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# Supervision Factors that Predict Trainee Role Conflict and Role Ambiguity

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Supervision Factors that Predict Trainee Role Conflict and Role Ambiguity

by

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Presented to the Graduate and Research Committee

of Lehigh University

in Candidacy for the Doctor of Philosophy

in

Counseling Psychology

Lehigh University

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## Abstract

This study explored supervision factors (i.e., trainee anxiety, counselor self-efficacy, trainee counseling experience, supervisor styles, and supervisory working alliance) that influence trainees' experiences of role conflict and role ambiguity. Data from 110 trainees revealed that role difficulties occur across levels of training, practicum/internship settings, and psychology disciplines. Multivariate multiple regression analyses revealed that the supervisory working alliance, counseling self-efficacy, and trainee anxiety are important variables in trainees' behavior, specifically related to role conflict and role ambiguity. Supervision style and trainee experience did not emerge as significant variables in this study. Trainee experience was also not a significant moderating variable. This study possesses considerable theory, research, and practice implications in supervision and training.

## Chapter I

Supervision is crucial to the learning and development of therapists (Lambert & Ogles, 1997), and in order for therapist knowledge and skill to advance, supervisors need to provide a positive learning environment (Barrett & Barber, 2005). One challenge to effective supervision that has received attention in the literature is trainee role difficulties (Cheon, Blumer, Shih, Murphy, & Sato, 2009; Korinek & Kimball, 2003; Ladany & Friedlander, 1995; Nilsson & Anderson, 2004; Olk & Friedlander, 1992). Trainees must manage the multiple roles of student, client, supervisee, counselor, and colleague (Hess, Hess, & Hess, 2008). Supervisees may have difficulty attending to and learning these roles all at the same time, as each involves a different set of behaviors (Holloway, 1984). Specific role difficulties that have been examined in the literature include trainee role conflict and role ambiguity (Olk & Friedlander, 1992), and resolving such difficulties in supervision is important due to the destructive impact on the supervision process and the potential harm it could bring to clients. This study was designed to better guide supervisors in providing effective supervision. Thus, multiple supervision factors that influence trainees' experiences of role conflict and role ambiguity were examined (i.e., trainee supervision anxiety, counselor self-efficacy, trainee counseling experience, supervisor styles, and supervisory working alliance).

### **Role Difficulties: Role Conflict and Role Ambiguity**

Role conflict in supervision is defined as a situation in which one of a trainee's role expectations or behaviors as student, counselor, or colleague is in disagreement with another role, or when supervisors' directives are inconsistent with trainees' personal judgment (Olk & Friedlander, 1992). For example, expectations of the roles of student and counselor or colleague may be in opposition (e.g., follow supervisor directives vs. demonstrate autonomy; Olk &

Friendlander, 1992). In this example of student and counselor roles, the individual is faced with incompatible expectations of revealing weakness and demonstrating competence at the same time. Trainees may feel an expectation to support the supervisor's perspective and make the supervisor comfortable (Nelson & Friedlander, 2001), thus potentially neglecting their own perspective. Additionally, the trainee may be disinclined to disclose to the supervisor a different theoretical perspective from which they work and conceptualize clients (Mehr, Ladany, & Caskie, 2010).

Role ambiguity is defined as a lack of clarity in role expectations, how to fulfill roles, and consequences of performance, such as with evaluation (Biddle, 1979; Nilsson & Anderson, 2004; Olk & Friedlander, 1992). In supervision, trainees may be uncertain about supervisory expectations, how to perform to meet these expectations, and how they will be evaluated (Olk & Friedlander, 1992). For example, a trainee may not know what to talk about in supervision or if what they disclose will be used against them in their evaluation. An indicator of trainee role ambiguity might involve a supervisee inquiring about the process of supervision such as how it works, responsibilities, and expected roles. Specifically, trainees may be unsure about what content to disclose to their supervisors and how to open up about their weaknesses. This lack of clarity about what to disclose to supervisors is consistent with literature that trainees do not effectively disclose their needs to their supervisor (Farber, 2006). This places the responsibility to address expectations on the supervisor, which might minimize experiences of role ambiguity (Nilsson & Anderson, 2004). This supervisor responsibility in responding to trainees' uncertainty emphasizes the contribution of both the trainee and supervisor in the existence, perpetuation, and resolution of role conflict and role ambiguity.

## **Trainee Anxiety, Trainee Counseling Self-Efficacy, Trainee Experience**

Olk and Friedlander (1992) suggested that, as trainees gain clinical experience and confidence in their abilities as counselors (i.e., self-efficacy), their roles become clearer and less ambiguous. Conversely, trainees with higher self-efficacy may be less likely to follow supervisor recommendations, therefore raising the probability of conflict. Although Olk and Friedlander found that role difficulties lead to increased anxiety, they suggested that the reverse might also be true, where high anxiety might contribute to role difficulties. For advanced trainees, the colleague role is most salient so less evaluation anxiety and thus less role ambiguity may occur. Advanced trainees are likely to have higher levels of self-efficacy as compared to novice trainees, so more role conflict is possible because they have clearer ideas and confidence in how to approach client issues, which may conflict with the theories and directives of their supervisors. Additionally, Friedlander, Keller, Peca-Baker, and Olk's (1986) results suggest that self-efficacy and trainee anxiety are important variables in trainees' behavior (e.g. role difficulties) and thus were conceptualized as predictor variables in the present study in addition to trainee experience level, which is defined as the number of months of clinical experience and conceptualized as either novice (0-24 months) or advanced (24 or more months), as based on the criteria suggested by Friedlander et al.

Anxiety is an important common factor in supervision, because it can impact a trainee's ability to benefit from the learning that takes place in supervision, the demonstration of skills, and ultimately interfere with the supervision process (Bernard & Goodyear, 2009). Many studies have found a link between role difficulties (i.e., role conflict and ambiguity) and trainee feelings of supervision and counseling anxiety, where role difficulties resulted in increased anxiety for trainees (Arnold, Robertson, & Cooper, 1993; Caplan & Jones, 1975; Cooper & Marshal, 1976;

Friedlander et al., 1986; Kahn et al., 1964). However, few have explored the possibility that trainee anxiety may influence and predict trainees' experiences of role conflict and role ambiguity. Mueller and Kell (1972) are some of the few that have described theoretically how anxiety is a source of conflict in supervision.

Novice therapists experience heightened anxiety regarding the supervision experience (Chapin & Ellis, 2002) and specifically about the evaluative component of supervision (Bernard & Goodyear, 2009). Concern about roles and evaluation may be heightened by trainee anxiety, further confusing and reducing the clarity of expectations. Thus, anxiety may prevent trainees from expressing their needs, whereas a less anxious trainee may be assertive in articulating his or her needs and reducing role ambiguity. Given the complexity of trainee anxiety and the various potential influences it may have on trainees' role difficulties, in addition to the lack of research on anxiety as a predictor variable for role difficulties, this study hypothesized that higher trainee anxiety was associated with greater role ambiguity and related to less role conflict. The more anxious trainees are the less clear they will be about their responsibilities. Thus, the more trainees align with the role of student learner they are likely to experience less conflict because they will be more apt to follow the direction of their supervisors.

Self-efficacy is also essential for effective counseling skill development (Larson, 1998); hence, it is an important trainee variable in supervision. Self-efficacy, as defined by Bandura (1977), is the belief that people have in their ability to successfully accomplish the required behavior to achieve the desired outcome. Counseling self-efficacy, as suggested by Larson et al. (1992), is a multidimensional construct comprised of five factors: using microskills, attending to process, dealing with difficult client behavior, demonstrating cultural competence, and having awareness of values. As trainees develop in these five areas, they become more autonomous and

have a higher tolerance for ambiguity (Barrett & Barber, 2005). In other words, as the amount of clinical experience (e.g., months of counseling provided) and confidence increase, ambiguity is likely to decrease. Additionally, in a study of international student supervisees, a negative correlation between counselor self-efficacy and role ambiguity was found (Nilsson & Anderson, 2004), suggesting that trainees with higher self-efficacy experienced less role ambiguity. With regard to role conflict, as trainees gain clinical experience and confidence in their abilities, they may be less likely to follow supervisor recommendations, therefore raising the probability of conflict (Olk & Friedlander, 1992). Perhaps counselors in training with higher self-efficacy are more adversely affected by role conflict because they believe in their abilities and require less direction from their supervisors. Thus, when specific direction is provided to them, it is viewed as a test of their competence. Counselors with less self-efficacy are likely to mistrust their own judgment and conform to their supervisors' perspective. Therefore, this study explored trainees' levels of self-efficacy in addition to months of trainee clinical experience as predictors of role difficulties. Specifically, it was predicted that higher self-efficacy and greater number of months of clinical experience would both be related to more role conflict and less role ambiguity.

### **Supervisory Styles and Supervisory Working Alliance**

Supervision involves the dynamics of both the trainee and the supervisor. Supervisory behaviors and styles vary considerably in supervision (Friedlander & Ward, 1984), so role difficulties may occur when a supervisor behaves in a different manner than a trainee expects, needs, or has experienced in the past. Friedlander and Ward (1984) defined three interrelated supervisor styles: attractive, interpersonally sensitive, and task-oriented. These styles are roughly equivalent with Bernard's (1979) three supervisor roles of interacting with trainees, specifically as consultant, counselor, and teacher. A supervisor with an attractive style is warm,



open, friendly, respectful, and uncompetitive (i.e., consultant role). An interpersonally sensitive supervisor is oriented towards the relationship, invested, and perceptive (i.e., counselor role). A task-oriented supervisor tends to be goal-oriented, content-focused, and structured (i.e., teacher role).

In supervision, trainees with different confidence levels have different expectations of their supervisors' behavior (Friedlander & Snyder, 1983; Tracy, Ellickson, & Sherry, 1989). For example, stronger trainee self-efficacy results in greater expectations for supervisors to be trustworthy and supportive experts (i.e., attractive and interpersonally sensitive; Friedlander & Snyder, 1983), which might lead to conflict if the supervisor is behaving in a more directive way (i.e., task-oriented). Supervisors do supervise trainees who are at various levels differently, providing unique learning experiences (Krause & Allen, 1988). If the different styles in which supervisors engage are consistent with the expectations and needs of trainees, there are fewer opportunities for role difficulties to occur, particularly role conflict. For example, when trainees experience more anxiety, or are less confident in their abilities, they desire more structure in supervision (Bernard & Goodyear, 2009; Tracey et al., 1989), which is consistent with a task-oriented supervisor style. Supervisors who work with novice trainees often have an evaluative, task-oriented style (Friedlander & Ward, 1984). If the trainee has high self-efficacy, however, this type of supervision might conflict with their expectations to be treated as a colleague. With more advanced counselors, supervisors often approach supervision in a collegial, interpersonal style (Friedlander & Ward, 1984). Trainees with higher self-efficacy have expectations of more in-depth supervision (Goodyear & Bernard, 1998), but if supervisors do not match the trainees' expectations and needs, conflict might erupt in the supervisory relationship.

Thus, this study hypothesized that supervisory styles were predictive of trainee experiences of role conflict and role ambiguity, and that the different supervision styles related differently to role conflict and role ambiguity. Additionally, it was predicted that some of these relationships were moderated by trainee experience. Specifically, if the perceived supervisory style were more task-oriented, trainees would report less role ambiguity. However, the relationship between a task-oriented style and role conflict would be influenced by the trainee's level of experience. Specifically, if a supervisory style was perceived as task-oriented and the trainee was a novice, the task-oriented style would be related to less role conflict, but if the trainee was advanced the task-oriented style would be related to more role conflict. If the supervisory style is perceived as attractive or interpersonally sensitive, trainees would report less role conflict. It was also predicted that the relationship between an attractive or interpersonally sensitive style and role ambiguity was influenced by the trainee's level of experience. If the supervisory style was perceived as attractive or interpersonally sensitive and the trainee was a novice, the style would be related to more role ambiguity, and if the trainee were advanced this style would be related to less ambiguity.

Although the supervisor's style is an important aspect of supervision, the supervisory relationship may be the most important factor in determining the development of trainees in supervision (Alderfer & Lynch, 1986; Bordin, 1983; Holloway, 1995; Loganbill, Hardy, & Delworth, 1992). Bordin (1983) described the supervisory alliance as a collaboration between trainees and supervisors to agree upon the goals and tasks (e.g., what they will do to meet the goals) of supervision and the development of a strong emotional bond. Previous research has shown a relationship between the supervisory working alliance and role difficulties, where higher levels of role conflict and role ambiguity were associated with weaker ratings of the

supervisory alliance (Ladany & Friedlander, 1995; Olk & Friedlander, 1992). Ladany and Friedlander (1995) found a stronger supervisory working alliance predicted less role conflict and less role ambiguity for trainees and that the three components of the working alliance (goals, tasks, and bond) contributed differently to the experiences of role conflict and role ambiguity. Specifically, they found that the stronger the emotional bond, the less role conflict occurred, irrespective of the agreement on the goals and tasks in supervision. Additionally, when the goals and tasks of supervision were not mutually agreed upon, more role conflict occurred. Regarding role ambiguity, the more agreement on the goals and tasks of supervision, the less role ambiguity was reported. The emotional bond was not uniquely related to role ambiguity. Consistent with previous research (Ladany & Friedlander, 1995; Olk & Friedlander, 1992), this study predicted that stronger supervisory working alliances would be associated with less role conflict and less role ambiguity.

In summary, this study proposed to examine supervision factors that predict trainees' experiences of role conflict and role ambiguity. The trainee variables that were examined included trainee experience as measured by months of clinical experience, trainee supervision anxiety, and trainee counseling self-efficacy. The additional supervision variables that were explored included the trainees' perceptions of their supervisor's style and the supervisory working alliance. Regarding trainee anxiety, it was hypothesized that higher trainee anxiety would be associated with greater role ambiguity and related to less role conflict. It was also hypothesized that trainees with higher self-efficacy were more likely to experience role conflict and less likely to experience role ambiguity than trainees in training with low self-efficacy. Consistent with previous research (Friedlander, et al., 1986; Olk & Friedlander, 1992), it was predicted that an increase in trainee counseling experience would result in an increase in role

conflict and a decrease in role ambiguity. For the supervisor's style variable, the three styles were predicted to relate to role conflict and role ambiguity differently, and for some of these relationships, as discussed above, were to be moderated by trainee experience. A strong supervisory working alliance was hypothesized to be associated with less role conflict and less role ambiguity.

## Chapter II

### Literature Review

#### Supervision

Supervision is an essential aspect of training effective and competent therapists (Todd & Storm, 2002). Liddle and Saba (1982) define supervision as a relationship where a more qualified supervisor monitors the competency and professional development of students as they gain clinical experience. The primary role of a supervisor is to enhance the development of trainees, while overseeing client welfare. Unfortunately, a significant amount of supervision research is theoretical and not empirical (Chang, Hays, & Shoffner, 2003). In order to better guide supervisors through difficult supervision events, such as role difficulties, more empirical studies are needed. A discussion of role difficulties in industrial and organizational psychology below will provide some background into the understanding and emerging study of role conflict and role ambiguity to help conceptualize these experiences in the field of counseling. Unique aspects of supervision and counselor training lend these experiences to such role difficulties, and thus these factors will be discussed in the following sections. Specific supervision factors will be reviewed as potential contributors to role conflict and role ambiguity, including trainee supervision anxiety, counselor self-efficacy, trainee counseling experience, supervisor styles, and supervisory working alliance. This study proposed, based on theoretical and empirical findings, the analysis of these factors in connection to experiences of trainee role conflict and role ambiguity, as an important area of study to contribute to the growing literature on supervision, and further to promote the practical application of research to practice.

## **Role Theory**

**The birth of role difficulties: industrial and organizational psychology.** Attention to role difficulties emerged first in the industrial and organizational psychology (I/O) literature (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964), and currently most of the research on this topic has been conducted within this discipline. Role conflict was believed to be the perception of more than one set of exclusive demands leading to discrepancy between employer and employees' understanding of job performance (Osipow & Spokane, 1981). Role difficulties, specifically defined as role conflict and role ambiguity, have been studied in the organizational literature as related to job experiences, where job satisfaction is found to be inversely related to role conflict and role ambiguity (Kousterlios, & Kousterliou, 1998).

Kahn et al. (1964) described four types of role conflict, 1) intra-sender conflict occurs when an individual is faced with expectations, yet is not provided the resources to fulfill them, 2) inter-role conflict occurs when one role's expectations impose on other roles, such as the collision of work and family roles, 3) inter-sender conflict occurs when demands from different people are incongruous, such as demands of a client and a supervisor, and 4) person-role conflict occurs when occupational expectations are incompatible with a person's values, beliefs or needs. These professional and personal role expectations can be overt (e.g., written, company mission) or covert (e.g., norms, beliefs, employee behaviors), (Biddle, 1986). Even the thought of one of these 4 types of potential conflicts occurring in a relationship can cause anxiety, discomfort, and dissonance (Korinek & Kimball, 2003) with actual conflict intensifying these emotions.

Although role difficulties are often conceptualized as a harmful or negative experience, there is some evidence that suggests benefits of role conflict. For example, it is thought to have an energizing effect on organizations and employees by enhancing motivation, enhancing quality

of performance, and increasing overall effectiveness (Jones, 1993). Tidd and Friedman (2002) went as far as to say that eliminating role conflict from an organization would be detrimental to the function and success of the institution. No empirical literature in the field of counseling psychology has been published that finds the elimination of role conflict and role ambiguity to be detrimental to supervision experiences, but the literature does verify the existence of such experiences for counselors in training and highlights the benefit and consequences.

**Role conflict and role ambiguity in supervision.** Trainees have to manage multiple roles at the same time (e.g., client, supervisee, student, colleague, and counselor; Hess et al., 2008). The client role emphasizes personal development/issues, the supervisee role emphasizes professional growth, the student role involves being evaluated, the colleague role consists of peer relationships and consultation, and the counselor role includes demonstrating clinical competency. Expectations come from all roles simultaneously, thus it may be difficult to attend to and learn these roles all at the same time, given that they are behaviorally distinct (Holloway, 1984). These multiple and simultaneous roles are unique to supervision and may not occur in such complexity in an employment position, making the need to explore and study these role difficulties the more pressing in supervision.

These various role expectations can create role conflict and role ambiguity for the trainee who is actively attempting to navigate these responsibilities. Role conflict is described as expectations of behavior that are competing or opposing (Biddle, 1979). This also occurs when a person sees role demands as contradictory or unrelated to job performance (Caplan & Jones, 1975). For example, expectations of the roles of student and counselor or colleague may be in opposition (e.g., follow supervisor directives vs. demonstrate autonomy; Olk & Friendlander, 1992). In this example of student and counselor roles, the individual is faced with incompatible

expectations of revealing weakness and demonstrating competence at the same time. Conflict can also include personal issues and anxiety as a source of conflict in supervision (Mueller & Kell, 1972) as well as theoretical differences (Moskowitz & Rupert, 1983; Wolberg, 1988).

Role ambiguity on the other hand is a lack of clarity in role expectations, how to fulfill roles, and consequences of performance in these roles (Biddle, 1979). New supervisees may be unsure of their roles, what to discuss, how much to reveal, and consequences of not agreeing with their supervisors. Role ambiguity is further defined by an uncertainty about supervisory expectations, how to perform to meet these expectations, and how one will be evaluated (Olk & Friedlander, 1992). Kahn et al. (1964) defines role ambiguity as one or many roles an individual faces where behaviors (tasks) and evaluation (performance) are not clearly articulated. Role ambiguity is often labeled in the I/O literature as job ambiguity and includes three distinct elements: work methods, scheduling, and performance criteria (Breugh & Colihan, 1994). These elements are consistent with role ambiguity definitions in counselor training since the core of the idea is that a lack of clear expectations is the source of the problem, regardless of the content that is being unclearly outlined or interpreted.

Disagreement and conflict in supervision over various issues are inevitable (Korinek & Kimball, 2003), and if unresolved can be detrimental not only to the supervisor and trainee but also to the client. However, conflict in supervision, if managed well and successfully resolved, can lead to satisfying supervision that enhances growth. For example, Nelson and Friedlander (2001) found that some supervisees who had a conflict experience found their sense of self to be strengthened from the validation they received from coping with the situation indicating their resiliency. They also found higher reports of satisfaction with supervision when conflicts were managed successfully.



Factors that can facilitate conflict in supervision include the lack of fit between supervisor and supervisee, differing personality variables, learning styles, theoretical orientations, gender, power imbalances, and other diversity issues (Korinek & Kimball, 2003). However, having many similarities in these variables can also be problematic, creating too few differences, referred to as collusion (Todd, 2002). Todd (2002) suggests that supervisors make an explicit effort to have discussions with trainees about personal and professional philosophy, preferred ideas, methods, interventions, and styles. This might not only help with reducing role conflict, but also role ambiguity through providing more opportunities for discussions and questions to arise and be resolved. Providing supervisors with more information about trainee experiences of role conflict and role ambiguity, as this study proposed to do, will help to inform supervisors towards preventing, managing, and resolving the difficulties.

**Managing role conflict and role ambiguity.** The I/O literature suggests that enhancing perceptions of control and influence reduce role conflict (Jackson, 1983). Strategies to accomplish this include delineating tasks and collaborative decision making. An example in supervision of perceived control would be to have a trainee outline the treatment approach first, then the supervisor provides feedback of the strengths of the approach, and then uses follow up questions to tailor the conceptualization to be more accurate. This would allow the trainee to feel in control of the treatment approach, even though the supervisor makes strategic changes to it through a process of exploration and challenges. One specific strategy that has gained support in the I/O theoretical literature is organizational socialization (Bowditch & Buono, 2004). Organizational socialization is defined as a process of integration into an organization including adapting to norms, values, expectations, and procedures, and is effective in helping people to cope with stress associated with role conflict and ambiguity. This is a three-step process:

orienting the newcomer to the organization (i.e., anticipatory socialization), encountering, and adapting. Various authors (e.g., Bravo, Peiro, Rodriguez, & Whitely, 2003; Taormina, 1998) also emphasize the efficacy of organizational socialization of new employees with the inclusion of supportive social interactions and mentorship. Bravo et al. (2003) found that when institutional socialization was implemented it had a positive impact on work interactions, where both role conflict and role ambiguity were effectively reduced, at least initially. Over time role ambiguity remained low, but role conflict increased. The outcome differences in role conflict and role ambiguity appeared to be related to differences in supervisors' and colleagues' directions to new employees. Supervisors' consistent and clear directions kept role ambiguity low, but over time the information provided by other workers was disparate, increasing the occurrence of role conflict. Formalization is another proposed method to mediate role conflict and ambiguity (Bowditch & Buono, 2004; Pawlak & Cousins, 2006). This is the emphasis an organization places on their rules and policies, where the clearer the roles and tasks for a position, the higher the formalization and thus the less likelihood of role conflict and role ambiguity because the expectations are clearer.

Sparse theoretical and empirical work exists in the supervision literature regarding methods to reduce or remediate role conflict and role ambiguity in the supervisory experience and relationship. The Role Conflict and Role Ambiguity Inventory, developed by Olk and Friedlander (1992), intended to help in the process of understating these role difficulties in supervision. These authors looked at trainees' experiences of role conflict and role ambiguity in supervision in relation to clinical work satisfaction, counseling experience, and anxiety. In the development of the inventory, the authors predicted less role ambiguity for advanced trainees than novice trainees, more difficulties associated with more dissatisfaction and anxiety, and had

no clear basis for predicting direction of role conflict and counseling experience, due to lack of literature in this area. They found role difficulties to be predictive of more work-related anxiety. Overall, they found that role ambiguity was more prevalent than role conflict, and that role ambiguity diminishes with experience (i.e., role conflict is only problematic for advanced trainees and role ambiguity is minimal for advanced trainees), and that serious role conflicts were not common. They also found that the supervisory relationship was negatively influenced when role difficulties occurred. In their study, Olk and Friedlander did not explore the contributing factors that precipitate role difficulties, which is important information to analyze in an effort to prevent such detrimental difficulties.

### **Supervision Variables**

**Trainee Anxiety.** The supervision process and especially trainees' concern about their own clinical competence and the evaluative aspects of supervision is anxiety-provoking and may even cause adverse experiences for trainees (Dodge, 1982; Liddle, 1986; Stoltenberg & Delworth, 1987). Additionally, Bernard and Goodyear (2009) theorize that trainee anxiety can interfere with the supervision process as anxiety is a common factor in supervision and can impact a trainee's ability to benefit from counseling and demonstrate skills. Thus, an important task in supervision is the management of trainee anxiety (Frantz, 1992; Lambert & Ogles, 1997).

There are contradictory findings in the literature regarding experience level and trainee anxiety. Chapin and Ellis (2002) reported that beginning trainees are more likely to experience anxiety, whereas Mehr et al. (2008) found no differences in anxiety with relation to the experience level of trainees. However, researchers do emphasize that trainee anxiety is an important variable in supervision (Friedlander et al., 1986). Specifically, that negative experiences in supervision (e.g., role difficulties) cause trainees to experience feelings of anxiety,

lack of competence, and doubt concerning their abilities (Friedlander et al., 1986). Additionally, therapists who are anxious are likely unprepared to deal with challenging situations (Barrett & Barber, 2005). Role conflict in particular is shown to increase anxiety (Arnold, Robertson, & Cooper, 1993; Caplan & Jones, 1975). However, it has been suggested that some trainees can handle role conflict and role ambiguity and feel at ease in various position, while others experience significant stress as they do not cope well with role difficulties (Cooper & Marshal, 1976). This ability to cope has been linked to trainee stages and transitions that occur in response to anxiety (Loevinger, 1976). For example, trainees either avoid anxiety or adjust to new demands incorporating information into self-awareness and knowledge facilitating their movement across stages (Barrett & Barber, 2005).

Olk and Friedlander's (1992) findings show that role difficulties are predictive of more work-related anxiety. In their study, the role of trainee experience in relation to levels of anxiety and role difficulties was also discussed. Olk and Friedlander suggested that for advanced trainees the colleague role is most salient and there is less evaluation anxiety; thus, more role conflict is possible because they are more aware of and involved in their various roles and not adhering to just one role (e.g., student). Alternatively, beginning therapists are more anxious because they have little experience and might identify solely with the student role, but it is possible that the student and client roles are in conflict creating more anxiety related to evaluation. These authors found that role difficulties lead to increased anxiety, but they also suggested that the reverse might be true where high anxiety might contribute to role difficulties. In other words, role conflict might be affected by a trainee's level of anxiety. Both trainee factors of anxiety and self-efficacy are important variables to consider in the analysis of role difficulties, but as the study by Olk and Friedlander's (1992) highlighted, the trainees' levels of

experience is also a critical factor that should be examined in relating to experiences of role conflict and role ambiguity.

**Self-Efficacy.** Unlike role conflict and role ambiguity, self-efficacy is a construct with vast theoretical and empirical support, especially in counseling psychology literature. Bandura (1977) defined self-efficacy as a person's own belief or judgment in his or her ability to achieve the desired result by navigating through the required courses of action. Gist (1987) defined it as one's belief that she or he can perform the behaviors required by the tasks. It has also been emphasized as an important topic in I/O literature because it correlates with performance (Gist & Mitchell, 1992).

Self-efficacy extends beyond just confidence in one's ability but requires that the individual have the ability and skills to function when confronted with adverse situations (Wood & Bandura, 1989). Wood and Bandura (1989) reported four sources of self-efficacy in organizational behavior: mastery experiences, modeling, social persuasion, and psychological and affective states. Mastery experiences are the successes a person achieves from completing a task and are the most efficient sources for developing a strong self-efficacy (Wood & Bandura, 1989). Exposure to a talented and effective model who manages difficult situations also plays a part in strengthening individual self-efficacy. In clinical supervision, this modeling is an explicit example of an effective supervisor who communicates strategies to their trainee to manage clinical challenges. Wood and Bandura (1989) additionally suggest that guidance, feedback, and modeling are essential for an individual to learn new skills (i.e., competent supervision). Social persuasion is motivation through realistic encouragement, which corresponds with an effective supervisor emphasizing the importance of personal development of trainees for achieving professional success. In describing psychological and emotional states and self-efficacy,

Bandura (1977) suggested that this self-confidence is gauged by an individual's current emotional state. For example, if a trainee is particularly anxious and stressed his or her self-efficacy is reduced. However, Pajares (1977) indicates that typical anxiety prior to a new task, such as a trainee's state anxiety when doing counseling for the first time, does not reflect poor self-efficacy.

Social cognitive theory proposes the influence of reciprocal determinism (Bandura, 1986) in relation to self-efficacy, where sources of influence (behavior, cognitive, personal factors, and environment) are bi-directional. Perceived self-efficacy specific to an area also influences a person's feelings, thoughts, and actions (Bandura, 1997). Thus, a person with low self-efficacy tends to avoid certain tasks viewing them as too difficult, while an individual with high self-efficacy views difficulty as a challenge and intensifies the effort (Bandura, 1986, 1997; Wood & Bandura, 1989). Self-efficacy is also task specific (Pajares, 1996) and thus, varies depending on the task. Additionally, self-efficacy varies in terms of how it influences people.

Bandura (1986) asserts that self-efficacy influences individuals in four ways. For one, it influences the choices people make, where high self-efficacy results in consideration of multiple pursuits (Betz & Hackett, 1986). For a counselor this might mean that having higher self-efficacy would result in consideration of multiple modalities to approach client concerns. Second, it influences the required amount of effort to overcome adversity in the face of accomplishing the intended goal or task. Third, people's emotional reactions and thought patterns associated with stress and anxiety are influenced by self-efficacy. For example, in a study of new employees, beliefs about one's self-efficacy were negatively related to anxiety (Saks, 1994). Lastly, self-efficacy predicts coping behaviors and performance, as reported in a study by Pajares (1996) who found a relationship between self-efficacy and achievement.

***Self-efficacy and counselor experience.*** In addition to the 4 ways self-efficacy influences people, Bandura (1997) proposed that perceived control over one's work environment is an important factor that influences self-efficacy (Wood & Bandura, 1989), where less perceived control is associated with lower self-efficacy. This is consistent with I/O literature, as discussed earlier, that suggested the same link between perceived control and self-efficacy (Jackson, 1983). Specific to supervision, trainees are the newest and the least experienced workers who rotate through organizations and they have little actual control over their environment. This can contribute to low self-efficacy in trainees. Both perceived control and mastery of experience enhance self-efficacy and contribute to one's ability to manage stress (Bandura, 1986, 1997). Numerous studies in self-efficacy literature have reported a strong correlation between experience and self-efficacy (Chernack, 2001). Although knowledge and skill may be related to self-efficacy (Chernack, 2001), social cognitive theory suggests that knowledge and skill are an objective measure of competence, whereas self-efficacy is defined by *perception* of mastery. Counseling trainees' self-efficacy relates not only to their perception of themselves, but also their expectations of others. Trainees with different confidence levels have different expectations of their supervisors' behavior (Friedlander & Snyder, 1983; Tracy et al., 1989). Confidence level, not only experience level, is associated with expectations where the stronger one's self-efficacy, the greater expectations for supervisor to be trustworthy, supportive experts (Friedlander & Snyder, 1983). Further discussion of trainee experience level as associated with role difficulties is discussed later in this document.

***Role conflict, role ambiguity, and self-efficacy.*** One of the first published empirical studies to examine the constructs of role conflict and role ambiguity in clinical supervision was conducted by Friedlander et al. (1986). This study examined how role conflict affects trainees'

self-statements, anxiety level, and performance. Trainees were presented with a counseling dilemma and then presented with four experimental manipulations (conflict, no conflict, neutral, control). Self-efficacy was examined as a covariate, and the authors predicted that the impact of supervisors' recommendation would differ depending on trainees' level of self-efficacy as a counselor. That is, less confident trainees would experience less conflict following supervisors' advice than trainees with higher self-efficacy expectations. However, no significant relationships were found. Role conflict did show few adverse effects on trainees' self-evaluations, affect, or behavior. Performance was also inversely related to state anxiety, and anxiety was inversely related to the strength of the trainees' self-efficacy expectations. Self-efficacy has also been found to negatively predict state anxiety (Chen, Gully, Whiteman, & Kilcullen, 2000; Endler, Speer, Johnson, & Flett, 2001). Furthermore, negative relationships have been found between counseling self-efficacy and anxiety (Friedlander et al., 1986; Larson et al., 1992). Results suggest that both trainee self-efficacy and anxiety are important variables in trainees' behavior (e.g., role difficulties), thus they were included in the current study.

Weiner (2005) conducted a more recent study examining the relationship between role conflict, role ambiguity, and self-efficacy of school social workers. All of the 109 individuals who participated in this study had at least a Master's degree, and an average of 12.47 postgraduate years of experience. Weiner found that the older, and presumably more experienced, participants had higher self-efficacy and that role conflict and role ambiguity had differing correlations to self-efficacy. Specifically, role conflict was correlated with role ambiguity, but was not related to self-efficacy. Role ambiguity was negatively correlated with all subscales of self-efficacy. According to Weiner, the practice implications of these findings are to increase the amount of direct supervision, leadership, and training opportunities for school



social workers to provide more opportunities for positive relationships and for expectations to be clearly delineated and lessen the risk of role difficulties. This could similarly be applied to counseling supervision where more positive and clear interactions with supervisors might contribute to higher self-efficacy and thus less role difficulties. This is further rational for this study, which examined the role of self-efficacy in trainees' experiences of role difficulties. The link between counselor self-efficacy and role difficulties, should heighten supervisors' attention to making assessments about trainee confidence levels to gain awareness about the level of risk of role difficulties. The amount of counseling experience a trainee has had also provides important information for supervisors to consider in making a risk assessment of trainees' potential experiences of role conflict and role ambiguity.

**Counselor Experience.** Trainee supervision and counseling anxiety decreases with experience (Bernard & Goodyear, 2009), but self-efficacy often increases with counseling experience. For example, Sipps, Sugden and Favier (1988) found third and fourth year trainees to have significantly higher self-efficacy than first and second year trainees. Melchert et al., (1996) and Ward (1997) found both level of training and amount of clinical experience to correlate with self-efficacy. It is assumed that supervisors' interventions vary based on different supervisee levels of confidence, training, and needs (Bernard & Goodyear, 2009; Miars, et al., 1983).

Novice trainees face various challenges when they begin to practice counseling. Duryee, Brymer, and Gold (1996) identified three distinct areas of novice trainee difficulties. The areas include feelings of inadequacy and incompetence, anxieties concerning the supervisor, and confusion about the many disparate orientations in clinical work. They suggested that novice trainees naturally identify with their supervisors style and approach, and adhere blindly, due to

lack of existing experience, to the supervisors' directives to gain approval and feel competent. They go on to describe how problematic it is for trainees to be presented with different advice from multiple supervisors. This presents a conceptual dilemma and tension that must be internally resolved by the trainee. This confusion is consistent with the concept of role ambiguity, and the theories proposed by Duryee, Brymer, and Gold is consistent with results from Olk and Friedlander's (1992) study, which found novice trainees to experience more role ambiguity, perhaps due to their feelings of anxiety and inadequacy. As trainees advance they face similar experiences when receiving disparate information from two supervisors. Such experiences can create confusion between trainees' ideas and their supervisors' resulting in role conflict. Stoltenberg (1981) hypothesized that as trainees transition from novice to advanced they are no longer strongly dependent, but in a dependence-autonomy conflict. At this level trainees may become vulnerable to the experience of role conflict as they identify more strongly with seeking and demonstrating independence. These theories, combined with empirical evidence, further suggest a link between self-efficacy, trainee anxiety, experience level, and role difficulties.

**Supervisor Styles.** Another important supervision variable is the perceived supervisor's style. Supervisors work with their trainees using various approaches, roles, and styles (Friedlander & Ward, 1984; Holloway, 1995; Stoltenberg & McNeill, 1997). Friedlander and Ward (1984) defined supervisor style as the approach that supervisors use and described three interrelated supervisor styles or approaches to supervision (i.e., attractive, interpersonally sensitive, and task-oriented). These styles are consistent with Bernard's (1997) three basic supervisor roles of interacting with trainees: consultant, counselor, and teacher. A supervisor with an attractive style is warm, open, friendly, respectful, and uncompetitive (i.e., consultant

role). An interpersonally sensitive supervisor is oriented towards the relationship, invested, and perceptive (i.e., counselor role). A task-oriented supervisor tends to be goal-oriented, content focused, and structured (i.e., teacher role).

Both the supervisor's style and the supervisory working alliance are important and common supervision factors. A significant positive relationship was reported by Ladany, Walker, and Melincoff (2001) between the three styles of supervision (attractive, interpersonally sensitive, task-oriented) and the three components of the supervisory working alliance (goals, tasks, bond). It is important to be aware that supervisor styles vary considerably in supervision (Friedlander & Ward, 1984), and conflict may occur when a supervisor behaves differently than a trainee expects or has experienced in the past. Supervisors who work with inexperienced trainees often have an evaluative, task-oriented style. While with more experienced counselors, they approach supervision in a collegial, interpersonal style (Friedlander & Ward, 1984). Conflict occurs when trainees expect only a directive, task-oriented or exploratory, interpersonal style (Moskowitz & Rupert, 1983). Supervisors should match their style with the experience of the trainee, because initially they need a specific and directive supervisor (high structure) that plays the role of expert and as they gain experience they need supervisors to focus on the intra and inter-personal process of therapy (Ralph, 1980). Beginning trainees perform better (use of skills) when supervision is structured to carefully guide their interventions (Zarski, Sand-Pringle, Pannell, & Lindon, 1995). There is no current literature to answer whether certain styles of supervision lend themselves to more conflict. It was important to explore this supervisor variable when examining trainees' experiences of role conflict and role ambiguity. Additionally, it was important to consider the trainees' levels of experience in the relationship between

supervisor style and role difficulties, since the above stated literature indicates that trainees' at different levels have different needs and expectations for their supervisors' styles.

**Working Alliance.** The supervisory relationship (i.e., the supervisory working alliance) is perhaps the most important aspect of supervision as it determines the quality of the interactions between supervisor and trainee (Storm, 2002). A good relationship (warmth, rapport, mutual respect) is essential to effective supervision (Friedlander & Ward, 1984). The working alliance concept was developed by Bordin (1979) and is defined by three elements: tasks, goals, and an emotional bond. The tasks are the activities in therapy that are the essence of the process. The goals are the mutually agreed upon steps and outcomes of the therapeutic process. The bond is defined as the emotional attachment between individuals in the relationship including trust and acceptance. Bordin (1983) extended this concept to apply to the work in supervision. One distinction Bordin made was related to the supervision bond and the evaluative component emphasizing the importance and difficulty in establishing the bond in supervision due to the evaluative role supervisors play. Furthermore, just the prospect of evaluation can be detrimental to the supervisory relationship (Burke, Goodyear, & Guzzard, 1998).

In their study focusing on supervision and role difficulties, Ladany and Friedlander (1995) found a relationship between the supervisory working alliance and trainees' experiences of role conflict and role ambiguity. Of the 123 counselor trainees who participated, 67.5% were doctoral and 26.8% were master's level. Of these individuals, 47.9% identified as interns or postdocs, 19.5% identified as advanced practicum students, and 26.8% identified as beginning practicum students. The results indicated that a stronger supervisory alliance was predictive of less trainee role conflict and role ambiguity in supervision. Conversely, when the supervisory working alliance was perceived as weaker, there were more reports of experiences of role

conflict and role ambiguity. These findings strongly suggest that the supervisory working alliance is an important variable in trainees' experiences of role conflict and role ambiguity, perhaps acting as a protective factor against role difficulties.

In a more recent study, Cheon, Blumer, Shin, Murphy, and Sato (2009) explored how supervisor and supervisee match influenced role conflict and the working alliance and if these factors influence supervisee satisfaction. The participants included 132 supervisees in marriage and family therapy programs. The hierarchical multiple regression found no relationship between extent of match and role conflict, working alliance, or satisfaction. The supervisory working alliance was highly predictive of supervisee satisfaction, and role conflict was predictive of supervisees' satisfactions with supervision. Specifically, as conflict increased satisfaction decreased, but role conflict was only significant before considering the supervisory working alliance.

It is evident that the supervisory working alliance is an important element in the supervisory process. This relationship is said to be responsible for the learning and changes that take place in trainees from vulnerability to independence (Efstation, Patton, & Kardash, 1990; Holloway, 1987). Vulnerability and independence are descriptors of different trainee roles (i.e., student and colleague), and supervision studies have shown that the supervisory alliance plays a significant role in trainees' experiences of role conflict and role ambiguity (Ladany & Friedlander, 1995; Olk & Friedlander, 1992). Based on the substantial evidence that the supervisory working alliance is strongly associated with trainees' experiences of role conflict and role ambiguity it was essential that this variable be included as a predictor of role difficulties in supervision in this study.

Supervisors have a responsibility to the profession of psychology and to populations they serve through the impact they have on trainees' work with their clients. Trainees have a responsibility to develop and practice clinical competencies. Role conflict and role ambiguity are experiences that can interfere with both supervisors and trainees fulfilling their responsibilities. To date there is sparse empirical literature on what contributes to trainees' experiences of role conflict and role ambiguity. To provide a more comprehensive analysis, this study examined supervision factors involved in role conflict and role ambiguity. Specifically, this study examined the relationship between trainee supervision anxiety, counselor self-efficacy, trainee counseling experience, supervisor style, and supervisory working alliance with role conflict and role ambiguity. The results of this study provide empirical evidence highlighting what contributes to trainees' experiences of role conflict and role ambiguity. This can serve to guide supervisors in reducing the occurrence of such experiences and ultimately improving supervision outcomes.

## Chapter III

### Method

#### Participants

The participants for this study included a national sample of 110 masters and doctoral level practicum and intern trainees from counseling psychology programs, clinical psychology programs, and marriage and family therapy graduate programs. These students were currently in supervision and had been with the same supervisor for at least 3 weeks. The majority of the participants were female (86.4%), with a small percentage of males (13.6%). The age of participants ranged from 22 to 56, with a mean of 28.46. Of the 110 participants, 86.4% identified as European/Caucasian, 5.5% Hispanic/Latino, 3.6% African American/Black, 0.9% Asian American, and 3.6% as other. Most of the participants were in clinical psychology programs (62.7%), followed by counseling psychology (22.7%), family and marital counseling (5.5%), other (9.1%). In terms of graduate degree, most were seeking a doctoral degree, half were seeking a PhD (50%), followed by a PsyD (33.6%), MS (5.5%), MEd (3.6%), MA (3.6%), and other or non degree (3.6%). Most of the participants were in their fourth year of graduate school (24.5%), followed closely by second years (22.7%), third years (20.9%), fifth years (20.0%), sixth years (7.3%), first years (2.7%), and seventh years (1.8%). The highest degree received was most often a MA (42.7%) followed by MS (20.9%), BA (16.4%), BS (13.6%), MEd (5.5%), and EdS (.9%). Practicum settings ranged from 30.9% at college/university counseling centers, 23.6% at community mental health clinics, 16.4% at a hospital, 9.1% at an academic setting, 1.8% in private practice, and 18.2% at other settings. Most of the participants had 1 (21.8%) or 3 (21.8%) practicum placements, many of the others had 2 (20.0%), 4 (18.2%), 5 (6.4%), 6 (6.4%), 7 (3.6%), 8 (1.8%). Cognitive behavioral therapy was the most common

theoretical orientation (35.5%) followed by integrationist/eclectic (30.0%), humanistic/client centered (9.1%), interpersonal process (8.2%), psychodynamic (.9%, N = 1), and other (16.4%). Months of counseling experience ranged from 3 to 98 with a mean of 24.78, mean number of practicum placements was 3.10, and mean number of months of supervision experience was 25.24. Demographic information reported about the supervisors suggested a mean age of 44.50, 65.5% female, 34.5% male supervisors, 89.1% European/Caucasian, 4.5% Hispanic/Latino, 2.7% African American/Black, 0.9% Native American/Pacific Islander, 0.9% Asian American, and 1.8% other. The supervisor theoretical orientations were cognitive behavioral (38.2%), integrationist/eclectic (19.1%), interpersonal-process (13.6%), psychodynamic (10.9%), humanistic/client centered (10.0%), and 8.2% were reported as other. The participants met with their supervisors an average of 1.37 times a week, and the total number of sessions they met with their supervisor was a mean of 29.50.

## **Measures**

**Counseling Self-Estimate Inventory (COSE;** Larson et al, 1992). This measure is a 37-item Likert type scale (1=strongly disagree to 6=strongly agree) that measures counselors' perception of their self-efficacy in counseling sessions. The COSE provides a total score and scores on five subscales: microskills, process, difficult client behaviors, cultural competence, and awareness of values. A higher score indicates greater perceived counseling self-efficacy. Regarding validity, responses to the inventory are correlated with counseling training (Larson et al., 1999) and anxiety (Larson et al., 1992). Cronbach's alpha for the COSE in previous studies has ranges between .87 (Larson et al., 1992) to .90 (Nilsson & Duan, 200) and .91 (Nilsson & Anderson, 2004). Similarly, for the current study the alpha was .87.



**Trainee Anxiety Scale** (TAS; Ladany, Walker, Pate-Carolan, & Gray-Evans, 2007). This is a 14-item self-report measure that asks trainees about their anxiety in supervision. An example is “I feel self-conscious,” and is rated on a 7-point Likert scale ranging from 1 (not at all true of me) to 7 (totally true of me). A single score of trainee anxiety in supervision is calculated, with higher scores indicating more anxiety. This scale was revised for the present study to ask about trainees’ “current” supervisor, where as the scale usually asks to “think of a supervisor.” In terms of convergent validity, the TSA was positively related to the congruency of supervisor-trainee interpersonal response modes (Crall & Ladany, 2007), and negatively related to trainee perceptions of the supervisory working alliance (Mehr et al., 2010). Previous estimates of internal consistency reliability for the TSA are .95 (Mehr et al., 2010) and .87 (Crall & Ladany, 2007). Chronbach’s alpha for the present study was .93.

**Supervisory Styles Inventory – Trainee Version** (SSI; Friedlander & Ward, 1984). The SSI is a 33-item self-report questionnaire that measure’s trainees’ perception of their supervisor’s style. Trainees use a Likert scale ranging from 1 (not very) to 7 (very) to rate their supervisors on 33 adjectives describing their supervision style. This measure contains three subscales: (1) attractive (7 items about being open and supportive), (2) interpersonally sensitive (8 items regarding an invested and reflective style), (3) task-oriented (10 items reflecting a goal-oriented, structured style). Scoring higher indicates a greater perception of a certain supervision style. Construct validity evidence for the SSI is based on its relation to numerous supervision variables (Efstation, Patton, & Kardash, 1990; Friedlander & Ward, 1984; Ladany & Lehrman-Waterman, 1999; Usher & Borders, 1993). Past reliability correlations ranged from .70 to .88 for the attractive scale, from .51 to .82 for the interpersonally sensitive scale, and .38 to .76 for the task-oriented scale (Friedlander & Ward, 1984), and similar to what Ladany, Walker, and

Melincoff (2001) found for internal consistency (e.g.,  $\alpha = .88$  for attractive,  $\alpha = .74$  for interpersonally sensitive, and  $\alpha = .83$  for task-oriented). Alphas were calculated for the present study at .97 overall for the scale, .91 for the attractive scale, .92 for the interpersonally sensitive scale, and .89 for the task-oriented scale.

**Working Alliance Inventory – Short Form (WAI-S; Ladany, Mori, & Mehr, 2007).**

The WAI-S is a 12 item self-report instrument that measures trainees' perceptions of the three supervisory working alliance factors. The three factors are the agreement on goals of supervision, the agreement on the tasks, and the emotional bond between the trainee and supervisor. Each of the three subscales contains 4 items that relate to the factors of the working alliance. Ratings are based on a 7-point Likert scale from 1 = never to 7 = always, where a high rating indicates a more favorable working alliance. An example of a scale item for goals is “[my supervisor] does not understand what I want to accomplish in supervision.” An item from the tasks subscale is “[my supervisor] and I agree about the things I will need to do in supervision.” One item from the bond subscale is “I believe [my supervisor] likes me.” This scale was adapted from Horvath and Greenberg's (1986) Working Alliance Inventory, which is designed to measure Bordin's (1979) model of the therapeutic working alliance. There is a high correlation between the subscales of this measure, thus the three subscales will be summed to indicate the strength of the supervisory alliance (Inman, 2006). Chronbach's alpha for the combined scores has been reported at .95 (Busseri & Tyler, 2003). Alpha for the WAI-S in the current study was consistent with previous studies at .93.

**Role Conflict and Role Ambiguity Inventory (RCRAI; Olk & Friedlander, 1992).** The RCRAI is a 29-item Likert type scale that measures trainees' perception of role difficulties in supervision. In this measure, trainees are asked to rate the extent to which the items reflect a

difficulty experienced in their current supervisory relationship. The difficulties are rated on 5-point likert scales ranging from 1 = not at all, to 5 = very much so. Higher scores reflect greater perceptions of role difficulties. The RCRAI has 2 subscales: (1) role conflict - 13 items and (2) role ambiguity - 16 items. An example of an item from the role conflict scales is “my supervisor told me to do something I perceived to be illegal or unethical and I was expected to comply,” and an example of an item from the role ambiguity scale is “I was not certain about what material to present to my supervisor.” Regarding validity for the RCRAI, high scores are associated with more dissatisfaction with supervision, higher anxiety levels (Olk & Friedlander, 1992), and a weaker supervisory working alliance (Ladany & Friedlander, 1995; Nilsson & Anderson, 2004). Validity data also suggests that role ambiguity is associated with lower levels of counseling self-efficacy for international students in training (Nilsson & Anderson, 2004). More role conflict has been associated with harmful dual relationships and power struggles with supervisors (Nelson & Friedlander, 2001). Internal consistency based on Cronbach’s alpha for role ambiguity ranges from .89 (Olk & Fiedlander, 1992) to .91 (Nilsson & Duan, 2007; Nilsson & Anderson, 2004) and for role conflict Cronbach’s alpha was reported as .91 (Nilsson & Duan, 2007; Olk & Friedlander, 1992). The alpha levels for the current study were higher than previous studies at .94 for role ambiguity and .97 for role conflict.

**Demographic Questionnaire.** A demographic questionnaire was included to acquire information about the participants and their most recent supervisor. The questions included the trainees’ age, gender, race/ethnicity, type of graduate program (PhD, PsyD, MS, MEd, etc.), area of study (clinical, counseling, family), year in graduate school, highest degree received, current practicum/internship setting, number of different practicum/internship placements, months of counseling experience, total months of supervision experience, total hours of individual

supervision received from their most recent supervisor. Regarding the supervisor, participants were asked to answer questions about their current supervisor including their supervisor's age, gender, race/ethnicity, theoretical orientation, date supervision began with current supervisor, and hours per week with this supervisor.

**Recruitment and Procedure.** Volunteer participants were recruited from a national sample of graduate programs, practicum sites, and internship sites through email contact with the directors of these programs. A cover letter was included in each email introducing participants to the study topic and requirements for participation (e.g., are currently or have in the past received supervision of clinical work). Participants were informed that completion of the questionnaires constituted as their informed consent and all responses were anonymous. Participants agreeing to participate were asked to click on a website link that took them to a survey on Psych Data. Participants were asked to think of their most recent supervisor and to reflect on this supervision experience when answering the questions. The scale order was randomized by the Psych Data web survey, and the only constant was the demographic questionnaires, which was the first scale, to ensure the demographic data was obtained.

**Analysis.** The present study was designed to explore what supervision factors (i.e., trainee supervision anxiety, counselor self-efficacy, counseling experience, supervisory working alliance, and supervisor styles) related to trainees' experiences of role conflict and role ambiguity. A quantitative descriptive survey design was used to conduct this study. The predictor variables in this study included the supervision variables. Specifically, trainee experience (measured by months of counseling experience), trainee supervision anxiety, trainee counseling self-efficacy, perceived supervisory style, and perceived supervisory working alliance were explored. The criterion variables were trainee experiences of role conflict and role

ambiguity. A preliminary analysis was conducted to assess for confounding variables and included all of the demographic variables. A multivariate multiple regression analysis was conducted to determine the relationship between the predictor and outcome variables. A moderation analysis was used to examine the relationship between perceived supervisory style and role conflict and role ambiguity.

## Results

### Preliminary Analysis

A series of correlations and multivariate analyses of variance were conducted to determine whether there were any potential confounding variables within the demographic information. In the analyses the independent variables were the demographic variables including the trainees' age, gender, race/ethnicity, type of graduate program (PhD, PsyD, MS, MEd, etc.), area of study (clinical, counseling, family), year in graduate school, highest degree received, current practicum/internship setting, number of different practicum/internship placements, months of counseling experience, total hours of individual supervision received from their most recent supervisor. Regarding the supervisor, independent variables included the supervisor's age range, gender, race/ethnicity, theoretical orientation, date supervision began with current supervisor, and hours per week with current supervisor. The dependent variables included the trainees' counseling self-efficacy, trainee anxiety, perceived supervisory style, the supervisory working alliance, trainee experience, role conflict, and role ambiguity. The results indicate that the variables listed above were not significantly related to any of the dependant variables when the alpha level was set at  $p < .01$ .

Correlations were calculated for the two dependent variables (i.e., role ambiguity and role conflict) and the seven independent variables (i.e., self-efficacy, anxiety, working alliance, experience, attractive style, interpersonally sensitive style, and task-oriented style). The correlation results are in Table 1. The results revealed that, consistent with the assumption of regression, many of the predictor variables, except trainee experience, were correlated with the outcome variables. Descriptive information for the scales is in Table 2.

## Analysis

**Multivariate Multiple Linear Regression.** The present study was designed to explore what supervision factors (i.e., trainee supervision anxiety, counselor self-efficacy, counseling experience, supervisory working alliance, and supervisor styles) relate to trainees' experiences of role conflict and role ambiguity. A multivariate multiple regression analysis was conducted to determine the relationship between the supervision variables and role conflict and role ambiguity. The results of the multivariate test of significance revealed that some of the supervision variables (i.e., trainee supervision anxiety, counselor self-efficacy, counseling experience, supervisory working alliance, and supervisor styles) were related to role conflict and role ambiguity (Wilks'  $\eta^2 = .04, p < .001$ ). The supervision predictor variables explained a significant amount of variability in role conflict (92%,  $p < .001$ ) and in role ambiguity (90%,  $p < .001$ ). Specifically, a weaker working alliance ( $\beta = -.34, p = .002$ ) and higher anxiety ( $\beta = .46, p < .001$ ) were significantly related to more role ambiguity. Self-efficacy, experience, and supervisory style were not significantly related to role ambiguity (Table 2). In terms of role conflict (Table 3), the results revealed that a weaker working alliance ( $\beta = -.33, p = .001$ ), higher anxiety ( $\beta = .57, p < .001$ ), and lower self-efficacy ( $\beta = -.10, p = .019$ ) were significantly related to more role conflict. Experience and supervisory styles were not significantly related to role conflict.

**Moderation Analysis.** A moderation analysis was used to examine the relationships between supervisory style and role conflict and role ambiguity. The first moderation analysis looked at the relationship between a task-oriented style and role conflict to determine if trainee experience influenced this relationship. The results showed the relationship between a task-oriented style and role conflict was not significantly moderated by trainee experience ( $\beta = -.035,$

$p = .876$ ). Meaning that the relationship between a task-oriented supervisor style and trainees' experiences of role conflict was not significantly different based on the trainees' levels of experience. Similarly, the relationship between an attractive style ( $\beta = .006, p = .901$ ) and interpersonally sensitive style ( $\beta = -.03, p = .531$ ) to role ambiguity were not significantly moderated by trainee experience.



## **Discussion**

The present study was designed to explore what supervision factors (i.e., trainee supervision anxiety, counselor self-efficacy, counseling experience, supervisory working alliance, and supervisor styles) relate to trainees' experiences of role conflict and role ambiguity. Results indicated that trainee experiences of role conflict and role ambiguity do occur and that certain supervision variables influence these experiences. Specifically, the working alliance and anxiety were related to both role ambiguity and role conflict. Self-efficacy was only related to role conflict and not role ambiguity. Trainee experience and supervisor styles, when included as part of this model, were not related to role difficulties.

### **Working Alliance**

This study found that a weaker supervisory alliance is related to both more role conflict and more role ambiguity, which is consistent with previous studies (Ladany & Friedlander, 1995; Olk & Friedlander, 1992). As Bordin's (1983) model of the working alliance incorporates an agreement on the goals for supervision, tasks to achieve those goals, and an emotional bond between supervisor and supervisee, it seems fitting that a strong alliance will enhance the clarity of the process of supervision. A clear process aligns goals and expectations, enhances the alliance, and reduces role ambiguity. One way that supervisors can orient supervisees to the process of supervision and help to generate mutually agreed-upon goals and tasks is through role induction. There are many formats of role induction in which supervisors and trainees can engage, such as assigning readings (see Carroll & Gilbert, 2005) and creating a supervision contract, which consists of a description and outline of the supervision process that is signed by both supervisor and trainee (for example see pp. 305-307, Bernard & Goodyear, 2009).

The results of this study show that the supervisory relationship is related to role difficulties and emphasize that the supervisory working alliance is an important aspect of supervision as it determines the quality of the interactions between supervisor and trainee (Storm, 2002). This study supports the theory that a positive relationship is essential to effective supervision (Friedlander & Ward, 1984) as it is related to fewer role difficulties. The quality of the supervision relationship is a crucial component of positive supervision experiences that contribute to the development of trainees' professional identity (Worthen & McNeil, 1996). It is likely that the impact of the supervisory working alliance extends far beyond its effect on role conflict and role ambiguity, reaching all aspects of the supervision experience.

Trainees have identified four phases of good supervision: an existential baseline, stage setting, good supervision experience, and outcomes of good supervision (Worthen & McNeil, 1996). Two of these phases are related to role difficulties, namely stage setting and good supervision experience. Effective stage setting consists of clearly defining expectations and evaluation procedures, and thus lessening role ambiguity. Additionally, a good supervision experience equates with a positive relationship and, thus, less role conflict. This would suggest that good supervision outcomes would include less role difficulties across the phases. Additionally, it seems reasonable to assume that role difficulties, if successfully resolved, result in positive supervision outcomes. Relationships are strengthened upon successfully working through struggles, leading to growth in the supervisee (Ladany et al., 2005). Future research could explore this theory by examining the relationship between experiences of role conflict and role ambiguity and phases of supervision to determine if these experiences contribute to or detract from what trainees identify as phases of "good supervision."

There may also be a connection between role difficulties and “lousy” supervision. It might be the case that “lousy” supervision is perpetuated by role difficulties. Magnuson, Wilcoxom, and Norem (2000) identified three areas of “lousy” supervision, including organizational/administrative, technical/cognitive, and relational/affective. Examples of the relational/affective areas are closely associated with the working alliance, including personal and emotional elements (i.e., agreement and bond). It might seem appropriate to assume that organizational/administrative and technical/cognitive would correspond to the clarity of behaviors and roles, but the authors identified the importance of accurate and specific information as a relational aspect of supervision. It seems that the constructs in the definition of “lousy” supervision according to Magnuson et al. are similar to role difficulties (organizational/administrative, technical/cognitive) and the working alliance (personal and emotional elements) as described in this study. This would support the idea that the existence of role difficulties and the lack of a strong alliance would equate with “lousy” supervision, and that a strong supervisory alliance facilitates quality supervision. The working alliance is the foundation of supervision, which contributes to the successful management of supervision dilemmas (Bordin, 1983). These dilemmas might be role difficulties, so supervisors need to be aware of and trained to prevent and resolve such challenges in order to promote trainee learning.

### **Trainee Anxiety**

Anxiety emerged as a significant and important variable in this study because it was related to both types of role difficulties (e.g., role conflict and role ambiguity). The results of this study are consistent with Olk and Friedlander’s (1992) prediction that high anxiety contributes to role difficulties, based on their and others’ findings that role difficulties lead to increased anxiety (Arnold, et al., 1993; Caplan & Jones, 1975; Cooper & Marshal, 1976; Friedlander et al., 1986;

Kahn et al., 1964). Bernard and Goodyear, (2009) warned that anxiety can interfere with the supervision process, and this study extends that theory to show that one interference is the occurrence of both role conflict and role ambiguity. This further emphasizes the need for supervisors to attend to trainee anxiety and work to lessen it.

Bernard and Goodyear (2009) suggest three approaches to managing supervisee anxiety. The first approach is optimizing the levels of supervisor challenge versus support. Too much support and too little challenge limit motivation and prevent the trainee from trying new behaviors. Conversely, when supervisors use challenges too often but do not offer enough support, the trainee may feel overwhelmed and may avoid taking risks. Second, supervision structure is essential given that trainees experiencing anxiety desire more structure (Stoltenberg & Delworth, 1987; Tracy et al., 1989). For example, a supervisor could set an agenda for the session based on the stated needs of the trainee in addition to topics viewed as important by the supervisor, rather than taking an unstructured approach with a clearly anxious trainee as this might heighten the anxiety. This would clarify what is important to discuss in session and ensure that the trainees' needs are addressed. The third approach to help manage supervisee anxiety is to provide role induction to trainees. This includes teaching trainees about their supervisors' expectations and the various roles trainees are likely to engage in throughout the supervision process. Role induction in supervision was found to be effective in reducing ambiguity (Barrick et al., 1991) and anxiety (Chapin & Ellis, 2002).

The prediction that higher anxiety is related to more role ambiguity was confirmed, but the prediction that higher anxiety will be related to less role conflict was not found. Based on the results of this study, it appears plausible that when trainees experience high levels of anxiety, they are less clear regarding their responsibilities and experience role ambiguity. This study did

not support the argument that the presence of anxiety encourages trainees to assume the role of student learner and adhere to the supervisors' ideas, thus experiencing less role conflict. Perhaps the problem lies in the prediction being based only on the part of the definition of role conflict that includes the trainees' versus the supervisors' ideas and thoughts. This part of the definition, as defined by Olk & Friedlander (1992) is when supervisors' directives are inconsistent with trainees' personal judgment. This is only one part of the definition of role conflict, which also includes conflict within the trainee and not just between the trainee and supervisor. Specifically, conflict within the trainee is when one of a trainee's role expectations or behaviors as student, counselor, or colleague is in disagreement with another role (Olk & Friedlander, 1992). Thus, it is possible that the more anxious a trainee is the more an individual's roles are in conflict.

A supervision theory that lends towards alleviating this type of internal conflict is Maher's discovery-oriented supervision theory (2005). Maher's model of supervision focuses on helping trainees discover their own models of practice, which is unlike the many supervision models that focus on teaching trainees to successfully implement a particular theory (Bernard & Goodyear, 2009). The idea of encouraging trainees to develop a unique professional identity and integrate their roles towards a model of practice, with the support and motivation of their supervisors, might encourage trainees to allow all their roles to inform their development instead of feeling limited to one role. This might help alleviate role conflict by helping trainees view their various roles as all contributing different and important experiences to their development rather than viewing their roles as competing. This theory introduces a new question regarding role conflict outcomes and the possible implication for supervisors to encourage trainees to develop their own theory. Future research could examine this question in an experimental study comparing trainees presented with one evidence-based therapeutic model (e.g., CBT,

psychodynamic, etc.) to trainees who are presented with a more discovery-oriented supervision approach.

### **Counseling Self-Efficacy**

Counseling self-efficacy was related to role conflict but not role ambiguity in this study. Specifically, lower self-efficacy was related to more role conflict. Counseling self-efficacy is a multidimensional construct comprised of different factors (possessing microskills, attending to process, dealing with difficult client behavior, demonstrating cultural competence, and having awareness of values; Larson et al., 1992). It is possible that trainees who lack strength in one or more of these areas are more prone to experiencing conflict. Further, it may be that some other variable, or some set of elements of self-efficacy, accounts for role ambiguity. For example, it may be trainees' lack of confidence in their skills or lack of knowledge of various skills specifically that causes them to experience role ambiguity and not their general self-efficacy. Future studies might consider looking at how the individual factors that make up self-efficacy, such as possessing skills, cultural competence, awareness, and attending to process, uniquely relate to role difficulties.

Wood and Bandura's (1989) theory of self-efficacy helps to explain the findings that lower self-efficacy resulted in more role conflict. They suggested that self-efficacy extends beyond just confidence in one's ability, and includes abilities and skills to function when confronted with adverse situations. In other words, low self-efficacy means these individuals are less able to manage competing demands, thus resulting in more role conflict. Conversely, high self-efficacy results in consideration of multiple pursuits or roles (Betz & Hackett, 1986), lessening the probability of role conflict.

Bandura's (1977, 1986) social cognitive theory asserts that self-efficacy involves successful behavior that demonstrates knowledge and skill combined with one's belief in accomplishing these behaviors. Programs and supervisors facilitate the development of knowledge and skills, but beliefs in ability arise from within the trainee. This might also explain why self-efficacy was not related to role ambiguity. The supervisor through role induction can largely influence role ambiguity, where expectations and behaviors are clearly conveyed to the trainee. Self-efficacy, according to Bandura, includes an element of belief that is facilitated by the internal thoughts of competency, over which supervisors have less influence. So, it is likely that due to the exclusive role individuals play in the development of their self-efficacy and the largely external influence that determines role ambiguity the two variables were not related.

The relationship found, that self-efficacy was related to role conflict but not role ambiguity, was not consistent with the hypothesis of this study, again reflecting an overemphasis on role conflict as being solely between the trainee and supervisor and neglecting the internal trainee conflicts. The hypothesis was based on the premise that counselors with less self-efficacy are likely to mistrust their own judgment and conform to their supervisors' perspective. However, the results of this study suggest that trainees with lower self-efficacy may mistrust their own judgment, causing more conflict between their roles because they are unsure which role to emphasize in a given situation. An example of this might be if a trainee is not confident about what intervention to use and is hesitant to ask for guidance from a supervisor. The counseling role needs to demonstrate competency, but the student role seeks feedback and direction, so the trainee struggles with an internal conflict about how to proceed based on competing role demands. In this example the trainee's low self-efficacy would result in heightened internal conflict.

This study proposes that when role conflict occurs in supervision it might also suggest that low trainee self-efficacy is an underlying source of this conflict. Supervisors may use information regarding trainee self-efficacy and role conflict to guide the session towards a productive resolution. Ladany, Friedlander, and Nelson's (2005) critical events model provides a helpful guide to supervisors. This model suggests that supervision focuses on smaller events that occur in the supervision work and can be identified with a beginning, middle, and end. There can be events within an event and there can be multiple events in a session or extend across sessions. The supervisor's role is to identify the event by the marker (beginning) and provide an appropriate intervention towards a resolution of the issue. For example, a supervisor and trainee are in disagreement about what intervention to use for a client. It becomes evident that the trainee is in disagreement because the trainee is not familiar with the suggested technique, thus is advocating for the familiar technique. The initial event would be the role conflict (e.g., verbal disagreement between supervisor and trainee), and within this event would be a low self-efficacy event (e.g., trainee discloses not being confident on how to proceed with the suggested intervention). The markers of the events (disagreement, and disclosure) signals to the supervisor that the event is occurring and triggers a shift to the task environment where the supervisor chooses appropriate interventions. This role conflict for the trainee is between role of student (seeking advice from supervisor and being evaluated) and counselor (knowing the various interventions and being able to implement them autonomously). An appropriate interaction sequences, as proposed by Ladany et al. (2005), would be to focus on the skill and then self-efficacy, given that the reason the disagreement occurred is because the student wasn't familiar or confident with implementing the suggested intervention. This would allow the trainee to learn the new skill and build confidence on this new knowledge. The clinical implication here is for



supervisors to not only be aware of role conflict but to be cognizant of what the underlying cause of the conflict is and focus on resolving the root cause of the conflict.

### **Supervisory Style**

No significant relationships were found between the three supervisor styles and role ambiguity or role conflict. Supervisor style is multidimensional (Friedlander & Ward, 1984), so perhaps it is a combination of styles that interacts with role difficulties rather than each style individually. Or perhaps, consistent with the theme found throughout the results of this study, role difficulties may primarily be between the roles with which the trainee struggles internally and have less to do with the trainee/supervisor dynamic. Future research may examine additional trainee variables that influence role difficulties such as trainee personality variables and ability to cope with stress.

Theoretically, supervisor styles closely resemble supervisor roles (i.e., task-oriented = teacher; attractive = consultant; interpersonally sensitive = counselor), so perhaps it is not the style in general that supervisors convey, but rather the role they take in response to events in supervision that relate to role difficulties. Examining role difficulties as events and associated supervisor responses may be beneficial for further understanding the process of supervision, as these areas have strong theoretical support. This future study would integrate Ladany et al.'s critical events model (2005) with Friedlander and Ward's supervisor styles (1984) and Bernard's supervisor roles (1979), by examining supervisor responses to critical events and determining the style and roles used in the resolution of these events to determine if correlations exist between events, responses (roles and styles), and outcomes. Clinically, this would provide supervisors with concrete and practical response tools to trainee role difficulties in supervision.

## **Trainee Counseling Experience**

This study did not find counseling experience to be a significant variable associated with role conflict or role ambiguity. Perhaps experience itself is not an informative variable, since trainees at all levels experience role difficulties. Instead, specific factors associated with experience may provide more insight into experiences of role difficulties, such as self-efficacy, anxiety, and expectations. Additionally, it may be the variety of experiences or level of challenge a trainee has had clinically and not necessarily the number of months they have provided supervision, which was the measurement of experience in this study. Variety of experiences or levels of challenge are variables that could be studied in future research in addition to determining the best definition of trainee experience that relates to supervision outcomes.

One suggestion to defining trainee experience is the amount of supervision experience they have accrued and not counseling experience (Bernard & Goodyear, 2009). The amount of supervised experience a trainee possesses suggests certain characteristics and abilities (Granello, 2002; Ladany, Marotta, & Muse-Burke, 2001; Murray, Portman, & Maki, 2003), and developmental needs of trainees can be identified based on their level of experience (Goodyear & Guzzardo, 2000). It is important to note that the findings in this study are contrary to developmental models of supervision and training. Developmental models theorize that as trainees gain experience there are changes that occur, and thus role differences and difficulties are also likely to occur and vary according to level of experience. For example, the Integrated Development Model (IDM; Stoltenberg, McNeil, & Delworth, 1998) observes counselor development in four stages characterized by three structures; self-awareness, motivation, and autonomy. Based on experience, trainees will be in one of the four levels and can be identified and assessed as at each level by the three structures. For example, a level one supervisee is

dependent on the supervisor and there is little confrontation, whereas a level three supervisee is independent, self-aware, and collegial. A counselor at level one and three look very different and are likely to experience differences in role difficulties. Level one counselors should experience more role ambiguity and level three or four advanced counselor should experience more role conflict (Olk & Friedlander, 1992).

It appears that there is ample evidence that experience level informs developmental level (Bernard & Goodyear, 2009; Goodyear & Guzzardo, 2000; Granello, 2002; Ladany, et al., 2001; Murray et al., 2003; Stoltenberg et al., 1998), but how experience is measured results in contradictory findings. Some studies find significant differences based on experience from beginner to intermediate, such as increased self-awareness, more autonomy, acquisition of skills, managing countertransference (Borders, 1990; McNeil et al., 1985; Williams et al., 1997), but those looking at larger differences in experience from masters to doctoral level or beginning to five or more years postdoctoral have inconsistent findings (Hillerbrand & Clairborns, 1990; Ladany et al., 2001). According to Goodyear and Bernard (2009) the problem lies with studies confounding experience with training, where experience alone doesn't lead to development achievements, supervised experience leads to progress.

### **Limitations**

Selection bias could be a threat to the validity of this study. As it did not employ random sampling, people could choose to participate, so there is no way of knowing if those who did not participate had better or worse experiences in supervision. Selection bias is also a potential limitation of this study because, as suggested by Rosenthal and Rosnow (1975), volunteer participants tend to be females who are intelligent, more sociable, and seek social approval. The majority of participants in this study were women so perhaps this particular demographic of

trainees influenced the reporting and results of experiences of role conflict and role ambiguity. For example, it is possible that the volunteer participants in this study reported higher rates of both types of role difficulties because they were more perceptive of the struggles and dynamics of their supervision. Also, the supervisors' perspectives were not gathered as part of this study and might have contributed additional and potentially different information than the perspectives provided by the trainees. Internal validity may also be threatened because there could be other supervision and personal variables that were not selected and examined (e.g., satisfaction, personality variables, growth, etc.). So, there may be less of an ability to make causal conclusions (i.e., ambiguity of direction of causal inference). The external validity might be compromised because we can only generalize to the population of trainees who participated in this study. Evaluation apprehension is also a potential threat to validity where participants may have depicted their experiences in supervision in a more positive light. Mono-operation bias may also be a problem, given that this study is only using one scale for each construct being measured. This study only used scales that were self-report measures and thus were based only on reports by trainees and do not reflect direct observations of the trainee supervisor interactions.

### **Implications**

**Theory.** This study possesses considerable theory, research, and practice implications. Theoretically, this study expands theories of role conflict and role ambiguity from solely role problems to conceptualizing these experiences as comprised of a multitude of supervision factors (e.g., working alliance, trainee anxiety, self-efficacy). This study also further supports that supervision and counseling have intrinsic similarities based on the common factor of the working alliance. The supervisory working alliance is the most important factor in determining the development of trainees in supervision (Alderfer & Lynch, 1986; Bordin, 1983; Loganbill,

Hardy, & Delworth, 1992; Holloway, 1995), and the working alliance in counseling is one of the most, if not the most, important element for change. Similar to other studies (Friedlander et al., 1986), this research suggests that self-efficacy and trainee anxiety are important variables in trainees' behavior, specifically related to role conflict and role ambiguity. In terms of theory specific to self-efficacy, Wood and Bandura (1989) describe four sources of self-efficacy: mastery experiences, modeling, social persuasion, and psychological and affective states, which all closely correlate to experiences in supervision. This study support the theories of developmental models of counseling self-efficacy that emphasize the important role supervision plays in the establishment and growth of trainees' belief in their ability to perform certain counseling related tasks.

Various studies have suggested that anxiety in supervision can be detrimental and cause adverse experiences acting as a barrier for growth (Bernard & Goodyear, 2009; Dodge, 1982; Liddle, 1986; Stoltenberg & Delworth, 1987). It is also true that levels of anxiety can be motivating, as can role difficulties by facilitating an energizing effect enhancing motivation, quality of performance, and increasing overall effectiveness at work (Jones, 1993). Future studies could explore the potential benefits of role difficulties and anxiety levels in supervision. If the findings show that these experiences can enhance growth in supervision it would add to theories of anxiety and role difficulties emphasizing their positive role in supervision.

**Clinical.** Clinically, explicit attention should be placed on establishing and maintaining a strong supervisory alliance to prevent role difficulties from occurring. This could include having trainees and supervisors engage in some professional development activities, prior to focusing on clinical work and evaluations. For example, this occurs at some institutions in the form of a staff retreat to enhance the relationship prior to work being done. The finding that high anxiety is

related to more role difficulties, both in terms of role conflict and role ambiguity, highlights the need for part of supervision to include an assessment of trainees' level of anxiety. Furthermore, if the trainee discloses or presents with anxiety, actions should be taken by the supervisor to lessen this potentially harmful emotion (Frantz, 1992; Lambert & Ogles, 1997).

To guide supervisors in delivering more effective supervision, Barret and Barber (2005) recommend assessing trainees' emotional and cognitive development to help in selecting appropriate interventions and strategies. Likewise, trainees should be informed that anxiety is a natural part of the supervision process, but that if not dealt with correctly, it could interfere with the learning process. Trainees should be encouraged to pay attention to their own emotional experiences in order to seek skills and resources that lessen uncomfortable feelings. Trainees could use self-exploration and reflection and could also process with peers, colleagues, mentors, and/or supervisors. The practice implications of the relationship between self-efficacy and role conflict indicate the importance of increasing the opportunities for trainees to practice their skills and develop confidence in their abilities through role-plays and clinical practicum placements as this could reduce role difficulties. Based on Wood and Bandura's (1989) sources of self-efficacy discussed earlier, modeling and social persuasion are sources that supervisors can use to create effective learning environments for diverse trainees. Modeling ethical and competent behavior within the context of a strong supervisory alliance could be particularly effective when working with trainees from a collectivist culture given the emphasis on relationships and valuing external determinants of behavior within collectivist cultures (Triandis, 2001). Trainees from an individualist cultural might respond better to supervisor techniques of social persuasion where a supervisor gives direct feedback of personal achievement to the individual, as individual successes are highly valued in individualist cultures (Triandis, 2005).

**Future Research.** Future research could include obtaining information about role difficulties from both the trainee and the supervisor, instead of relying on one person in the relationship to report about the experience. In addition, there is a significant lack of literature with regards to the existence of supervisor role conflict and role ambiguity. Perhaps role difficulties also occur for supervisors and might interfere with the process and outcome of supervision. A future study could explore if and how supervisor and trainee role difficulties impact supervision outcome and trainees' work with clients.

Future research might also consider the impact of trainee evaluations on role difficulties. One component of supervision that can interfere with the development of the bond in supervision is the evaluation of the trainee (Bordin, 1983). Simply the prospect of evaluation can be detrimental to the supervisory relationship (Burke, Goodyear, & Guzzard, 1998). Thus, future research examining role difficulties should include evaluation apprehension/anxiety as a variable since it potentially impacts both the alliance and the role difficulties. Anxiety was significantly related to both role conflict and role ambiguity, and should be considered in future studies examining role difficulties. It is possible that trainee anxiety is related to other issues in supervision, so future research should include anxiety when looking to explain other supervision dilemmas. For example, a study looking at satisfaction and disclosure in supervision might want to consider the role of anxiety. Counseling self-efficacy, is a multidimensional construct comprised of five different factors (Larson et al., 1992), so future research might want to consider how these 5 factors uniquely relate to role difficulties. For example, it might be that a trainee's confidence in dealing with one factor of counseling self-efficacy (e.g., difficult client behavior, demonstrating cultural competence, etc.) relates to their experiences of role conflict,

but their confidence in another factor of counseling self-efficacy (e.g., their microskills) is not related.

Translating research to practice is an important part of supervision research that helps to enhance the experience for supervisors, trainees, and clients. There is evidence that role conflict and role ambiguity occur in supervision, but there continues to be a lack of literature on what contributes to these difficulties, limiting the practical application of findings. This study highlights for both supervisors and trainees some of the factors that might predict role difficulties. This has the potential to help prevent them from happening, to increase awareness that they are occurring, and to help remediate them. For example, to remediate role difficulties, supervisors would need to recognize that trainees experience role conflict and could initiate a discussion about how multiple theories might be presented, and the supervisor respects the trainees' right to choose what fits best for them and the client, helping trainees to reframe the situation from conflict of ideas to multiple options. This study only touches on some of the potential supervision factors that relate to role difficulties, leaving much research still to be conducted in this area, and suggesting the need for additional supervision and trainee variables, such as personality variables, evaluation apprehension, and disclosure to be considered in the search for exploring and defining what makes supervision a success.



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Appendix A

Tables

Table 1: Correlations

<b>Variables</b>	Exp	WA	SE	Anx	Style A	Style IS	Style TO	RA
Working Alliance	.031							
Self- Efficacy	-.117	-.151						
Anxiety	.001	-.668*	-.439*					
Style Attractive	.003	.901*	.039	-.711*				
Style Interpersonally Sensitive	-.024	.907*	.038	-.725*	.929*			
Style Task-Oriented	-.021	.884*	-.094	-.617*	.841*	.867*		
Role Ambiguity	-.031	-.880*	-.105	.841*	-.862*	-.873*	-.819*	
Role Conflict	-.025	-.800*	-.309*	.921*	-.826*	-.822*	-.728*	.923*

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

Table 2: Scale Descriptive Information

	Minimum	Maximum	Range	Mean	Std. Deviation
Experience	3.00	98.00	95.00	24.78	19.97
Working Alliance	13.00	73.00	60.00	44.36	17.61
Self-Efficacy	70.00	166.00	96.00	127.95	24.55
Anxiety	29.00	95.00	66.00	60.54	20.43
Style	.86	6.00	5.143	3.39	1.44
Attractive Style	1.00	7.00	6.00	3.99	1.63
Interpersonally Sensitive Style	1.10	6.50	5.40	3.86	1.31
Task-Oriented Role Ambiguity	16.00	98.00	82.00	55.39	24.36
Role Conflict	13.00	88.00	75.00	46.89	25.30

Table 3: Regression Analysis for within cells in MMRL Predicting Role Ambiguity

Predictor Variable	B	Beta	Std. Err.	t-value
Working Alliance	-.476**	-.344**	.148	-3.207
Self-Efficacy	.038	.038	.049	.765
Anxiety	.548***	.459***	.076	7.203
Style Attractive	-1.133	-.067	1.610	-.704
Style Interp. Sens.	-1.130	-.076	1.542	-.733
Style Task – Orien.	-1.987	-.107	1.353	-1.469
Experience	-.024	-.020	.040	-.611

Note:  $N = 110$ , \*\* significance level  $p < .01$ , \*\*\* significance level  $p < .001$



Table 4: Regression Analysis for within cells in MMRL Predicting Role Conflict

Predictor Variable	B	Beta	Std. Err.	t-value
Working Alliance	-.471***	-.328***	.136	-3.472
Self-Efficacy	-.107*	-.104*	.045	-2.376
Anxiety	.712***	.575***	.070	10.228
Style Attractive	-2.646	-.151	1.473	-1.796
Style Interp. Sens.	.419	.027	1.411	.297
Style Task – Orien.	.189	.010	1.238	.153
Experience	-.033	-.026	.036	-.920

Note:  $N = 110$ , \*\*\* significance level  $p \leq .001$ , \*  $p < .05$

## Appendix B

### Recruitment Email

Dear Training Directors,

I am a doctoral student at Lehigh University currently working on my dissertation under the direction of Arpana Inman, Ph.D., Counseling Psychology, Lehigh University. I am studying trainees' experiences of role conflict and role ambiguity in supervision. This is an important issue in supervision, and through this study I plan to highlight some of the contributing supervision factors that influence role difficulties. I would like to request your assistance in by passing the attached "invitation to participate" to the graduate students in your program. Students can be either doctoral or master level, and must be currently in supervision, and have had the same supervisor for at least 3 weeks.

If you have any questions you can contact me, Lauren Kulp, or my advisor Dr. Arpana Inman.

Thank you for your time and assistance.

Sincerely,

Lauren E Kulp, M.E.D.  
Doctoral Student  
Lehigh University  
[Lek206@lehigh.edu](mailto:Lek206@lehigh.edu)

Arpana Inman, Ph.D.  
Associate Profession and Director of Training  
Lehigh University  
[Agi2@lehigh.edu](mailto:Agi2@lehigh.edu)

## Appendix C

### Cover Letter/Informed Consent

Dear Colleague:

We very much appreciate your considering participating in this project about supervision. In this study, we are asking you to reflect on your experiences with your current supervisor whom you have been receiving supervision from for at least 3 weeks. . If you have multiple supervisors, please choose the one considered to be primary. You will be asked to reflect upon your overall experience with this supervisor.

We hope participating will stimulate your thinking about making supervision most useful to you. Although minimal, a potential risk you may incur by completing this questionnaire is minor psychological discomfort as you reflect upon your supervisory experience and how it has affected you. However, we anticipate this is outweighed by the gains of discovering and learning about aspects of supervision you may not have considered. In addition, the results from a line of such research should help us design better models of supervision. Individuals like yourself, who completed the packet, took an average of approximately 30 minutes. For the first 100 participants who complete the survey, a \$1.00 donation will be given to Kiva, a non-profit organization that connects people through lending in the effort to alleviate poverty.

We will maintain complete confidentiality regarding your data. We never ask you to put your name, your supervisor's names, or your institutional affiliation anywhere on these forms. No individual results will be reported. Unfortunately, since we won't know who you are, we will have no way of knowing whether you have completed your questionnaire. For this reason, we will be sending reminders through institutional directors to everyone who could potentially participate. Your completion of the questionnaire will constitute your informed consent to participate in this study. Your participation is completely voluntary and you have the right to withdraw consent and discontinue participation at any time.

We hope that you will find this task to be thought-provoking and stimulating. Should you have any questions, please feel free to contact the primary researcher, Lauren E. Kulp at [lek206@lehigh.edu](mailto:lek206@lehigh.edu), or Dr. Arpana G. Inman at [agi2@lehigh.edu](mailto:agi2@lehigh.edu). Thanks once again for your help.

Sincerely,

Lauren Kulp, M.Ed.  
Arpana Inman, Ph.D.  
Lehigh University  
Counseling Psychology

## Appendix D

### Instruments

#### Role Conflict and Role Ambiguity Inventory (RCRAI)

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

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

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

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

be allowed to use my own approach.

- |                                                                                                                                                                                                                                               |   |   |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 7. I wanted to intervene with one of my clients in a particular way and my supervisor has wanted me to approach the client in a very different way. I am expected to both judge what is appropriate for myself and also to do what I am told. | 1 | 2 | 3 | 4 | 5 |
| 8. My supervisor expected me to come prepared for supervision, but I had no idea what or how to prepare.                                                                                                                                      | 1 | 2 | 3 | 4 | 5 |
| 9. I wasn't sure how autonomous I should be in my work with my clients.                                                                                                                                                                       | 1 | 2 | 3 | 4 | 5 |
| 10. My supervisor told me to do something I perceived as illegal or unethical and I was expected to comply.                                                                                                                                   | 1 | 2 | 3 | 4 | 5 |
| 11. My supervisor's criteria for evaluating my work was not specific.                                                                                                                                                                         | 1 | 2 | 3 | 4 | 5 |
| 12. I was not sure that I had done what my supervisor expected me to do in session with a client.                                                                                                                                             | 1 | 2 | 3 | 4 | 5 |
| 13. The criteria for evaluating my performance in supervision were not clear.                                                                                                                                                                 | 1 | 2 | 3 | 4 | 5 |
| 14. I got mixed signals from my supervisor and I was unsure of which signals to attend to.                                                                                                                                                    | 1 | 2 | 3 | 4 | 5 |
| 15. When using a new technique, I was unclear about the specific steps involved. As a result, I wasn't sure how my supervisor would evaluate my work.                                                                                         | 1 | 2 | 3 | 4 | 5 |
| 16. I disagreed with my supervisor about how to introduce a specific topic to a client, but I wanted to do what the supervisor recommended.                                                                                                   | 1 | 2 | 3 | 4 | 5 |
| 17. Part of me wanted to rely on my own instinct with a client, but I always knew that my supervisor would have the last word.                                                                                                                | 1 | 2 | 3 | 4 | 5 |
| 18. The feedback I got from my supervisor did not help me to know what was                                                                                                                                                                    | 1 | 2 | 3 | 4 | 5 |

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

19. I was not comfortable using a technique recommended by my supervisor; 1 2 3 4 5

however, I felt I should do what my supervisor recommended.

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

21. I was not sure if I should discuss my professional weaknesses in supervision 1 2 3 4 5

because I was not sure how I would be evaluated.

22. I disagreed with my supervisor about implementing a specific technique, but 1 2 3 4 5

I also wanted to do what the supervisor thought best.

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

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

specific ideas of how to do it.

25. My supervisor wanted me to use an assessment technique that I considered 1 2 3 4 5

inappropriate for a particular client.

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

27. The supervisor gave no constructive or negative feedback and as a result, I 1 2 3 4 5

did not know how to address my weaknesses.

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

how my supervisor would evaluate me.

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

**Scoring key:** *Role Ambiguity items:* 1, 4, 8, 9, 11, 12, 13, 18, 20, 21, 23, 24, 26, 27, 28, 29

*Role Conflict items:* 2, 3, 5, 6, 7, 10, 14, 15, 16, 17, 19, 22, 25

**Trainee Anxiety Scale (TAS) (Revised for current supervisor)**

Please indicate your feelings about your work with your CURRENT supervisor on the following scale:

1	2	3	4	5	6	7
Not at All true of me		Mildly true of me		Moderately true of me		Totally true of me
_____						1. I feel worried
_____						2. I feel self-conscious
_____						3. I feel calm
_____						4. I feel nervous
_____						5. I feel overwhelmed
_____						6. I feel anxious
_____						7. I feel peaceful
_____						8. I feel apprehensive
_____						9. I feel tense
_____						10. I feel relaxed
_____						11. I feel fearful
_____						12. I felt panicky
_____						13. I feel mellow
_____						14. I feel agitated

## **Counseling Self-Estimate Inventory (COSE)**

Below is a list of statements. Read each statement, and then indicate the extent to which you agree or disagree with that statement, using the following alternatives:

1= Strongly Disagree

2= Moderately Disagree

3= Slightly Disagree

4= Slightly Agree

5= Moderately Agree

6= Strongly Agree

1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.
2. I am likely to impose my values on the client during the interview.
3. When I initiate the end of a session, I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time.
4. I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and minutia).
5. I am certain that my interpretation and confrontation responses will be concise and to the point.
6. I am worried that the wording of my responses lack reflection of feeling, clarification, and probing, and may be confusing and hard to understand.
7. I feel that I will not be able to respond to the client in a non-judgmental way



with respect to the client's values, beliefs, etc.

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

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

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

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

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

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

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

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

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

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

18. 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.

19. I am afraid that I may not understand and properly determine probable

meanings of the client's nonverbal behaviors .

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

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

22. I am uncertain as to whether I will be able to appropriately confront and challenge my client in counseling.

23. When giving responses, i.e., reflection of feeling, active 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.

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

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

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

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

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

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

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

31. I am worried that my interpretation and confrontation responses may not, over time, assist the client to be more specific in defining and clarifying his/her problem.
32. I am confident that I will be able to conceptualize my client's problems.
33. I am unsure as to how I will lead my client towards the development and selection of concrete goals to work towards.
34. I am confident that I can assess my client's readiness and commitment to change.
35. I feel I may give advice.
36. In working with culturally different clients, I may have a difficult time viewing situations from their perspective.
37. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.

## Supervisory Styles Inventory (SSI) - Supervisee Form

**For supervisees' form:** Please indicate your perception of the style of your current or most recent supervisor of psychotherapy/counseling on each of the following descriptors. Circle the number on the scale from 1 to 7, which best reflects your view of him or her.

	<i>Not very</i>						<i>Very</i>
1. goal-oriented	1	2	3	4	5	6	7
2. perceptive	1	2	3	4	5	6	7
3. concrete	1	2	3	4	5	6	7
4. explicit	1	2	3	4	5	6	7
5. committed	1	2	3	4	5	6	7
6. affirming	1	2	3	4	5	6	7
7. practical	1	2	3	4	5	6	7
8. sensitive	1	2	3	4	5	6	7
9. collaborative	1	2	3	4	5	6	7
10. intuitive	1	2	3	4	5	6	7
11. reflective	1	2	3	4	5	6	7
12. responsive	1	2	3	4	5	6	7
13. structured	1	2	3	4	5	6	7
14. evaluative	1	2	3	4	5	6	7
15. friendly	1	2	3	4	5	6	7
16. flexible	1	2	3	4	5	6	7
17. prescriptive	1	2	3	4	5	6	7

18. didactic	1	2	3	4	5	6	7
19. thorough	1	2	3	4	5	6	7
20. focused	1	2	3	4	5	6	7
21. creative	1	2	3	4	5	6	7
22. supportive	1	2	3	4	5	6	7
23. open	1	2	3	4	5	6	7
24. realistic	1	2	3	4	5	6	7
25. resourceful	1	2	3	4	5	6	7
26. invested	1	2	3	4	5	6	7
27. facilitative	1	2	3	4	5	6	7
28. therapeutic	1	2	3	4	5	6	7
29. positive	1	2	3	4	5	6	7
30. trusting	1	2	3	4	5	6	7
31. informative	1	2	3	4	5	6	7
32. humorous	1	2	3	4	5	6	7
33. warm	1	2	3	4	5	6	7

**Scoring key:** *Attractive:* Sum items 15, 16, 22, 23, 29, 30, 33; divide by 7.

*Interpersonally sensitive:* Sum items 2, 5, 10, 11, 21, 25, 26, 28; divide by 8.

*Task oriented:* Sum items 1, 3, 4, 7, 13, 14, 17, 18, 19, 20; divide by 10.

Filler items: 6, 8, 9, 12, 24, 27, 31, 32.

Did your supervisor's style match your expectations of supervision?

1 (not at all)    2        3        4        5 (completely).

## The Working Alliance Inventory – Short Form (WAI-S)

The following sentences describe some of the different ways a person might think or feel about his or her supervisor. As you read the sentences, mentally insert the name of your CURRENT supervisor in place of \_\_\_\_\_ in the text. Please reflect on your MOST RECENT supervision session as you respond to the questions.

With each statement there is a seven-point scale:

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

- 
- |                                                                                           |               |
|-------------------------------------------------------------------------------------------|---------------|
| 1. _____ and I agree about the things I will need to do in supervision.                   | 1 2 3 4 5 6 7 |
| 2. What I am doing in supervision gives me a new way of looking at myself as a counselor. | 1 2 3 4 5 6 7 |
| 3. I believe _____ likes me.                                                              | 1 2 3 4 5 6 7 |
| 4. _____ does not understand what I want to accomplish in supervision.                    | 1 2 3 4 5 6 7 |
| 5. I am confident in _____'s ability to supervise me.                                     | 1 2 3 4 5 6 7 |
| 6. _____ and I are working towards mutually agreed-upon goals.                            | 1 2 3 4 5 6 7 |
| 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 I need to work on. 1 2 3 4 5 6 7
11. We have established a good understanding of the kinds of things I need to work on. 1 2 3 4 5 6 7
12. I believe the way we are working with my issues is correct. 1 2 3 4 5 6 7

Task Subscale: 1, 2, 8, 12

Bond Subscale: 3, 5, 7, 9

Goal Subscale: 4, 6, 10, 11

## Demographic Questionnaire – Participant and Supervisor

*Please answer the following questions about yourself.*

What is your age in years? \_\_\_\_\_

What is your gender?

Female

Male

Transgender

Other gender, you may specify: \_\_\_\_\_

What is your race/ethnicity?

African American/ Black

Hispanic/Latino

European American/Caucasian

Middle Eastern American

Native American/Pacific Islander

Asian American

Other, please specify: \_\_\_\_\_

What type of graduate program are you currently in?

PhD

PsyD

Med

MA

MS

MSW



Non degree

Other, please specify: \_\_\_\_\_

In what area is your graduate study in?

Counseling Psychology

Clinical Psychology

Family and Marital Counseling

Social Work

School Psychology

Other, please specify: \_\_\_\_\_

In what year of graduate study are you? \_\_\_\_\_

What is the highest degree you have received? \_\_\_\_\_

What is your current practicum or internship site?

Hospital

College/University Counseling Center

Community Mental Health

Private Practice

Academic Setting

Other, please specify: \_\_\_\_\_

What is your theoretical orientation?

Cognitive Behavioral Therapy

Integrationist/Eclectic

Psychodynamic

Humanistic/Client-Centered

Interpersonal- process

Object Relations

Other, please specify: \_\_\_\_\_

What is the total number of practicum/internship placements you have had including the one you are currently at? \_\_\_\_\_

How many months of counseling experience have you had? \_\_\_\_\_ (months)

How many months of supervision experience have you had? \_\_\_\_\_ (months)

*Please answer the following questions about your current/ most recent supervisor:*

What is your supervisor's age? \_\_\_\_\_

What is your current supervisor's gender?

Female

Male

Transgender

Other gender, you may specify: \_\_\_\_\_

What is your current supervisor's race/ethnicity?

African American/ Black

Hispanic/Latino

European American/Caucasian

Middle Eastern American

Native American/Pacific Islander

Asian American

Other, please specify: \_\_\_\_\_

To the best of your knowledge, please indicate your supervisor's theoretical orientation:

Cognitive Behavioral Therapy

Integrationist/Eclectic

Psychodynamic

Humanistic/Client-Centered

Interpersonal- process

Object Relations

Other, please specify: \_\_\_\_\_

Date you began supervision with your supervisor: \_\_\_\_\_

Hours of individual supervision per week you have with this supervisor? \_\_\_\_\_

Total number of sessions that this supervision will meet with you?

(please estimate if necessary): \_\_\_\_\_

## Appendix E

### Curriculum Vita

Lauren E. Kulp, M.Ed.  
120 Saucon View Drive  
Bethlehem, PA 18015  
(609) 647-9601  
[lek206@lehigh.edu](mailto:lek206@lehigh.edu)

#### **EDUCATION**

- 2006-present Ph.D. in Counseling Psychology, Lehigh University, Bethlehem, PA  
Current GPA: 3.95
- 2010 M.Ed. in Counseling and Human Services, Lehigh University, Bethlehem, PA
- 2004 B.A. in Psychology, Colorado College, Colorado Springs, CO
- 2002 Course credits for Psychopathology & Biopsychology  
The University of Maastricht, The Netherlands
- 2002 Course credits for Conservation and Culture of East Africa  
The Colorado College, CO, Taught in Kenya and Tanzania

#### **GRANTS/AWARDS**

- 2009 Student Poster Award Co-Winner  
*Therapist Wisdom: Informing Future Generations*  
American Psychological Association, Division 17 Student Affiliate  
Group/Council of Counseling Psychology Training Programs
- 2003 Venture Grant from Colorado College for Senior Psychology Thesis;  
*Cross Cultural Study of Attitudes Towards Suicide Among Japanese and  
American Undergraduates*, conducted in Tokyo, Japan

#### **RESEARCH INTERESTS**

Clinical Supervision and Training  
Multicultural Counseling and Supervision Competency

#### **PUBLICATIONS**

Ladany, N., Klinger, R., & **Kulp, L.** (in press). Therapist shame: Implications for therapy and supervision. In R. Dearing & J. Tangney (Eds.), *Shame in the Therapy Hour*.

## SCHOLARLY PRESENTATIONS

Klinger, R., Soheilian, S., Isenberg, D., **Kulp, L.**, & Inman, A. G. (2010, August). *Multicultural Supervision: A Supervisee's Perspective*. Symposium presented at the 118<sup>th</sup> Annual Convention of the American Psychological Association, San Diego, CA.

**Kulp, L.** (2009, August). *Supervisor Embarrassment and Shame*. Poster presented at the 117<sup>th</sup> Annual Convention of the American Psychological Association, Toronto, Canada.

Soheilian, S., & **Kulp, L. E.** (August, 2009). *Hot Topics in Supervision: Cyber-supervision: Supervising practicum students training abroad*. Roundtable presented at the 117<sup>th</sup> Annual Convention of the American Psychological Association, Toronto, Canada.

Gunnet-Shoval, K., **Kulp, L.**, & Ladany, N. (2009, November). *Therapist Wisdom: Informing Future Generations*. Presented at Mid-Atlantic Regional Meeting of the Society for Psychotherapy Research, Philadelphia, PA.

**Kulp, L.**, Ladany, N., Shoval, K. & Klinger, B. (2008, June). *Shameful and Embarrassing Events in Supervision*. Round table discussion presented at The International Interdisciplinary Conference on Clinical Supervision, Buffalo, NY.

**Kulp, L.**, & Klinger, R. (2007, October). *The Experience of Embarrassment and Shame for Therapists and Supervisors*. Poster presented at the Mid-Atlantic Regional Group Meeting of the Society for Psychotherapy Research, New York, NY.

**Kulp, L.**, Brule, N., Deprey, L., Tang, Y., Hendren, R., & Sharp, F. (2005, October). *Genetic Microarray in Children with Autism on Risperidone and Normals*. Poster presented at the American Association of Child and Adolescent Psychiatry, Toronto, Canada.

## PROFESSIONAL MEMBERSHIPS

American Psychological Association,  
Division 17 Counseling Psychology  
American Psychological Association of Graduate Students  
Association of Women in Psychology

## RESEARCH EXPERIENCE

- 2010- present Doctoral Dissertation: *Supervision Factors that Predict Trainee Experiences of Role Conflict and Role Ambiguity*
- 2009 - 2010 Research Team: *Multicultural Supervision: A Supervisee's Perspective* with Sepihda Soheilian M.Ed., Dan Isenberg M.Ed., Rebecca Klinger M.S., & Arpana Inman Ph.D. (Lehigh University)
- Co-author
  - Primary team member
- 2008-2009 Research Team: *Therapist Wisdom* with Karyn Shoval, M.Ed. (doctoral student at Lehigh University)
- Primary team member
  - Trained student in discovery oriented methodology
  - Categorized and coded qualitative data
  - Instructed data analysis
- 2008-2009 Principle Investigator on doctoral qualifying project: *Supervisor Embarrassment and Shame* with Nick Ladany, Ph.D., & Rebecca Klinger, M.S. Lehigh University, PA
- 2008-2009 Research Team: *It's Too Late to Apologize: Therapist Embarrassment and Shame* with Rebecca Klinger, M.S. (doctoral student at Lehigh University)
- Primary team member
  - Assisted in conceptualizing study and literature review
  - Assisted with categorizing and coding data
- 2006 Research Coder: *Trainee Identified Self Regrets During Supervision and Trainee Identified Regrets of Supervisor During Supervision* with Laurie Gray-Evans, Ph.D.
- Coded qualitative data into themes, domains, and categories
- 2003 Principle Investigator: *Cross Cultural Study of Attitudes Towards Suicide Among Japanese and American Undergraduates* Colorado College, CO
- Wrote and received grant to conduct study in Japan
  - Compared Japanese college student responses to students in U.S.
- 2004-2005 Research Team: *Pharmacokinetics in Autism Treatment* with Robert Hendren, D.O. et al. (executive director, professor and chief at M.I.N.D. Institute, CA)
- Completed IRB submission
  - Coordinated and took subjects through procedures
  - Collected and entered data
- 2005-2006 Research Team: *Biomarkers in Autism Spectrum Disorder with Comorbidity* with Robert Hendren, D.O. et al. (executive director, professor and chief at M.I.N.D.

Institute, CA)

- Assisted in recruitment
- Coordinated and took subjects through study procedures

2005-2006 Research Team: *Double-blind Placebo Controlled, Cross-over Trial of Subcutaneous Methylcobalamin on Behavioral and Metabolic Measures in Children with Autism* with Robert Hendren, D.O. et al. (executive director, professor and chief at M.I.N.D. Institute, CA)

- Assisted in researching and writing protocol
- Completed IRB submission
- Contacted and screened participants
- Coordinated and took subjects through procedures

## TEACHING EXPERIENCE

2008 Teaching Assistant: *Helping Skills*, Lehigh University, PA

- Assisted professor in literature review for class readings
- Prepared and led presentation and class discussions
- Observed and critiques clinical role plays
- Graded student papers

## SUPERVISION EXPERIENCE

2008-present *Clinical Onsite Supervisor*, Step By Step, Allentown, PA

- Developed new practicum program at outpatient clinic
- Supervised 11 masters students providing co-occurring counseling
- Designed and implemented practicum student's weekly training
- Supervised staff counselors' adherence to administrative requirements
- Assisted in training staff on treatment plan implementation
- Recruited, hired, and supervised 6 undergraduate interns and coordinated their observation of clinical work and administrative work

2009 *Clinical Graduate Supervisor* for 3 Masters in Education students, Lehigh University, PA

- Conducted weekly group supervision
- Transcribed and critiqued taped therapy sessions
- Completed trainee evaluations

2008 *Clinical Graduate Supervisor* for 2 International Masters in Education students practicing in Germany and the Philippines, Lehigh University, PA

- Conducted weekly hour-long online supervision of clinical work
- Transcribed and critiqued taped therapy sessions
- Completed trainee evaluations

2008-2009 *Clinical Graduate Supervisor* for 2 Masters in Education students, Lehigh University, PA

- Met weekly for individual supervision of clinical work
- Transcribed and critiqued taped therapy sessions
- Completed trainee evaluations

## **CLINICAL EXPERIENCE**

2008-present *PhD Intern Counselor*, Step By Step Outpatient Clinic, Allentown, PA

- Provided individual mental health and substance abuse counseling
- Conducted random drug and alcohol tests
- Coordinated community resources for clients, made referrals to higher level of care
- Designed and supervised a drug and alcohol prevention group
- Provided counseling to incarcerated individuals at county prison
- Organized and taught employee trainings on clinical issues
- Conducted intelligence, personality, and career assessments and provided feedback
- Facilitated crisis interventions

2009-2010 *Practicum Student*, Pinebrook Family Services, Allentown, PA

- Provided individual counseling and play therapy to children and adolescents
- Provided family counseling
- Attended weekly individual and group supervision
- Presented and participate in clinical intervention trainings
- Developed and implemented treatment plans
- Conducted MYSI assessments on clients every 3 months

2008-2009 *Practicum Student*, Allentown State Hospital, Allentown, PA

- Provided individual counseling for inpatients
- Co-facilitated group therapy for a recovery group, and WRAP group
- Co-designed and facilitated a women's empowerment group
- Led morning meetings orienting patients to current events
- Completed monthly progress reports
- Attended weekly intern training seminars
- Co-conducted intelligence and projective (Rorschach) assessments

2007-2008 *Practicum Student*, Lehigh University Counseling Center, Bethlehem, PA

- Conducted client intakes and assessments of personality and addiction
- Provided individual counseling for college students
- Co-facilitated drug and alcohol groups
- Organized and facilitated outreach to campus groups focused on issues related to eating disorders, dating and relationships, and other social or



interpersonal issues

- 2003      *Family Support Specialist*, Woodfords Family Services, Portland, ME
- Taught and reinforced social and behavior skills for child with Fragile-X
  - Practiced skills of self-care, safety, and peer and community involvement with client

## **VOLUNTEERISM**

- 2009      *Volunteer Actor*, Diversity Council Video Project: Microaggressions  
Lehigh University, Bethlehem, PA
- Acted in video about microaggressions in the work place and classroom, focusing on how to address these learning opportunities
- 2008      *Race Participant*, Race Against Racism, Bethlehem, PA
- Ran in local race to raise money and awareness about racism in our community
- 2008      *Conference Volunteer*, Association of Women in Psychology  
Newport, RI
- Assisted in helping conference attendants find presentations and provided general conference related information
- 2006      *Teaching Assistant*, Centennial School, Bethlehem, PA
- Teaching reading skills and comprehension to children with autism and severe behavioral and emotional disabilities
  - Assisting teacher with classroom management of behavioral problems

## **OTHER RELATED EXPERIENCE**

- 2006-2007      *Curriculum Develop: Sexual Safety and Abuse Prevention*, Lehigh University,  
Bethlehem, PA
- Assisted in researching, writing, and developing an integrated K-12 sexual safety and abuse prevention program
  - Created specific curriculum for each grade level and additional tools and resources for teachers and parents
  - Prepared program to be implemented at an International School in Berlin, Germany
- 2005-2006      *Research Assistant and Site Monitor*, AO Clinical Investigation and  
Documentation of North America, New York, NY
- Wrote and edited research protocols and study documents
  - Visited and monitored study sites
- 2004-2005      *Postgraduate Researcher*, The M.I.N.D. Institute, Sacramento, CA

- Co-coordinated 7 clinical trials on psychiatric medications
- Assisted in coordinating and conducting various research projects
- Conducted magnetic resonance imaging (MRI) and spectroscopy on patients

2002 *Research Interviewer*, The Center for Alcohol Studies, Rutgers University, Piscataway, NJ

- Scheduled and interviewed study participants
- Screened subjects for psychiatric disorders, drug and alcohol use and abuse, and suicidal behavior

2000 *Research Assistant*, Behavioral Research and Training Institute, University of Medicine and Dentistry of New Jersey, New Brunswick, NJ

- Assisted in conducting research on Autism and Asperger's Disorder
- Interviewed parents for family histories
- Scored and coded data on neuropsychological tests