively influenced, 2= positively influenced)

<u>Self-Awareness</u> –refers to your ability to understand how personal biases, feelings, behaviors, and beliefs influence the ability to work with clients	-2 -1 0 1 2
<u>Knowledge</u>- includes theoretical, empirical, and practical understanding about client concerns through training and experience	-2 -1 0 1 2
<u>Skills</u>- using culturally appropriate interpersonal, technical, or conceptual skills that range from micro skills to complex therapeutic strategies when working with clients	-2 -1 0 1 2

Appendix E

Counselor Self-Estimate Inventory (COSE)

The following sentences describe the ways you think or feel about your

counseling abilities. **Please base your responses on how you felt after your supervisor**

processed the challenging feedback. If you strongly agree with a sentence, circle the

number "6". If you strongly disagree, circle the number "1". Use the numbers in between

to describe the variations between these extremes.

> 1 = Strongly Disagree
> 2 = Moderately Disagree
> 3 = Slightly Disagree
> 4 = Slightly Agree
> 5 = Moderately Agree
> 6 = Strongly Agree

---

1. I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand.

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

7. I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my

1 2 3 4 5 6

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questions will be meaningful and not concerned with
trivia and minutia).

8. I am sure that the content of my responses, i.e.,   1 2 3 4 5 6
reflection of feeling, clarification, and probing, will be
consistent with and not discrepant from what the client
is saying.

9. I feel confident that I will appear competent and earn   1 2 3 4 5 6
the respect of my client.

10. When using responses like reflection of feeling, active   1 2 3 4 5 6
listening, clarification, probing, I am confident I will be
concise and to the point.

11. When I initiate the end of a session I am positive it will 1 2 3 4 5 6
be in a manner that is not abrupt or brusque and that I
will end the session on time.

12. I am confident that I can assess my client's readiness   1 2 3 4 5 6
and commitment to change.

13. I am worried that my interpretation and confrontation   1 2 3 4 5 6
responses may not over time assist the client to be
more specific in defining and clarifying the problem.

14. I am worried that the type of responses I use at a   1 2 3 4 5 6
particular time, i.e., reflection of feeling, interpretation,
etc., may not be the appropriate response.

15. When giving responses, i.e., reflection of feeling, active 1 2 3 4 5 6
listening, clarification, probing, I'm afraid that they
may not be effective in that they won't be validated by
the client's immediate response.

16. I am afraid that I may not understand and properly   1 2 3 4 5 6
determine probable meanings of the client's nonverbal
behaviors.

17. I am not sure that in a counseling relationship I will   1 2 3 4 5 6
express myself in a way that is natural without
deliberating over every response or action.

18. I am uncertain as to whether I will be able to   1 2 3 4 5 6
appropriately confront and challenge my client in
therapy.

19. My assessments of client problems may not be as accurate as I would like them to be.

1 2 3 4 5 6

20. I am unsure as to how 1 will lead my client towards development and selection of concrete goals to work towards.

1 2 3 4 5 6

21. I may not be able to maintain the intensity and energy level needed to produce client confidence and active participation.

1 2 3 4 5 6

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

1 2 3 4 5 6

23. I do not feel I possess a large enough repertoire of techniques to deal with the different problems my client may present.

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

29. I am confident that I will know when to use open or close ended probes, and that these probes will reflect the concerns of the client and not be trivial.

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

perspective.

32. When working with ethnic minority clients I am confident that I will be able to bridge cultural differences in the counseling process.　　1 2 3 4 5 6

33. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.　　1 2 3 4 5 6

34. I am likely to impose my values on the client during the interview.　　1 2 3 4 5 6

35. I feel I may give advice.　　1 2 3 4 5 6

36. 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.　　1 2 3 4 5 6

37. I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.　　1 2 3 4 5 6

Appendix F

Satisfaction with Supervision Questionnaire (SSQ)

Below is a list of questions about your satisfaction with supervision and your

supervisor. **For the purpose of the current study, please base your responses on how**

your supervisor responded to your reactions to challenging feedback. Using the

following response choices, please circle the number that fits your response

appropriately.

1. How would you rate the quality of the supervision?
   1   2   3   4
   Poor   Fair   Good   Excellent

2. Did you get the supervision you wanted?
   1   2   3   4
   No, definitely not   No, not really Yes, generally   Yes, definitely

3. To what extent has this supervision fit your needs?
   4   3   2   1
   Almost all of my   Most of my needs Only a few of my   None of my
   needs have been met have been met   needs have been met needs have
                                                        been met

4. If a friend were in need of supervision, would you recommend this supervisor
   to them?
   1   2   3   4
   No, definitely not   No, I don't think so Yes, I think so   Yes, definitely

5. How satisfied were you with the amount of supervision you received?
   4   3   2   1
   Quite satisfied   Indifferent or mildly Mostly satisfied Very Satisfied
                     dissatisfied

6. Has the supervision you received helped you to deal more effectively in your
   role as a therapist or counselor?
   4   3   2   1
   Yes, definitely   Yes, generally   No, not really   No, definitely

7. In an overall, general sense, how satisfied are you with the supervision you
   received?

4	3	2	1
Very Satisfied	Mostly Satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek supervision again, would you come back to this supervisor?

1	2	3	4
No, Definitely not	No, I don't think so	Yes, I think so	Yes, definitely

Appendix G

Working Alliance Inventory/Supervision–Short Form (WAIS-S)

The following sentences describe the ways you think or feel **about your supervisor. Please base your response on how you felt after he/she addressed your reactions to the challenging feedback**. If the statement describes the way you always feel or think, circle 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.

_____
_____

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

1. _____ and I agree about the things I will   1 2 3 4 5 6 7
need to do in supervision.

2. What I am doing in supervision gives me a new   1 2 3 4 5 6 7
way of looking at myself as a counselor.

3. I believe _____ likes me.   1 2 3 4 5 6 7

4. _____ does not understand what I want   1 2 3 4 5 6 7
to accomplish in supervision.

5. I am confident in _____'s ability to supervise   1 2 3 4 5 6 7
me.

6. _____ and I are working towards mutually   1 2 3 4 5 6 7
agreed-upon goals.

7. I feel that _____ appreciates me.   1 2 3 4 5 6 7

8. We agree on what is important for me to work on.   1 2 3 4 5 6 7

9. _____ and I trust one another.   1 2 3 4 5 6 7

10. _____ and I have different ideas on what   1 2 3 4 5 6 7
I need to work on.

11. We have established a good understanding of the   1 2 3 4 5 6 7
kinds of things I need to work on.

12. I believe the way we are working with my issues   1 2 3 4 5 6 7
is correct.

Table 1

Descriptive statistics: Means, Standard Deviation, Range for Outcome Variables

	Mean	Standard Deviation	Minimum	Maximum	Range
1. Self-awareness	1.23	.74	-1.00	2.00	3.00
2. Knowledge	1.00	.83	-2.00	2.00	4.00
3. Skills	1.07	.87	-2.00	2.00	4.00
4. Self-efficacy	160.55	25.15	73.00	218.00	145.00
5. Supervisee satisfaction	20.43	2.03	15.00	24.00	9.00
6. Supervisory working alliance	65.36	14.50	24.00	84.00	60.00

Table 2

Correlation Matrix of Outcome Variables and Predictor Variables

	1	2	3	4	5	6
1. Self-Awareness	1					
2. Knowledge	.53*	1				
3. Skills	.61**	.59**	1			
4. Self-efficacy	.25**	.23*	.14	1		
5. Supervisee satisfaction	.43**	.33**	.35**	.19*	1	
6. Supervisory Working Alliance	.58**	.51**	.50**	.37**	.67**	1
Focused on Evaluation	.15	.21*	.21*	.08	-.02	.08
Assessed Awareness	.45**	.29**	.41**	.19*	.41*	.55**
Focused on Skills	.31**	.26**	.31**	.21*	.31*	.31**
Focused on Normalizing	.44**	.44**	.31**	.11	.38*	.45**
Number of practica	.11	-.01	.03	.22**	.18*	.10
Sexual orientation	.04	-.02	.06	-.06	.04	-.01
Supervisor sexual orientation	-.15	-.14	.20*	.09	-.10	-.17
Year in program	.03	-.08	-.01	.13	-.00	-.01
Academic discipline	.03	.02	-.01	.06	-.07	-.08
Practicum setting	.02	.06	-.03	.11	-.05	-.08

Note: **Correlation is significant at the .01 level (two-tailed).
*Correlation is significant at the .05 level (two-tailed).

Table 3

Regression Analysis Within Cells in MMLR for Supervisee Satisfaction and Supervisory Alliance

Outcome Variable	Predictor Variable	B	Beta	Std. Err.	t-value
Supervisee satisfaction	Focused on evaluation	-.40	-.90	.36	-1.10
	Assessed awareness	.34	.25	.48	2.49*
	Focused on skills	.86	.19	.44	1.97*
	Focused on normalizing	1.27	.29	.39	3.27***
	Discipline	-.37	-.13	.23	-1.60
Supervisory working alliance	Focused on evaluation	.33	.01	2.28	.14
	Assessed awareness	12.30	.37	2.97	4.14***
	Focused on skills	6.05	.19	2.73	2.22*
	Focused on Normalizing	9.03	.30	2.42	3.74***
	Academic discipline	-3.52	-.18	1.44	-2.45

Note: N = 115, *** significance level $p \leq .001$, * significance level $p \leq .05$.

Curriculum Vita

Lavanya Devdas
2302 Avenel Blvd
North Wales PA 19454
lad210@lehigh.edu
814-218-1724

Objective
To enhance my clinical and multicultural competencies in providing integrative treatment
services to college populations within a university setting.

Education
Ph. D., Counseling Psychology Program   Fall 2010-present
Lehigh University, Bethlehem, PA

Ph. D., Counseling Psychology Program   Fall 2004-Spring 2010
Gannon University, Erie, PA   GPA: 3.75

Non-degree certificate, 4-quarter course,   Fall 2009
Grief and Bereavement Counseling   GPA: 4.00
Capella University, MN

Post Graduate Diploma, Counseling Psychology   May 2003
St. Xaviers' Institute of Counseling Psychology, Mumbai, India

Masters in Social Work   April 2002
St. Francis College for Women, Hyderabad Andhra Pradesh, India

Post Graduate Diploma, Child Psychology   March 2000
Women's College, Koti, Hyderabad, India

Bachelor of Arts   May 1999
St. Francis College for Women, Hyderabad
Andhra Pradesh, India

Assistantships
Graduate Assistantship   Fall 2012 - Spring 2013
Lehigh University, Bethlehem, PA
  • Assisted in reviewing manuscripts for publication
  • Assisted with reviewing for APA formatting
  • Conducted and involved in a study on mobility and related factors in decision making
    among female superintendents in Pennsylvania.

- Part of research team that is conducting a study on assessing success among PYP programs

Graduate Assistantship   Fall 2011- Fall 2012
Women's Center, Lehigh University, Bethlehem, PA
- Created a tool to assess the needs of Women's Center's staff, in line with the Center's mission, goals
- Implemented the tool, analyzed results and submitted a report to the Director of the Women's Center
- Co-facilitated a brown bag discussion on inter racial dating
- Conducted three bi-weekly mindfulness sessions for graduate students and staff
- Co-facilitating an international group discussion series on women, health, leadership in a global world

Graduate Assistantship   Fall 2010 – Fall 2011
Lehigh University, Bethlehem, PA
- Conducted literature reviews for projects
- Assisted with APA administration requirements
- Transcribed interviews

Graduate Assistantship   Fall 2006 - 2007
Gannon University, Erie, PA
- Prepared survey reports on incidence of disorders, medications taken, and treatment received based on clinical data

Graduate Assistantship   Fall 2004 – 2005
Gannon University, Erie, PA
- Assisted in completing research work and projects.
- Completed basic office duties.

Teaching Experience
Teaching Assistantship   Spring 2011
Lehigh University, Bethlehem, PA
- Taught one class on behavioral therapy to masters level psychology students
- Provided feedback based on observing weekly role play sessions
- Assisted in grading assignments and providing progress of clinical skills for each student
- Role played as therapist using a Gestalt approach
Teaching Assistantship   Summer 2011
Lehigh University, Bethlehem, PA
- Taught one class on different types of interventions to international students
- Contributed to weekly discussions in class
- Assisted in grading assignments
- Conducted a psycho educational workshop on coping and resiliency
Teaching Assistantship   Fall 2006 - Spring 2007

Gannon University, Erie, PA
- Taught introduction to psychology to undergraduate population
- Conducted and graded exams
- Showed educational videos on behavioral interventions
- Facilitated and graded class presentations

Counseling Experiences
Practica
University of Pennsylvania, Counseling & Psychological Services Fall 2013- 2014
Philadelphia, PA
- Attended and participated in personal and professional development trainings.
- Conducted intake sessions under supervision.
- Wrote reports for intakes conducted under supervision.
- Participated in supervision that includes self-exploration in relation to clients' identities.
- Provided supervised individual counseling.
- Documented weekly progress notes.
- Attended weekly team meetings and suggesting treatment plans for clients through collaboration of services.
- Attended outreach seminar meetings to understand the planning, design and implementation of outreach programs based on student needs.
- Co-facilitated outreach workshop on stress management for graduate students.
- Co-leading international student graduate group.
- Co-planning and co-facilitating outreach workshop on stress related to cultural adjustment for graduate students in the English as a second language program.

Lenape Valley Foundation   May 2013 – July 2013
Philadelphia, PA
- Conducted supervised integrative assessment batteries based on client needs and referrals
- Provided consultation services to colleagues in interpreting results based on contextual factors of clients
- Wrote integrative results based on assessment batteries
- Provided supervised feedback on test results to clients' therapists
- Provided supervised feedback on test results to clients
- Sought peer consultation on clients' assessments

Friends Hospital   Fall 2012 - Summer 2013
Philadelphia, PA
- Provided supervised individual counseling services to clients with serious mental health issues
- Provided supervised group therapy to clients on inpatient units
- Documented weekly progress notes
- Attended weekly team meetings and suggesting treatment plans for clients through collaboration of services

- Continued to receive and provide weekly peer group supervision

Kutztown Counseling Services   Fall 2011 – Summer 2012
Lehigh University, Bethlehem, PA
- Provided supervised individual counseling
- Conducted career assessment, discussed and provided results to the client
- Planned intervention strategies under supervision
- Received feedback based on audiotaped session in supervision, and modified interventions accordingly

Gannon Psychological Services Clinic Practicum   Spring 2006 –Fall 2007
Gannon University, Erie, PA
- Provided supervised individual, couples, and adolescent counseling.
- Completed, presented, and reported MMPI-2, clinical interview, and SCID-I intake assessments
- Planned intervention strategies under supervision

Advanced Individual Practicum   Spring 2007
Gannon University, Erie, PA
- Provided supervised individual therapy, documented weekly progress notes, mental status examination sheets.
- Planned intervention strategies under supervision.
- Received feedback from and provided feedback to colleagues about counseling sessions
- Completed, presented, and reported a WAIS-III and MMPI-2 assessment under supervision.

Group Therapy Practicum   Spring 2006
Gannon University, Erie, PA
- Provided supervised interpersonal process group co-therapy for two groups, maintained weekly case records and mental status examination sheets.
- Provided a summary and a presentation of both groups.
- Received feedback from and provided feedback to colleagues about counseling sessions

Marriage and Family Therapy Practicum   Fall 2005
Gannon University, Erie, PA
- Provided supervised marital therapy with a co-therapist, documented weekly progress notes and mental status examination sheets.
- Used the McMaster's tool of assessment
- Reviewed tapes of sessions to determine the effectiveness of therapy
- Received feedback from and provided feedback to colleagues about counseling sessions

Advanced Individual Practicum   Fall 2004
Gannon University, Erie, PA
- Provided supervised Interpersonal Process Therapy to clients, maintained case notes and mental status examination sheets

- Reviewed and analyzed tapes of sessions to determine the effectiveness of therapy
- Received feedback from and provided feedback to colleagues about counseling sessions

Internships

Pre-doctoral Psychology Intern   Fall 2014 – Present

Suffolk University, Counseling Health and Wellness Center

- Providing individual therapy based on short-term model to college students
- Co-facilitating mindfulness group for college students
- Providing weekly supervision for an hour to doctoral practicum student
- Liaising with the international office to provide consultative services, based on their needs
- Providing outreach services to students on campus on a needs-basis.
- Maintaining weekly progress notes for individual, group therapy, liaising services and supervision
- Attending staff and administrative meetings
- Participating in didactic and training seminars on supervision, DBT, and outreach
- Presenting on issues related to acculturation and related to cultural challenges to assist faculty and staff in working with international students and for support to international students on campus.

Student Psychiatric Social Worker   April 2002 – May 2002

Tata Main Hospital, Jamshedpur, Uttar Pradesh, India

- Provided supervised evaluations and assessed patients through mental status examination
- Accompanied psychiatrists on patient rounds and assisted in routine queries

Student Medical Social Worker   August 2001 – March 2002

Apollo Hospital, Hyderabad, Andhra Pradesh, India

- Conducted daily rounds to survey the needs of patients in general and the pediatric wards
- Completed initial intake interview and documented sessions in case records and reports
- Formed and counseled a group of 6 patients with laryngectomy and documented sessions
- Filed for funds for patients in need
- Received training for negotiating the legalities of kidney transplantations

Community Social Worker   August 2000 – March 2001

Asmita Resource Center for Women, Secunderabad, India

- Administered a demographic survey in a rural area for community intervention planning and documented the survey in a consolidated report
- Completed case studies and observed clients in their homes to determine the effect of their homes and community on their wellbeing
- Conducted group counseling for a thrift and credit group
- Initiated and coordinated health checkup camps in collaboration with local organizations

Supervision Experience   Fall 2012-Spring 2013
Lehigh University, PA
- Provided supervision to two, international and domestic masters' level students on professional and personal skills.
- Maintained weekly progress notes on supervision sessions
- Provided formative feedback based on client discussions in sessions, and weekly audio tape reviews
- Reviewed and analyzed audio tapes of sessions to determine the effectiveness of therapy
- Received feedback from and provided feedback to colleagues about supervision sessions
- Transcribed two audio taped segments between client and supervisee for each supervisee and provided detailed, formative feedback.
- Provided summative feedback and evaluations for both students.
  Pre-doctoral intern, Counseling Health and Wellness Center, Suffolk University
- Providing supervision to doctoral practicum student once a week.
- Maintaining weekly supervision progress log of supervision sessions.
- Exploring theoretical orientation and case conceptualization style of supervisee
- Reviewing and providing formative feedback on clinical work based on supervisee self-report and video tape review.

Research Experience
- Study on Cultural values conflict among South Asian men in the U.S. 2012- 2013
  Lehigh University, Bethlehem, PA
- Study on Factors influencing Decision Making for Potential Positions 2012- 2013 among Women Superintendents in the U.S.
- *Lehigh University, Bethlehem, PA*
- Pledge Project   2011 – 2012
  Project expressing stance against the umbrella of oppression
  Lehigh University, Bethlehem, PA
- A study on examining trends and patterns of mental health among   2010 –2013
  South Asian immigrants in the United States
  Lehigh University, Bethlehem, PA
- Assessing group cohesion among supervision groups   2009 –2009
  Gannon University, Erie, PA
- A Study on the Occupational Stress of Doctors in   2002 – 2002
  Tata Main Hospital, India
- A Study on the Adjustment Patterns Among HIV/AIDS   2001 – 2002
  infected persons
  St. Francis College for Women, India
- A Study on Gender Discrimination among Girl Children   2000 – 2001
  in Vaddar Basti
  St. Francis College for Women, India
- A Study on Primary and Secondary Emotions   1998 –1999

St. Francis College for Women, India

Publications
- Sperandio, J., & Devdas, L. (2014). Staying close to home: Women's life-choices and superintendence. *International Journal of Educational Administration and Policy Studies.*
- Inman, A.G., Hutman, H., Pendse, A., Devdas, L., Luu, L., & Ellis, M. (2014). Current trends concerning supervisors, supervisees and clients in clinical supervision. In C. E. Watkins & D. Milne (Eds.), *The Wiley Blackwell International Handbook of Clinical Supervision.* Oxford, UK: John Wiley & Sons, Ltd.
- Inman, A. G., Devdas, L., Spektor, V., & Pendse, A. (2013). A three decade content analysis on trends and adjustment patterns among South Asian immigrants in the United States. *Asian American Journal of Psychology.*
- Devdas, L. (2010). Sexual orientation: An overview of gay, lesbian, and bisexual populations. *The Pennsylvania Psychologist, 70*(8).
- Devdas, L. (2010). An orientation into the new age of awareness: Mindfulness. *The Pennsylvania Psychologist, 70*(6).
- Owen, J., Devdas, L., & Rodolfa, E. (2007). University counseling center off-campus referrals: An exploratory investigation. *Journal of College Student Psychotherapy, 22*, 13-29. doi:10.1300/J035v22n02_03

Grants
Courageous Conversations   Spring 2011- Fall 2012
Lehigh University, Bethlehem, PA
- Part of grant writing to apply for resources to implement a created framework 'Courageous Conversation Framework' that provides a context to discuss racism, heterosexism, and classism among students at Lehigh University
- Co-created framework 'Courageous Conversation' that creates a context, and foundation to hold difficult conversations on the 'isms' in a respectful, safe manner
- Created a curriculum on racism that included the framework to discuss racism related events, incidents, including the privilege exercise
- Co-created the curriculum on heterosexism using the courageous conversation framework to explore privileges associated with heterosexism, and discrimination related to sexual orientation.
- Implemented the framework by conducting a month long group with first year undergraduate students
- Conducted pre and post assessments of group facilitation to track efficacy of the framework
- Part of ongoing efforts to revise the framework and curriculum on racism based on assessment results.

Presentations
- Devdas, L. & Zaheer, I. (2015, January). *International students' challenges and opportunities in the U.S. educational system.* Roundtable discussion to be presented at the 2015 Multicultural Summit Conference, Atlanta, Georgia.

- Devdas, L. & Gunasekara, T. (2014, October). *Barriers to change: Perceived discrimination among international students in U.S. universities.* Roundtable discussion presented at the 14th Annual Diversity Challenge Conference, Institute for the Study and Promotion of Race and Culture, Boston College, Chestnut Hill, MA.
- Devdas, L., & Song, G. (2014, August). *Voices of international students in globalizing the platform of psychology.* Roundtable discussion presented at the Asian American Psychological Association, George Washington University, Washington DC.
- Ervin, A., Slattery, J. M., Cowan, M. H., & Devdas, L. (2014, June). Sexual Minorities, Religion and Spirituality: Ethical Strategies for Competent Clinical Practice. Workshop presented at the 2014 Annual Convention of the Pennsylvania Psychological Association, Harrisburg, PA.
- Devdas, L. & Inman, A. G. (2013, October). *Cultural Values Conflict among South Asian Men in the United States.* Poster presented at the 13th Annual Diversity Challenge Conference, Institute for the Study and Promotion of Race and Culture, Boston College, Chestnut Hill, MA.
- Inman, A. G., Devdas, L., Pendse, A., & Spektor, V. (2012, August). *A three decade content analysis on trends and adjustment patterns among South Asian immigrants in the United States.* Poster presented at the 2012 Convention of the Asian American Psychological Association, Orlando, FL.
- Inman, A.G., Spektor, V., & Devdas, L. (2011, October). *A content analysis on trends and adjustment patterns among South Asian immigrants in the United States.* Poster presented at the Leadership Conference, Lehigh University, Bethlehem, PA.
- Inman, A. G., Devdas, L., Heard, S., & Presseau, C. (2011, August). *Curriculum, practicum, and supervision: Salient features of multicultural training.* Round table discussion presented at the Section for Supervision and Training, 2011 Convention of the American Psychological Association, Washington, D.C.
- Suzuki, T., Devdas, L., & Vivid, (2011, June). *Intergenerational conflicts among refugee families.* Workshop presented at the Annual Conference of the Pennsylvania Psychological Association, Harrisburg, PA.
- Devdas, L., Small, R. F., Salters, D. S., & (2010, October). *Ethics in a multicultural United States.* Workshop presented at the Ethics Educators Workshop at the Pennsylvania Psychological Association, Harrisburg, PA.
- Braun, J., Devdas, L., & Andrea, K. (2010, June). *Beyond unconditional positive regard: Understanding how oppression (still) affects us.* Workshop presented at the Annual Conference education session at the Pennsylvania Psychological Association, Harrisburg, PA.
- Suzuki, T., Devdas, L., & Small, R. (2010, June). *Intergenerational conflicts among immigrant families.* Workshop presented at the Annual Conference education session at the Pennsylvania Psychological Association, Harrisburg, PA.
- Cheney, V., & Devdas, L. (2010, March). *Confidentiality and marriage and family therapists.* Poster presented at the Annual Conference Poster session at the American Counseling Association, Pittsburg, PA.
- Cheney, V., & Devdas, L. (2009, October). *Confidentiality and marriage and family therapists.* Poster presented at the 41st Annual Conference Poster session at the North Western Pennsylvania Psychological Association, Penn State Conference Center, PA.

- Troutner, S. W. Devdas, L., Deets, S., Cheney, V., & Fleming, L.M. (2007, August). *Group cohesion: The relationship between cohesion and trainee competence.* Poster presented at the Division 17 Student Poster Session at the American Psychological Association, San Francisco, CA.
- Cheney, V. A., Devdas, L., Fujisaki, S., Troutner, S. W., & Owen, J. (2007, April). *Racial microaggressions and its impact on therapeutic working alliance.* Poster presented at the Graduate Day Research Conference, Gannon University, Erie, PA.
- Devdas, L. (2006, July). *Counseling from a Hinduistic Perspective.* Poster presented at the Graduate Day Research Conference, Gannon University.
- Devdas, L. (2005, September). *The role of Hinduism in counseling and spirituality.* Paper presented at Counseling and Spirituality Conference at Gannon University, Erie, Pennsylvania.
- Devdas, L. (2002, May). *Occupational stress of doctors in Tata main hospital.* Paper presented at Tata Main Hospital, Jamshedpur, Uttar Pradesh, India.

Community Experience
Solidarity Panel and Dialogue   March 2013
- Served as a panelist and shared perspectives and experiences related to feminism and its influence on my identity development.
- Discussed the interaction between feminism and cultural contexts.
- Addressed multiple aspects of identity that influence my feminist and cultural   lens.
- Addressed the interaction of feminism and immigration status in shaping the needs of the immigrant and refugee populations.

Volunteerism
Advocacy Training Day   April 2010
Presented by Pennsylvania Psychological Association, Harrisburg, PA
Invited to participate in two-day training for advocacy
Met with chief of staff of different representatives at Harrisburg Capitol
for funding of mental health services, and enactment of bills
Volunteer, Grant Project   Fall 2011
 Lehigh University
- Conducted and facilitated a month-long group discussion on introducing a framework to talk about diverse perspectives on the 'isms' and its influence on personal, interpersonal development.
- Implemented pre and post assessments to assess the effectiveness of the framework and discussions
- Implemented various exercises including the privilege exercise to create awareness about differential impact of the isms on each individual in a safe environment.
Volunteer   Fall 2010
 Women's Center, Lehigh University
- Participated in weekly staff meetings concerning social advocacy within a cultural lens
- Conducted a discussion series on 'Men and Masculinities' with undergraduate students at Lehigh University
Participant   Spring 2009 – Fall 2012
 Committee on Multiculturalism meetings, PPA

- Participated in planning and being part of the multicultural workshops, organized by the Pennsylvania Psychological Association
- Planned and contributed to articles in the Pennsylvania Psychologist, newsletter of the Pennsylvania Psychological Association

Volunteer   Spring 2010
Pennsylvania Psychological Association, Lancaster
- Helped with the registration process
- Assisted with handouts and evaluations during presentations

Participant   Spring 2009
Research project on measuring group cohesion in supervision groups
Gannon University, Erie, PA
- Participated in weekly research meetings
- Helped with data coding and analysis using consensual qualitative research method

Volunteer
Pennsylvania Psychological Association, Lancaster, PA   Spring 2009

Volunteer
Pennsylvania Psychological Association Annual Convention   Spring 2007
Harrisburg, PA

Participant   Fall 2005
Candidate recruitment, counseling psychology doctoral program
Gannon University, Erie, PA

Awards and Honors
- DoSAA Student Award   Summer 2014
   Division on South Asian Americans, Asian American Psychological Association
- DoSAA Student Award   Summer 2012
   Division on South Asian Americans, Asian American Psychological Association
- PPA Student Multiculturalism Award   Summer 2012
   Pennsylvania Psychological Association
- Frank and Maryann Dattilio Scholarship Fund   Summer 2012
   Pennsylvania Psychological Foundation, Educational Award, PPA
- The Rex Wellness Award   Spring 2009
   Pennsylvania Psychological Foundation, Educational Award, PPA
- Gannon Family Endowed Scholarship   Fall 2005 – 2006
   Gannon University, Erie, PA
- Deacon and Mrs. Martin P. Eisert Endowment Scholarship   Fall 2005 – 2006
   Gannon University, Erie, PA
- Gannon University Psychology Department Scholarship   Fall 2004 – 2006
   Gannon University, Erie, PA
- Gyanchandani award for the most participative Social worker   March 2002
  (Masters) over two years
St. Francis College, Begumpet, Hyderabad

Memberships
Chair, Multicultural Resource Guide Sub-Committee   2010-2012
Student member, AAPA   2011-Present

Member of Multi-cultural Committee, PPA	2009-2014
Student member, ACA	2009-present
Student member, APA	2005-present
Student member, PPA	2006-present