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Running head: SUPERVISEE ROLE INDUCTION TRAINING TO ADDRESS RESISTANCE

SUPERVISEE ROLE INDUCTION TRAINING TO ADDRESS RESISTANCE, ROLE
AMBIGUITY, ROLE CONFLICT, AND THE QUALITY OF THE SUPERVISORY
RELATIONSHIP

By

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Dissertation

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in Counselor Education and Supervision

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SUPERVISEE ROLE INDUCTION TRAINING

Backlund, Michelle, Ph.D., May 2017

Counselor Education and Supervision

Abstract Title: Supervisee Role Induction Training To Address Resistance, Role Ambiguity, Role Conflict, And The Quality Of The Supervisory Relationship

Dissertation Committee Chair: John Sommers-Flanagan

Abstract

This study measured the effects of a two-hour role induction training on the supervisory relationship, role conflict and role ambiguity in supervision. A nonconcurrent multiple baseline across groups design was employed. The study was done with master's level counselors in training at the University of Montana. Basic findings were that the two-hour role induction training had no effect on the dependent measures.

Ultimately, limitations regarding instrumentation as well as finite time availability left many questions unanswered. The small sample size, extreme outliers and variable baseline averages clarified the need to refine future measurement and research methods that could expand our understanding of resistance, and its potential as a positive relational tool within supervision. Implications include the possibility of increased use of resistance as a positive tool within supervision.

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DEDICATION

This work is dedicated to my husband, Ray, who left his life behind to support my dreams, then joined me and walked beside me to the finish. It is also dedicated to many others including my five children and their spouses, Tasha and Nick, Caroline and James, David and Marissa, Lara and Aaron, and Sarah and Spencer. Collectively, they have left and returned from foreign travels (2), married (4), graduated (15), and added to the blessing of our first grandson, Owen, (16). My daughters have endured childbirth, miscarriage, bed rest, and other life threatening situations, while expressing their gratitude and support for me. Lara, inspired me to start this journey; daily visits from Tasha kept Ray sane from 2009-2012; since 2012 Sarah's daily support, endless editing, and frank feedback kept me going. David came through with support that ensured my educational survival; and Caroline shines the light of humor that makes life pleasant.

Many others have supported this journey. Dr. and Mrs. Holbrook's magnanimity allowed us to finish our master's degrees. My sister Marianne was a surrogate mother to both Ray and I, miraculously pulling rabbits out of her hat on our behalf. My brother Robert and brother-in-law Dan provided financial resources. Our sisters, Melinda, Connie, Frankie, Carla, and Pam, gave many types of support. All of these people and countless other friends, neighbors, classmates, colleagues, and strangers have supported this journey. Their faith in me was unwavering and unconditional. I will be forever grateful for their patience, cheerleading, love, and humor that helped me see this through to the end. Last but not least, I want to thank my God, for making more of me than I could ever make of myself.

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Chapter One

Introduction

Supervision is a standard requirement in counselor training. The objective of supervision is to improve the quality of counselor training, facilitate counselor development, and improve client care (Hill et al., 2015; Jacobs, David, & Meyer, 1995; Fine, Turner, Todd, & Storm, 2014). According to Watkins (2012), supervision is an important process by which we educate, transfer, and preserve the traditions, quality, and values of counseling. Fleming and Steen (2012) also noted that supervision has positive effects on new counselor development and improves client care. Although most counselors-in-training (CITs) are committed to learning from their supervisors they may, for various reasons, sometimes resist supervisor feedback and guidance, and doing so might affect the supervisory relationship (Abernathy & Cook, 2011). Positive supervisory relationships are linked to successful supervision (Beinart, 2012; Inman & Ladany, 2008; Milne, 2009).

Role ambiguity and role conflict within the supervisor-CIT relationship can also affect supervision usefulness (Bartlett, 1983; Hess, 1980; Holloway, 1984). Role ambiguity is defined as "...a lack of clarity regarding the expectations for one's role, the methods for fulfilling those expectations, and the consequences for effective or ineffective performance" (Olk & Friedlander, 1992, p. 390); it may manifest as CITs feeling unclear about what is expected of them or how they will be evaluated during supervision (Biddle, 1979; Van Sell, Brief, & Schuler, 1981). Olk and Friedlander (1992) described role conflict as "...when a person is faced with expectations requiring behaviors that are mutually competing or opposing" (p. 389). Role conflict can be pertinent to both CITs and their supervisors (Biddle, 1979; Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964). For example, some supervisors may require CITs to provide examples of

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difficult interactions with clients, while at the same time evaluating them on their performance, thus creating competing expectations (Olk & Friedlander, 1992). Consequently, role conflict and role ambiguity may contribute to CIT resistance to supervision (Bernard & Goodyear, 2014; Ellis, Hutman, & Chapin, 2015; Stoltenberg & McNeill, 2010).

CIT Resistance

Expectations unique to counselor training may provoke anxiety, promote role ambiguity and role conflict (Olk & Friedlander, 1992), diminish the supervisory relationship (Palomo, Beinart, & Cooper, 2010), and/or inhibit optimal learning (Friedlander, Keller, Peca-Baker, & Olk, 1986; Holloway, 1984; Mauzey, Harris, & Trusty, 2001). Some of these unique training expectations include counseling supervisors recommending that trainees present video examples of their suboptimal interactions with clients in order to generate the most powerful learning (Minikin, 2002; Orchowksi, Evangelista, & Probst, 2010) and CITs being critiqued on professional dispositions in association with their new professional identity.

According to the Council for Accreditation of Counseling & Related Educational Programs (CACREP), professional identity is defined as “the commitments, characteristics, values, beliefs, interpersonal functioning, and behaviors that influence the counselor’s professional growth and interactions with clients and colleagues” (Section 4: Evaluation in the Program). CACREP 2016 standards specifically call for students to be assessed on these professional dispositions throughout their programs. For some CITs, such evaluation may feel focused on personal aspects of the self, increasing feelings of role conflict and role ambiguity (Olk & Friedlander, 1992).

In addition, some individuals who enter the helping professions have overcome personal and interpersonal struggles, leaving them with insecurities that might be activated during an

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intense supervision process (Grant, Crawford, & Schofield, 2012; Kern, 2014; White & Franzoni, 1990). Many CITs are engaging in a new type of scholastic experience. Master's-level students were typically high achieving undergraduate students. As undergraduates, they experienced primarily academically focused critiques. In contrast, scrutiny on interpersonal functioning as opposed to academics could produce feelings of embarrassment or shame (Chorinsky, 2003; Olk & Friedlander, 1992; Yourman, 2003). Some CITs may believe they should appear perfect in front of supervisors and that any constructive feedback is an indication of substandard performance.

When expectations unique to Counselor Education (CE) are combined with normal interpersonal conflicts during supervision, CITs who have awareness of supervisor gatekeeping responsibilities may experience anxiety and vulnerability (Comstock et al., 2008). In some cases, CITs have reported being unwilling to disclose anxiety, believing they would be viewed as unprofessional (Mauzey et al., 2001). Additionally, some researchers have noted that CITs exhibit resistance to supervision without being aware of or reporting discomfort (Glickauf-Hughes, 1994; Rønnestad & Skovholt, 1993; Yourman, 2003). New CITs may not have anticipated the feelings of self-exposure and vulnerability associated with supervision (Mauzey et al., 2001). CIT anxiety and feelings of vulnerability may be manifest through resistant behaviors and/or attitudes (Ellis et al., 2015; Glickauf-Hughes, 1994; Watkins, 2010). These behaviors and attitudes can be counterproductive to the learning process and weaken the supervisory relationship. Suboptimal learning in supervision may compromise client progress (Ellis et al., 2015; Pearson, 2000).

Supervisors are partially liable for CITs' care of clients along with the responsibility to act as gatekeepers for the profession (Bernard & Goodyear, 2009; Magnuson, Norem, &

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Wilcoxon, 2000; Polychronis & Brown, 2016). Supervisors are also charged with creating a safe and non-judgmental space where CITs can grow and learn (Kaufman & Kaufman, 2006; Bernard & Goodyear, 2014). With so much responsibility, supervisors may experience their own anxiety over mentoring new CITs. Concern over second-party culpability could also increase supervisor criticism of CIT performance (Foster & McAdams, 2009). This criticism would naturally increase CIT vulnerability and possibly resistance.

Role-induction

Role-induction (RI) has a long and respected history in counseling and psychotherapy (Horvath & Luborsky, 1983; Orne & Wender, 1968). RI is an educational process that prepares clients for their roles in counseling; it also helps clients adopt realistic expectations for counseling (Ellis et al., 2015; Ellis et al., 2014). Recently Ellis et al. (2015) suggested that employing RI with CITs might also better prepare CITs to benefit from counseling supervision. Application of RI to supervision is new terrain for counselor education (Ellis et al., 2015).

Need For the Study

This study was designed to explore potential effects of a two-hour RI training on CITs' awareness of their patterns of resistance and anxiety in supervision, and how that awareness, combined with new tools taught in the training, affected CITs' role ambiguity, role conflict, and the quality of the supervisory relationship (Bahrnick, Russell, & Salmi, 1991). The training educated CITs about the history and current professional focus on clinical supervision, including unexpected emotions and difficulties relating to this unique model of training, as well as the natural and healthy functions of their own anxiety and resistance (de Shazer, 1989; Liddle, 1986). The training addressed multiple ways in which resistance and self-protecting behaviors may manifest during supervision. Specific tools or strategies that CITs could use to recognize

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and regulate their responses were emphasized. The training attempted to empower and educate CITs about the nature and process of supervision and provided them tools to manage their resistance, so that they could be more open to feedback, and learn as much as they could from supervision (Liddle, 1986; Rule, 2006).

The study was a multiple baseline single-case design. The sample included three small groups ($n = 3$) of four to six first-year master's-level students who were enrolled in a practicum course (COUN 530) in Counselor Education at the University of Montana. Initial baseline data was collected for each group on participants' role ambiguity and role conflict connected to supervision and participants' perceptions of their supervisory relationship. Subsequently, each group received the two-hour RI training at two-week non-concurrent intervals. Their group and individual responses to supervision role ambiguity and role conflict, along with supervisory relationship satisfaction, were tracked over time and across cases. Data was recorded and graphed, and analyses conducted using the Percentage of Data Points Exceeding the Median method (PEM) (Ma, 2006).

Statement of Problem

CITs may be unprepared for the personal demands and scrutiny of supervision. Feelings of vulnerability in supervision may increase CIT role ambiguity and role conflict while escalating their conscious and unconscious resistance to feedback (Abernathy & Cook, 2011), thereby undermining the supervisory relationship. Implementation of RI training that focuses on building awareness of resistance and tools for managing resistance among CITs may better prepare and empower them to gain the most from supervision.

Purpose of Study

The purpose of this study was to evaluate the effects of the two-hour RI training for CITs

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on CIT role ambiguity and role conflict, the supervisory relationship, and CIT resistance. The training provided CITs with a greater understanding of the unique demands of the supervisory experience and how those demands have contributed to resistance, role ambiguity, and role conflict as well as diminishing the effectiveness of the supervisory relationship and impeding learning. The training provided CITs with tools to increase aware of their resistance in order to improve supervisory relationships and decrease role ambiguity and role conflict.

Research Hypotheses

H₁: A two-hour RI training will increase CIT assessment of the quality (effectiveness and satisfaction) of the supervisory relationship.

H₀: A two-hour RI training will have no effect on upon CIT assessment of quality (effectiveness and satisfaction) of the supervisory relationship.

H₂: A two-hour RI training will decrease CIT ratings of role conflict within supervision.

H₂₀: A two-hour RI training will have no effect on CIT role conflict within supervision.

H₃: A two-hour RI training will decrease CIT role ambiguity within supervision.

H₃₀: A two-hour RI training will have no effect on CIT role ambiguity within supervision.

H₄: A two-hour RI training will increase CIT ability to identify personal resistance patterns within supervision.

H₄₀: A two-hour RI training will have no effect on CIT ability to identify personal resistance patterns within supervision.

H₅: A two-hour RI training will increase CIT ability to identify tools to use personal resistance patterns in positive ways within supervision.

H₅₀: A two-hour RI training will have no effect on CIT ability to identify tools to use personal resistance patterns in positive ways within supervision.

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Definition of Terms

For the purpose of this study the following terms are defined:

Clinical supervision or supervision. Bernard and Goodyear (2009) defined supervision as “an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship (a) is evaluative and hierarchical, (b) extends over time, and (c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); motivating the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession” (p. 7).

Clinical Supervisor. The supervisor is the senior professional person (i.e., counselor education faculty member) who provides clinical supervision to the junior professional person or persons (i.e., graduate students in counselor education or counselors-in-training; Kaufman & Kaufman, 2006).

Counselor(s)-in-training [CIT(s)]. Counselors-in-training are students receiving supervision and who have begun their practicum/internship experience.

Practicum. The practicum is designed to help students transfer concepts, skills, and abilities obtained through classroom activities to actual practice in professional settings (The University of Montana Department of Counselor Education Practicum and Internship Guide, January, 2015).

Resistance. Although originally defined in terms of psychotherapist-client interactions, within the context of supervision, resistance is defined as CIT behaviors or attitudes that impede supervision processes or outcomes (Des Pres, 2015).

Role ambiguity. “Role ambiguity is a lack of clarity regarding the expectations for one’s

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role, the methods for fulfilling those expectations, and the consequences for effective or ineffective performance” (Olk & Friedlander, 1992, p. 390).

Role conflict. “Role conflict arises when a person is faced with expectations requiring behaviors that are mutually competing or opposing” (Olk & Friedlander, 1992, p. 389).

Role-induction. Role-induction is a procedure used to educate beginning clients or CITs concerning expectations related to behaviors and roles that they may experience in counseling or supervision (Bernard & Goodyear, 2009).

Supervisee. A CIT who is receiving supervision (Bernard & Goodyear, 2009)

Supervisory relationship quality. Supervisory relationship quality is defined as the “...satisfaction and effectiveness of supervision...” based on three components: “...safe base, structure, and reflective education” (Cliffe, Beinart, & Cooper, 2016, p. 84).

Delimitations

The study focused on CITs and excluded practicing mental health professionals. First, second, and third-year master’s-level students were included in the study. All participants were clinical mental health or school counseling master’s-level students enrolled in practicum and/or internship receiving individual supervision from a site, faculty, or doctoral student supervisor on a weekly basis. There were no other demographic restrictions.

Limitations

All experimental and quasi-experimental designs have limitations. These limitations are typically discussed in terms of threats to internal validity and external validity.

While using a multiple baseline design, experimental control was demonstrated using non-concurrent observations and a comparison was made between the baseline phase and the intervention phase within a participant or group. Many threats to validity could be ruled out

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because this process was repeated in each phase and because the intervention timing was staggered (Harvey, May, & Kennedy, 2004).

History. History was a specific threat to internal validity. The literature is consistent in cautioning researchers concerning threats of history, which are events outside of the study that may have unforeseen influence on the dependent variables (DVs) (Christ, 2007; Harvey et al., 2004). Because there were so many possibilities, unforeseeable events were difficult to control and were the largest threat of validity to this nonconcurrent, multiple baseline single-case design (Christ, 2007). In the study, repeated or formative assessments over time combined with a final outcome assessment helped to negate the threat of history (Christ, 2007).

Mortality. Mortality in a nonconcurrent multiple baseline single-case design is sometimes more threatening to validity than history (Christ, 2007). Mortality refers to either the voluntary withdrawal of participants or the systematic exclusion of data. There were three participants that needed to withdraw from the study. The more probable threat was based on Christ's (2007) assertion that in multiple baseline single-case design extreme data are often discarded. In this study extreme data was not discarded, however, missing data points were filled in with averages based on previous and subsequent scores.

Errors in data interpretation were possible when the initial baseline phase shows excessive variability or increasing or decreasing trends in test outcomes. This is especially true in studies where certain behaviors are plotted several times in the baseline phase, indicating the beginning level of the targeted behavior before the administration of the independent variable (IV) (Kratochwill et al., 2013). Because this study used validated instruments answered directly by participants through self-report, and these instruments were not evaluating behavior, but participants' feelings and attitudes, baseline measurements were less variable. Watson and

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Workman (1981) suggest that, to strengthen validity, baseline length and duration should be set *a priori* for each data series; this protocol was followed.

Maturation. Maturation is a change in participants' behavior or feeling extraneous to the application of the IV, but connected to the natural growth or maturing of participants during the study (Christ, 2004). Threats to maturation may have occurred through the natural strengthening of the supervisory relationship. This relationship could have logically strengthened as the supervisor and CITs spent more time together during the semester. Maturation is a threat that cannot be ruled out. However, because of the use of three groups and the pattern of staggering training times, maturation was partially controlled (Christ, 2004). Additionally, time considerations required that data collection not start until the fifth week of the semester. This served to further diminish threats of maturation. Another helpful aspect of using this design was that the brief time frame of single-case design reduces the threat of maturation (Hayes, 1981). However, particular attention was given when the baselines showed a clear trend. It is also important to remember that threats to maturation may have been mitigated by other components of experimental control, such as robust changes in level, slope, and variability after the phase change (Christ, 2007).

Instruction variability. Differences in participants' practicum instruction created another limitation. Because a different supervisor typically instructs each practicum group, participants were assigned to separate research groups. However, it was predicted that the RI training could increase the value of supervision regardless of the supervisor. Some literature argues against this idea, asserting that most supervisors are poorly trained negatively affecting supervision. Hence, this type of role induction training may not overcome the effects of poorly trained supervisors (Falendar & Shafranske, 2016). In this case, the assumption was made that

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participating supervisors were moderately trained, therefore RI training should have effected the predictive satisfaction and perceived effectiveness of supervision as measured by improvement in the supervisory relationship.

Researcher bias. Another possible limitation to the study was that the researcher had previous experience with the participants as their supervisor and teaching assistant. Although I am no longer acting in an evaluative role, participants may have held either positive or negative feelings towards me, which could have affected their responses. Also, because I developed and presented the RI training, researcher bias may exist. Therefore, close supervision by the dissertation chair was required.

Significance

Research on methods or strategies for maximizing the supervision process and outcomes is limited (Ellis et al., 2015). Results from this study may assist researchers and practitioners in understanding whether a two-hour RI training, focused primarily on CIT awareness of resistance and tools for managing resistance, can improve the supervisory relationship and decrease CIT role ambiguity and role conflict. Identifying methods to improve supervision process, increase CITs' openness to supervision, and reduce CITs' resistance or defensiveness is important to counselor education training and may provide a means through which the supervision process and outcomes can improve.

Additional benefits. Depending on the results, there may be additional benefits from this research. If RI training decreased CITs' vulnerability, role ambiguity, and role conflict, it may also improve their learning during supervision. This may facilitate enhanced CIT skill development, and improve client care and counseling outcomes. Although CIT skill development and counseling outcomes were not measured in this study, the positive results from

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this CIT RI training could have heuristic value and generate additional qualitative and quantitative research ideas that focus on exploring the mechanism and extent of its effects. Conversely, no effect might have been found and negative effects were possible. These effects could include embarrassment or anger in response to an increased awareness of CITs' personal resistance or defensiveness to supervisor feedback.

Summary

Possible ramifications on client outcomes warrant a closer look at some elements of supervision. The supervisory relationship is a central feature of successful supervision and may be affected by role conflicts and/or role ambiguity. There are unique aspects of CE that may increase CITs' feelings of vulnerability, thereby increasing their resistance to essential feedback. Role induction has been shown to improve relationships between counselors and their clients and it is unclear if transference of this process can improve the supervisory relationship. A role induction training for supervisees was developed and hypothesized as having a positive influence on the quality of the supervisory relationship.

Chapter Two

Review of Literature

Supervision is a key component in Counselor Education (CE) training (Hill et al., 2015; Jacobs et al., 1995; Fine et al., 2014). Through supervision, counselors-in-training (CITs) and experienced counselors are expected to improve both relational and clinical skills (Getz, 1999; Kaufman & Kaufman, 2006). During supervision, CITs present video or audio recordings of their counseling cases. This results in positive and/or constructive feedback from supervisors. Given that supervision is central to developing CITs' clinical proficiency, it is essential for CE as a discipline to continue investigating ways to enhance the supervision process and increase positive client outcomes. Although supervision is discussed from the perspective of various helping disciplines, for continuity purposes, discipline-specific CE language is primarily used in this literature review.

Simple reproduction of good supervision practices is not evidence that a supervisor understands the process of supervision. Theory based conceptual models can provide a stable framework deepening the significance supervision conventions (Hart, 1982).

Supervision Models

Many helpful supervision models exist. The following is a summary of prominent models discussed within the CE and psychology literature.

Psychodynamic

Psychodynamic supervision was the first supervision model and has influenced many current models. Freud was the first psychoanalytic supervisor (Freud, 1936). Two psychoanalytic concepts that are commonly used within contemporary models include the working alliance and parallel process (Bernard & Goodyear, 2004). Although early

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psychodynamic models viewed the counselor as the expert, Frawley-O'Dea and Sarnat (2001) developed a less authoritative conceptual map with three dimensions.

Dimension 1: The nature of supervisor authority in relationship to CITs. In this dimension, supervisors are advised to view their authority on a continuum and should not make claims of absolute knowledge.

Dimension 2: The focus of supervisors. Here, there are three possible foci for supervisors: their clients, their CITs, or their supervisory relationship.

Dimension 3: The primary mode of participation for supervisors. This dimension refers to supervisor style, such as supervisors using the role of teacher or asking Socratic questions (Bernard & Goodyear, 2004).

Recently, Sarnat (2010) described the heart of psychoanalytic supervision. He believes that psychoanalytic supervisors need to assist counselors in conceptualizing what they see, hear, and feel when they are with clients. CITs become more sensitive to client reality by viewing clients from their own worldview and experience, and then integrating this information with theory.

Narrative

Narrative supervision approaches operate on the assumption that clients have formed a personal narrative about their lives (Parry & Doan, 1994). The supervisor's role is to help CITs edit their clients' stories to become more functional. It is also important for CITs to develop their own stories around their professional role as a counselor (Bernard & Goodyear, 2004). Although interest in narrative therapy is growing, there is less concrete information about how to conduct supervision from a narrative perspective. Most information focuses on the narrative of supervisors as opposed to CITs (Crocket, 2001; Crocket, 2002).

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There are two interrelated domains in narrative supervision. One is pedagogical, which is assisting CITs to become well grounded in narrative counseling or psychotherapy skills. The other domain focuses on examining and editing the stories CITs tell themselves' about the profession of counseling and their roles as counselors (White, 1992).

Developmental

Many developmental supervision models also exist. They are based on the supposition that CITs progress through a series of widely accepted stages (York, 2002). Stoltenberg's (1981) integrated developmental model includes four stages that CITs advance through as they gain experience and mature. Each stage has three levels or structures through which CITs grow, such as (a) self-other awareness, (b) motivation, and (c) autonomy, as well as eight professional domains of functioning including (Leach, Stoltenberg, McNeill, & Eichenfield, 1997, p. 215):

- intervention skills competence
- assessment techniques
- interpersonal assessment
- client conceptualization
- individual differences
- theoretical orientation
- treatment goals and plans
- professional ethics

Evidence from the 1990s indicated tentative validity linked to this approach. However, re-evaluation of the scope of this 1990 study posited a more optimistic view of the validity of Stoltenberg's theory (Leach et al., 1997). Recent studies add support to developmental theories, linking CIT anxiety to early developmental levels, suggesting that as CITs gain experience and

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mature professionally, their focus on self diminishes along with their anxiety (Ellis et al., 2015).

Discrimination

Bernard's discrimination model (1979) is the supervision model most commonly used within counselor education (CE). This model may increase understanding of the uniqueness and vulnerability required in CIT supervision. Bernard and Goodyear (2004) defined this model as a basic social role model (Bernard & Goodyear, 2004). With regard to training new supervisors, Bernard and Goodyear (2004) described this model as "the simplest of maps to direct their teaching efforts" (p. 310). The discrimination model is eclectic and versatile but also sparse; to fit a variety of theoretical models, Bernard developed a matrix (1979) for supervisors to use in developing and delivering feedback. The matrix is comprised of six components (see Table 1). Along the top of the matrix are the three role components, which are the roles of teacher, counselor, and consultant. These are linked to components that run along the left side of the matrix, the foci, which are conceptualization, intervention, and personalization (Bernard & Goodyear, 2014).

New CITs work to understand and implement supervisory input related the foci on the left side of the matrix during their counseling sessions. Supervisors provide CITs feedback and correction about their use of foci as presented on audio and video recordings. Supervisors use the most appropriate role, as labeled along the top of the matrix, to deliver feedback regarding CITs' understanding and application of a particular counseling focus (Bernard & Goodyear, 2014). Supervisors make sure that the role chosen is appropriate for CITs' developmental level.

CIT competence develops at different rates. Some combinations of roles and foci are best used with novice CITs. As CIT proficiency increases, so do supervisor options. Supervisor flexibility to combine the six different elements of the matrix could simplify and streamline the

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supervision feedback process (Bernard & Goodyear, 2004).

Roles. Each of Bernard's (1979) suggested roles is a resource. Each role is meant to connect supervisors and CITs differently. Roles are always combined with one of the three foci when giving feedback.

Teacher. Teaching is the first role described in Bernard and Goodyear's (2004) matrix. Bernard and Goodyear noted that evaluation and correction are not technically elements of the discrimination model but are nevertheless "assumed" (p. 97) as fitting well under the role of teacher. Teachers often use specific instruction, evaluation, and correction when giving feedback.

Teaching can be directive and overt, and is often helpful early in supervision when CITs are still in a novice phase of development. Increased CIT experience diminishes need for the teaching role. When CITs' behavior may adversely affect clients, supervisors must use judgment, and may directly instruct CITs concerning how to ensure client safety and repair relationship breaches. If client safety is compromised, supervisors are required to correct CITs regardless of their experience level (Bernard & Goodyear, 2004).

Counselor. According to Stenack and Dye (1982), the counselor role is the most commonly used from Bernard's (1979) discrimination model, although preferred roles may vary depending on the supervisor's theoretical orientation. The counselor role can be effective and creates room for Socratic questioning. These questions can be used to direct CITs to explore their theoretical stances and decide how to proceed (Overholser, 1991). This process, along with other counseling skills, may increase CITs' critical thinking skills and confidence to ultimately work with more autonomy (Overholser, 1991). The counselor role is always paired with one of the three foci (viz., conceptualization, intervention, or personalization). Of course, supervisors

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may need to move to teaching or consultation in order to clarify, make corrections, or explore options.

When the counselor role is used in supervision it can feel supportive to CITs (Bernard, 1979). However, it is sometimes difficult to manage the counseling process because it is not intended for supervision turn into personal CIT counseling. Because bias, countertransference, resentment, parallel process, and other CIT experiences can be useful for understanding client issues and formulating CIT responses, measured exploration of these experiences using the counselor role can be fruitful. Even though unconditional positive regard, empathic understanding, and supervisor genuineness are foundations of supervision (Rogers, 1951), supervisors also need to evaluate whether CIT issues are interfering with their professionalism. If CITs' personal issues appear to interfere with client interactions, then CITs should be directed to seek outside counseling (Bernard & Goodyear, 2004).

Consultant. Bernard and Goodyear (2004) wrote that consultation is the ideal role to assist CITs in finding their professional voice and identity. Using consultation with CITs during supervision may help them develop confidence that continues throughout their professional career (Timm, 2015). Consultation is both collaborative and egalitarian and can be used to brainstorm about conceptualizations, interventions, and strategies. Although this role is typically not used with novice CITs, moving into the consultation role when warranted may encourage CITs' professional identity development (Bernard & Goodyear, 2014).

Analysis of supervision transcripts indicates that supervisor use of the consultant role is difficult to detect. Stenack and Dye (1982) suggested that absence of consultation in their study may indicate that it is the least used of the three roles. Confusion persists over why Stenack and Dye's (1982) study showed such low usage of the consultation role since their research study

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also showed that the consultation role was highly appealing to supervisors.

Other possibilities for this seeming neglect of the consultation role may have to do with supervisors being overloaded with supervisory responsibilities or minimal experience using consultation strategies. Supervisors often have their own client and/or teaching load where the consultant role is seldom used and may have less experience implementing the consultation role. Lack of exposure to consultation can affect flexibility to use this role earlier in the supervision process. Some CITs may develop skills more slowly than others. Often by the time CITs experience consistent consultation they have moved beyond typical licensure supervision requirements (Stenack & Dye, 1982).

It may be tempting for supervisors to judge their CITs as too developmentally new to warrant using the consultation role. However, when supervision is approached from the role of consultant, supervisors may find that students are ready and even eager to self-evaluate and brainstorm when the environment is safe and supportive.

Foci. The three areas of focus shift during supervision and are approached from the previously addressed roles. These foci provide supervisors, especially new supervisors, a clearer understanding of the most important areas to address when providing feedback concerning CITs' skill performance. Bernard (1979) wrote that originally this model was designed to assist brand new supervisors to clearly see the important aspects of supervision feedback.

Conceptualization. Conceptualization refers to the mental processes that lead CITs to understand their clients' world (Bernard & Goodyear, 2004). Conceptualizations should be driven by CITs' individual theoretical approaches. Supervisors seek to understand how their supervisees are evaluating client sessions.

Supervisors need to gain information about and expand CITs' conceptualizations, while

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using one of the three previously described roles. As CITs become more aware of their thought processes through rich supervisory dialogues, where supervisors and CITs collaborate and work verbally through possibilities, conceptualizations and theme building increases, interventions are honed and personalizations discovered.

Although client case conceptualization may initially overwhelm CITs, their skills can be developed quickly as CITs recognize the universality of life issues. CITs can also learn quickly to identify main issues, patterns, and themes that are common, although it may take longer to reframe or adapt these concepts using their own theoretical stances. Where needed and possible, supervisors can discuss and model these adaptations for CITs. Eventually, CITs should approach client conceptualizations strictly from their own preferred theory.

Intervention. Interventions are defined as any change-oriented strategy that can be directly observed in the supervisory session or when watching client session tapes. There is a wide range of possible interventions (Bernard & Goodyear, 2004). Flexibility in using different roles to discuss CITs' intervention skills is advised. Supervisors may start by focusing on CITs' fundamental skills such as feeling reflections, paraphrasing, and confrontations and then on physical information like body language, incorporating techniques such as genograms, relaxation, and empty chair, depending on orientation.

CITs bring their own knowledge and resources to supervision. When supervisors ask good Socratic questions to seek clarification, probe assumptions, reasons, evidence, viewpoints, perspectives, implications, and consequences, CITs critical thinking skills are improved and CITs form their own understanding.

Examples of Socratic questions are: why do you say that; what are other possible assumptions; what do you think causes that to happen; what is another way to look at it; why is

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that beneficial; what could be the consequences to that assumption; can you define that for me?

More experienced CITs can often redirect themselves. Encouraging CITs to explore and think through alternatives, while supported by their supervisor, allows the process of solving problems to help CITs grow in competence and confidence (Overholser, 1991). Finally, inviting CITs to self-evaluate and identify goals for improvement supports their new professional identity.

Personalization. Personalization can include elements of personal style specific to CITs' personality, combined with known and unknown biases, countertransference, and other emotional reactions. Examining CITs' personalizations can bring insights regarding counselors' important positive and negative reactions to clients, thereby empowering CITs to challenge their beliefs and actions. Trust within the supervisory relationship is vital when examining highly personal supervisee issues (Miller, Duncan, & Hubble, 1997).

Supervisors focus on personalization via any of the three roles, depending on how they want to address the situation. When addressing personalization, the role of counselor is an intuitive match but should not be considered mandatory (Bernard & Goodyear, 2014). Using the role of counselor can also support CITs who are confronting biases, countertransference, and even reluctance to address certain topics. In order to maintain boundaries, professional lines should be drawn and supervisors may need to suggest or even insist that CITs have outside counseling to work through unresolved issues.

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Table 2.1

Bernard's Discrimination Model

SUPERVISOR ROLE			
FOCUS OF SUPERVISION	Teacher	Counselor	Consultant
Intervention	Se wants to learn a new technique	Se is able to use multiple techniques however, uses only questions	Se's clients respond well to metaphors and wants to know more way to use them
	Sr teaches the new technique	Sr attempts to help se see the effect of these questions on the client, and limits the use of other skills	Sr brainstorms with se to identify more metaphors and practice them
Conceptualization	Se is unable to recognize themes and patterns of their client	Se is unable to set realistic goals with their clients, who is requesting assertion training.	Se would like to use a different model for case conceptualization
	Sr uses session transcripts to identify clients themes, such as blaming etc.	Sr helps Se relate her own cognitive block to her inability to be assertive	Sr discusses several models for se to consider
Personalization	Se is unaware that their preference for a close seating reflects their cultural background and may intimidate the client	Se is unaware that their client is sexually attracted to them	Se would like to feel more comfortable working with older clients
	Sr assigns the reading of literature on proximity studies	Sr helps Se look at own sexual issues and resistance to recognizing sexual cues	Sr and Se discuss developmental concerns of older people

Note. Sr, supervisor; Se, Adapted from "The Discrimination Model," by Bernard & Goodyear, 2004. *Fundamentals of clinical supervision*. Boston, MA: Pearson Education Inc.

Supervision Effectiveness

New clinicians and CITs have extensive supervision requirements (Hill & Knox, 2013). However, whether supervision helps create better counselors or ensure better client outcomes is unclear (Hill & Knox, 2013). This uncertainty can be attributed to many factors: (a) every supervisory relationship is complex and unique; (b) this complexity makes development of valid instruments that measure outcomes challenging; (c) new counselors typically receive and are evaluated on less complex cases, while more experienced counselors receive more sophisticated cases and are not evaluated; (d) those who learn well through hands-on experience may be slowed down by negative supervision; and (e) unique issues may prohibit some supervisees from becoming competent, ethical counselors (Hill & Knox, 2013). Even with this lack of clarity, Hill and Knox (2013) reported five positive conclusions regarding supervision effectiveness:

1. Novice trainees can be trained in helping skills (Hill & Lent, 2006)
2. Trainees improve over the course of training (Fortune, McCarthy & Abramson, 2001)
3. Supervision enhances CITs' awareness of self and others and increases their autonomy (Cashwell & Dooley, 2001; Tyron, 1996)
4. Experienced therapists can be trained to use manuals (Boswell, Castonguay, & Wasserman, 2010)
5. Many trainees value training and supervision (Hill & Knox, 2013, p. 800)

One study on extensive training for psychotherapists showed negative effects (Henry, Strupp, Butler, Schacht, & Binder, 1993). Many participants became more distant and authoritarian with clients, resulting in some weakening of the relationship (Binder & Henry, 2010). Adding support to this study, Hill and Knox (2013) also reported four other negative indications of supervision effectiveness:

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1. No differences between supervised and unsupervised counselors in terms of counseling relationships and client change (Bambling et al., 2006);
2. Negative supervision can be detrimental to CITs;
3. “No effect” difference between counselors with different levels of experience (Wampold & Brown, 2005; Okiishi et al., 2006);
4. Some untrained people can be uniquely therapeutic and as effective as trained counselors (Strupp & Hadley, 1979; Burlingame & Barlow, 1996).

Although it is unclear whether supervision creates positive outcomes for CITs or clients, several elements appear to enhance supervision. Two basics are frequency and positivity of supervision sessions. Also, CITs’ perception that supervision was helpful to learning was reported as important, as was CITs’ preparedness (Knight, 1996; Ladany, Ellis, & Friedlander, 1999). Other factors that contributed to CITs’ perceptions of positive supervision are role playing, positive feedback, and supervisor openness (Inman, 2006; Lent et al., 2003). CITs also tend to want more intimate relationships with their supervisors. Indications of openness may present as supervisors sharing their thoughts, seeking CIT feedback, and engaging in discussions that are perceived as nurturing by CITs (Knight, 1996; Inman, 2006).

Riggs and Bretz (2006) contrasted negative supervisor behaviors that CITs may tolerate versus supervisor behaviors they will not tolerate. Riggs and Bretz (2006) claimed that CITs might tolerate behaviors such as anger withdrawal, appearing overactive, or being avoidant and distant. These behaviors may not negatively affect the working alliance. However, they claim that CITs will not make allowances for supervisors who approach student evaluations unethically, fail to maintain confidentiality, and do not demonstrate the ability to see multiple perspectives (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Riggs & Bretz, 2006).

The Supervisory Relationship

Successful supervision appears directly connected to the quality of the supervisory relationship (SR; Cliffe et al., 2016). Advancement in competence-based and evidence-based (Milne & Reiser, 2012; Watkins, 2012) supervision has required the operationalization of supervision terms (Falender & Shafranske, 2016). According to Cliffe et al. (2016), three essential components comprise the supervisory relationship: (a) safe base, (b) reflective education, and (c) structure.

There is consensus in the literature that supervisors need to develop behaviors or traits that enable them to respond to CITs' needs and create a safe space for CITs to explore and develop competency (Beinart & Clohessy, 2009; Watkins & Riggs, 2012; White & Queener, 2003). Chung, Baskin, and Case (1998) reported that supervisors who are distracted or impersonal tend to develop problematic relationships with CITs. Ramos-Sanchez et al. (2002) also reported that "negative supervisory experiences are related to the relationship itself" (p. 109).

Safe supervisory relationships are linked to CITs' feeling respected and accepted (Cliffe et al., 2016). Positive feelings can be fostered through increasing collaboration between supervisors and CITs (Cliffe et al., 2016). Jacobs et al. (1995) also encourage collaboration in supervision stating "mutual exploration, mutual wonder, and a dialog [sic] in which neither participant always knows which is the best approach to take, but in which the two make discoveries together that ultimately help both the CIT and their client find their own voices" (p. 29). This collaborative ideal clearly requires mutuality. Strong relationships are co-created when responsibility is placed on both parties (Cliffe et al., 2016; Weaks, 2002).

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Dynamics involving both supervisors and CITs appear to have consequence on the SR (Bernard & Goodyear, 1998). Negative events can have significant effects on relationship quality and supervisor deficits are cataloged in the literature as contributing factors. However, little attention is focused on the role CITs can play in improving the SR (Ramos-Sanchez et al., 2002; Cheon, Blumer, Shih, Murphy, & Sato, 2009; Lehrman-Waterman & Ladany, 2001). Relationship safety has two sides and the SR may also benefit from supervisors feeling safe with CITs. Increased self-awareness may also improve CITs' evaluation of the SR. Ramos-Sanchez et al. (2002) endorsed personal therapy as a potential avenue to enhance CIT development:

We recommend that graduate students seek therapy while they are in training to expand their self-awareness, foster their development, and enhance the supervisory relationship.

We believe that this will help to ameliorate the deleterious consequences of negative events in supervision or prevent them from occurring (p. 201).

Successful interpersonal relationships are most likely attained when both parties assume responsibility for the success of the relationship and when both parties perceive that they are accepted by one another (Leary, Twenge, & Quinlivan, 2006).

Attachment styles can also affect perceptions of safety in the SR (Cliffe et al., 2016). Adult attachment research focuses primarily on romantic relationships (Shaver, Hazen, & Bradshaw, 1988). Lopez (1994) and others have transferred these relationship concepts to better understand the supervisory relationship. Supervisors have used this transferred knowledge to understand and improve supervision process (Lopez, 1994). Attachment styles of both supervisors and CITs may influence closeness and affect CITs' self-concept. Supervisors are often perceived as teachers, mentors, and/or authority figures, making supervision a fertile environment for attachment dynamics to exhibit themselves. Many supervision theorists

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embrace an attachment paradigm, viewing the supervisor as an attachment figure who should create a safe place for CITs to return when they are stressed (Pistole & Watkins, 1995; Riggs & Bretz, 2006).

CITs may at times unconsciously react towards supervisors the same way their client is reacting to them within the counseling session. “CITs unconsciously enact their clients’ problems with the supervisor in order to get help with their client” [sic] (Glickauf-Hughes, 1994, p. 63). Specifically, CITs may mirror client attitudes in supervision (Ekstein & Wallerstein, 1972).

When supervisory relationships work well for both parties CITs are more likely to view supervision as a “safe base” where they can return for exploration (Pistole & Watkins, 1995). Although the combination of attachment styles between supervisors and CITs can have significant effect upon successful collaboration, Dickson et al. (2011) reported that a healthy supervisor attachment style is most essential.

Reflective education “refers to the process of reflection and learning” and is another component found in “...higher quality SRs” (Cliffe et al., 2016, p. 83). CITs feel that in order for supervision to be effective, they must learn from supervisors. Supervisor knowledge concerning theory along with facilitating CITs’ reflection about needed support increases CITs’ assessment of supervisor competence (Watkins, 2012). Supervisors, who demonstrate personal reflection about CIT experience, including possible anxieties, can motivate CITs toward improvement (Bennett-Levy, Thwaites, Chaddock, & Davis, 2009).

The last major component of the SR is structure. Structure refers to soundness of organization (Cliffe et al., 2016). Research indicates that CITs have expectations about the structure and boundaries of supervision (Barnett, Erickson-Cornish, Goodyear, & Lichtenberg,

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2007). CITs expect supervisors to maintain focus and not allow interruptions or other boundary infringements. Strong structure in supervision is "...seen as part of effective SRs" (Cliffe et al., 2016, p. 83). Satisfaction and effectiveness are other excellent predictors of SR quality (Cheon et al., 2009; Ramos-Sanchez, et al., 2002).

Co-creating Supervision

Jacobs et al. (1995) wrote of the need for supervision to be approached as collaboration. They alleged that good supervision needs "mutual exploration, mutual wonder, a dialog [sic] where neither participant always knows which is the best approach to take, but in which the two make discoveries together that ultimately help both the CIT and their [sic] client find their own voices" (p. 29). This collaborative ideal clearly requires a great amount of mutuality to achieve this type of beneficial relationship.

Successful relationships are sometimes viewed as co-created with both parties being responsible for the success of the relationship (Beinart, 2014a; Beinart, 2014b). Interpersonal relationships usually thrive when both parties take responsibility for the success of the relationship. Most people would not appreciate being in a relationship where they perceive that they are without personal power to influence that relationship. Professional expectations that responsibility for the supervisory relationship lay with supervisors (Borders, 2009) may inadvertently disempower CITs. Supervisors may experience role conflict based on the possibility that two or more of their multiple roles may include opposing objectives (Biddle, 2010). In one moment supervisors may be working in the ideal collaborative model where mutual exploration and creativity are promoted, then move into a more hierarchal roll of correction when client safety is the focus. Despite the heavy responsibilities of supervisors, CITs may benefit from feeling empowered if they are expected to co-create strong supervisory

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relationships and share responsibility for their growth and learning. CITs may feel respected through clear education and elevated performance expectations in training programs.

Supervisors

Interestingly, there is almost no literature that identifies specific ways that supervisors exhibit resistance. There is some indication that supervisors are susceptible to the same forms of resistance as CITs (Glickauf-Hughes, 1994; Jacobs et al., 1995); supervisors experience similar fears and anxieties about their competency as those they train. Supervisors may deal with the consequences of unresolved or paused developmental stages. Supervisors are also susceptible to playing games to offset anxiety, to denying attachment styles, and to attending to negative mental tapes and unrealistic expectations of students (Dickson et al., 2011; Riggs & Bretz, 2006). A common resistance pattern for supervisors is the projection of an authoritarian stance (Bernard & Goodyear, 2004; Jacobs et al., 1995). Supervisors may hide behind their authority when conflict arises within the relationship.

Supervisors chosen primarily because they are excellent clinicians may or may not be competent supervisors. It is a primary issue when supervisors are not adequately trained. One common mistake that untrained supervisors make is to treat CITs as they would clients. Even when using the discrimination supervision model where one role provided supervisors is designated as “counselor” (Bernard & Goodyear, 2004), it is important to remember that supervisors are not diagnosing or working with CITs’ personal issues. The counselor role in supervision is partly about helping CITs to learn how to explore their own countertransference and biases so that they do not get in the way of the counseling relationship and client well being.

Another dimension that can add to supervisor and supervisee anxiety is the use of interns or less experienced students who are training to become supervisors (DiMino & Risler, 2014).

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Many CE programs use doctoral students as supervisors, and many doctoral students have only recently advanced beyond the developmental stage of the master's-level students they supervise.

Both supervisors and CITs are in the process of establishing new professional identities:

Because both the supervisor and CIT in these pairings are aware that the supervisor is not that much further developed professionally than the CIT, there is a predictable dynamic that occurs, which can usefully be thought of in terms of the concept of sibling rivalry (DiMino & Risler, 2014, p. 159).

Based on the limited literature regarding supervisor resistance, it should be remembered that supervisors, although more experienced, might also bring with them emotional vulnerabilities that could be triggered within supervision. CITs might benefit from remembering that supervisors are human beings and sometimes insecure. However, insecurity does not necessarily translate to reduced competence. Likewise, new supervisors may benefit from more training opportunities and may wish to participate in a supervisor consultation group to increase competency and confidence (Bernard & Goodyear, 2014).

The Supervisory Working Alliance

The supervisory working alliance is associated with CIT satisfaction and the quality of the SR (Lehrman-Waterman & Ladany, 2001). In counseling and psychotherapy, the working alliance includes three dimensions: (a) emotional bond; (b) goal agreement or consensus; and (c) task collaboration (Bordin, 1979; Horvath, Re, Flückiger, & Symonds, 2011; Sommers-Flanagan, 2015). An effective working alliance between CITs and supervisors may also lead to an improved supervisory experience. Improvements may include less resistance to feedback and more collaboration toward skill development. There are multiple empirical studies indicating that a positive working alliance contributes to positive counseling and psychotherapy outcomes

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(Horvath et al., 2011). Frank and Gunderson (1990) compared therapists who establish good working alliances to those who do not and noted that good alliances predict better retention rates and client outcomes. Although it is unlikely that CITs will drop out of supervision, it is probable that satisfying and effective alliances indicate a more rewarding working relationship (Lambert & Barley, 2001).

Role Conflict and Role Ambiguity

Role theory refers to behaving in specific predictive patterns according to social context (Biddle, 2010). Biddle (2010) explained that despite extensive research concerning role theory, there is no consensus regarding terminology. Parson (1960) focused on role function and its effect on social action and systems. Recently, role theory focused on institutional, sex, and gender role differences, and the application of role process to improve artificial intelligence (Biddle, 1997).

House, Kahn, McLeod, and Williams (1985) questioned society's need to agree on expected norms in order to achieve social stability. Changing the focal point from society to the individual, role conflict theory purports that every context has specific behavioral norms and expectations, some of which are not easily discerned (Biddle, 2010; Olk & Friedlander, 1992). When multiple roles are required, role expectations may have opposite or competing objectives. This is the essence of role conflict.

Role conflict is well researched in organizational psychology but is also applicable to training counselors. Friedlander (1986) explained why the research detected only trivial amounts of role conflict in new trainees despite the presence of many potential conflicting roles such as, the role of student, counselor, counselee, colleague, consultant, and others. Initially, the role of student assumed by new trainees may override complete emotional participation in competing

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roles until they are more experienced. As CITs advance, detection of role-conflict increases. CITs' matured understanding of multiple roles and responsibilities illuminates dilemmas that occur when expectations are both conflicting and simultaneous (Friedlander et al., 1986).

Role ambiguity, or a lack of clarity over the expectations and evaluation of role performance, is not well researched in counseling. On the other hand, employee research clearly shows that role ambiguity is linked to job dissatisfaction, diminished confidence, and hopelessness (Jackson & Schuler, 1985; Kahn et al., 1964). To explore this topic further within the mental health profession, Olk and Friedlander (1992) developed the Role Conflict Role Ambiguity Inventory (RCRAI) to identify and measure role difficulties in supervised CITs (Olk & Friedlander, 1992). Although high levels of role difficulties are not found in CITs, analysis revealed that even low levels of role ambiguity adversely effects the strength of the supervisory relationship, which is the strongest indicator of successful supervision (Olk & Friedlander, 1992).

Resistance

The literature on resistance reviewed here focuses on possible effects of resistance on supervision, along with an attempt to evaluate the merits of using this sometimes-controversial verbiage. Various opinions regarding the ramifications of naming or addressing CIT resistance are reported, highlighting efforts toward CIT safety through sensitive and ethical judgment. Possibilities for reframing resistance are covered, and the unique aspects of CE supervision are clarified. Distinguishing characteristics of resistance as well as helpful strategies to enhance the supervisory relationship are also addressed.

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Resistance Effects

It may be human nature to resist change. “People do not change with ease, and frequently, as we all know, they fight or resist efforts, their own, and ours included, to change them” (Gold, 1999, p. 1). Reluctance to change may start during youth and stay constant throughout life. Although established patterns of self-protection and resistance have some plasticity, they tend to endure or even re-appear through time (Gold, 1999). Anxiety tends to be a trigger for resistance, as a perceived need for protecting of the self (Jacob et al., 1995).

Ambivalence, the dichotomous experience of wanting two contradictory things at the same time, also may present as resistance (Miller & Rollnick, 2009). CITs may desire to become the best possible counselors, but also fear being criticized. Any implications of inadequacy or threat to their professional goals may trigger resistance. Since competent skill development is believed to be a function of critical feedback, CITs may feel ambivalent about supervision and resist feedback. There are multiple negative effects of resistance, one of which is the stunting of growth (Freud, 1936). Resistance to supervisor feedback can have negative implications for the supervisory relationship (Watson, 2011).

Mauzey et al. (2000) consider resistance a constant threat to the successful preparation of CITs. There are several definitions of resistance. Piderit (2000) defined it as “a restraining force moving in the direction for maintaining the status quo” (cf. Lewin, 1952; Piderit, 2000, p. 784). Des Pres (2015) broadened Freud's (1950) definition to “anything that interferes with the supervisory process” (p. 127). According to Watson (2011):

Resistance can seem baffling at times to even the most experienced professionals and often seems counter-productive and motivated towards self-destructive behaviors. Yet, in order to communicate, engage and form professional working relationships, practitioners

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need an understanding of resistance, the motivation behind it, and a range of approaches that may help to diminish resistance and motivate service users towards positive change (p. 465).

CIT resistance to feedback may interfere with any of the three dimensions that make up the supervisory alliance (Bahrck, 1989). Liddle (1986) suggested that many forms of resistance are maladaptive coping strategies that can interfere with learning (p.177). However, Liddle (1986) acknowledged that some CITs experience supervision as threatening and react with resistance to perceived threats. Viewing resistance erroneously as a “problem” existing in the person doing the resisting, de Shazer (1989) and others worked to de-pathologize client resistance by not blaming clients for having a natural resistance to counseling. In fact, de Shazer (1984b) said that if clients resist, it is not their problem, but the therapist’s (de Shazer, 1984a.; de Shazer, 1984b.; de Shazer, 1989). Looking at client resistance as the “fault” of the therapist or supervisor may support negative beliefs that resistance is a problem that must be eradicated.

These potentialities may render working with CITs complicated and at times even risky (Homrich, DeLorenzi, Bloom, & Godbee, 2014). For example, some disgruntled CITs have pursued litigious options as recourse for supervision that went badly (Henderson & Dufrene, 2013; Kerl & Eichler, 2005). In two highly publicized court cases, CE students asserted their first amendment rights to freedom of speech and religion. The courts upheld the department in one case, but this was based on evidence that the student had several times disclosed that she did not intend to uphold the ethical codes of the profession, intending to use conversion therapy which is prohibited by the ACA code of ethics (Henderson & Dufrene, 2013).

In the second case the court ruled against the Counselor Education Department and in favor of the student. This decision was based on the fact that the department had allowed other

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practicum students to refer clients for non-religious reasons. One example was a student who referred a client who was experiencing loss. The student felt unable to support the client because of a recent painful personal loss. This inconsistency appeared to be the issue that allowed the student's case to go forward.

The Linguistics of Resistance

Language communicates ideas, feelings, beliefs, behaviors, expectations, and much more. Every word has both a connotation and a denotation (Malcus & Kline, 2001). The meaning of any particular word is not just comprised of the dictionary definition; it is a combination of that definition and the contemporary and historical context. The audience does not require awareness of a word's origins or historical contexts to influence what is communicated (Malcus & Klein, 2001). Connotations underlying the word "resistance" are wrought with historical and contemporary significance. Multiple references to war and psychological characterizations dating back to Freud (1940) create a scant list. Culturally sensitive supervisors usually understand aggressive and pathological messages attached to "resistance" and may fear sending conscious or unconscious messages by using this term in reference to CITs' actions or attitudes (Thass-Thienenmann, 1983).

Malcus and Kline (2001) compare these hidden and unconscious messages to "intended and unintended guests" (p. 189). Intending to communicate one meaning of a term, unintended meanings and their influence upon the intended meaning also have implications. With so many negative connotations surrounding the term "resistance," it is commonly used to denote difficult experiences that transpire within supervision. For others, resistance is ignored, soft-pedaled, and blamed on others.

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Multiple attempts have been made to “re-language” or reframe resistance to counseling or psychotherapy (de Shazer, 1984a). These attempts include substituting the word resistance with another word or issue that may be linked to the perception of resistance. Feasible linkages from the literature referring to resistance might be CIT anxiety (Consedine, 2003; Pearson, 2000; Stern, 1995), self-efficacy (Tierney & Farmer, 2011; Chen, Li, & Leung, 2016), self-esteem (Masters, 1992), self-protection (Jacobs et al., 1995), fear (Emerson, 1996), transference and countertransference (Chernus & Livingston, 1993), characterological issues (Glickauf-Hughes, 1994), attachment issues (Des Prés, 2015), and ambivalence (Alves, Fernandez-Navarro, Ribeiro, & Goncalves, 2014). In most cases, authors using these words as alternative descriptions of resistant behavior still use the word “resistance” in order to clarify the new usage (Alves et al., 2014; Chen et al., 2015; Chernus & Livingston, 1993; Consedine, 2003; Des Prés, 2015; Emerson, 1996; Jacobs et al., 1995; Masters, 1992; Pearson, 2000; Tierney & Farmer, 2011). To the extent that resistance emerges in the supervisory relationship, framing it as normal or natural may help CITs de-pathologize their reactions to the supervision experience.

It is not only admirable, but ethically mandated that counseling professionals be sensitive to language with the intent of building stronger alliances (*ACA Code of Ethics*, 2014). Current ethical mandates put the responsibility for the supervisory relationship mainly on the shoulders of the supervisor (Magnuson, Norem, & Wilcoxon, 2000; Nelson, Johnson, & Thorngren, 2000; Remley, Benschhoff, & Mowbray, 1987). It is essential that supervisors examine how word choice may affect supervision. However, according to Malcus and Klein (2001), when word choice has negative connotations, simply changing words may not resolve the issue. Substituting words can also have confounding consequences, including inability to describe or clarify a situation adequately or communicating other unintended meanings.

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Often, increased awareness of how embedded meanings affect relationships can mitigate reactions (Malcus & Kline, 2001). Creating a taboo about referring to or identifying CIT resistance adds to the myth that such normal reactions are too horrible to be acknowledged. Notwithstanding linguistic issues, there may be a positive side to recognizing and labeling resistance.

Reframing Resistance

According to Lambert, Fincham, and Stillman (2012), “positive reframing is to perceive something previously viewed as negative in a positive light” (p. 617). One effective reframing technique involves thinking about negative experiences as opportunities to (a) gain skills, (b) learn new information, or (c) deepen relationships (Lambert et al., 2009). Reframing or restating a negative in order to focus on positive qualities may also improve mental health components. One simple reframing technique is the expression of gratitude. Lambert et al.’s. (2012) study regarding effects of gratitude, reported reduced depression, increased relationship satisfaction, and increased pro social behavior (Lambert et al., 2012). Psychologists have also found that positive reinterpretation, which is similar to reframing, is correlated with gratitude (Wood, Joseph, & Linely, 2007). Goldin et al. (2012) reported that reframing is an empirically valid technique applicable to a wide range of psychological conditions including anxiety. McCullough et al. (2002) reported a correlation with life satisfaction, where participants who had been primed with ideas of gratitude reported greater life satisfaction than the control group. Since there is evidence that reframing can be a useful strategy in counseling, reframing resistance during supervision may also prove a worthwhile area of study.

Des Pres (2015) wrote that resistance in the supervisory relationship can be counted on and is often easy to identify. In other words, resistance may be considered a predictable aspect

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of the supervisory relationship. When well understood and addressed constructively, resistance could become a positive and accessible tool used to augment learning.

CITs and supervisors may establish a more genuine relationship through an open discussion of CIT or supervisor resistance (Rogers, 1951). As CITs' increase awareness of their resistance and develop skills to broach their patterns of resistance with supervisors, CIT confidence may be enhanced and exploration, support, connection, trust, and growth might be promoted. Even though harnessing resistance might require high expenditures of energy (Bondarenko, 2015), using resistance to enhance the supervisory relationship also may have compensating value.

Factors Unique to CE That Might Trigger Resistance

Three concepts may contribute to CIT resistance. These include: (a) expectations unique to counselor education, (b) previous academic experiences, and (c) common relationship issues.

Expectations unique to counselor education (CE). CE supervisors routinely ask CITs to arrive prepared with video examples of clinical errors and other challenges. This is done with the expectation of providing CITs with purposeful feedback (Bordin, 1993; Minikin, 2002; Orchowski, et al., 2010). This could be a difficult request for many students. However, in particular, if CITs are aware of supervisor gatekeeping responsibilities, they may experience greater role conflict (Bordin, 1993). One way this might occur is through handbooks and orientation processes where CITs are informed that they should be vulnerable and open with supervisors (Rønnestad & Skovholt, 1993), while at the same time, recognizing that some disclosures may lead to remediation and/or disqualification from programs (CACREP, 2014).

Supervisors have additional responsibility to assess CITs' display of appropriate personal and professional dispositions (Homrich et al., 2014). Social deftness is an example of one of

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these dispositions, and is defined as the ability to assess social situations and understand the underlying nuances of the situation and the people involved. These skills can be difficult to measure. For instance, evaluating CITs' ability to communicate genuineness or reflectivity are difficult to quantify because they seem personal. Feeling warmth or regard and then observably communicating those feelings to clients may be an emotional stretch for some CITs. However, evaluations of professional performance and dispositions are required by CACREP standards (CACREP, 2016). Evaluating emotional dispositions could feel unsafe, and might therefore constitute another unique aspect of CE that stimulates resistance.

Previous academic experiences. Previous academic experiences may contribute to CITs' anxiety. Master's-level students have usually experienced high-achieving and successful scholastic histories. The changing of norms from undergraduate expectations to CE graduate requirements may challenge students' confidence. Fearing negative evaluation, students who have previously been able to engage in positive impression management, may have difficulty with requests to be open and reveal mistakes (Dearing & Tangney, 2011; Nelson & Friedlander, 2001). Common supervision expectations to show work that cannot first be perfected may increase fears of losing respect or feeling embarrassed in front of peers and supervisors. These new academic experiences may increase CITs' resistance (Kaufman & Kaufman, 2006).

Common relationship issues. Common relationship issues also can influence supervisory relationships. For example, first impressions are common, unpreventable, and can influence relationships months and years after initial perceptions (Yu, Saleem, & Gonzalas, 2014). Some researchers have claimed that deciding whether someone is trustworthy generally happens in one-tenth of a second (Bar, Neta, & Linz, 2006). Bar et al. (2006) also reported that it takes only five seconds to judge a person's conscientiousness and intelligence (Miller, 2012). In

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fact, most people are confident in their assessments when, unfortunately, first impressions are seldom accurate. Swann and Gill (1997) reported a 50-percent discrepancy between confidence level and reality. Therefore, supervisors and CITs may make false predictions about each other, then use confirmation bias to compound the problem. Confirmation bias is the tendency to disregard evidence that contradicts preexisting opinions (Nickerson, 1998), focusing only on information that supports erroneous beliefs (Snyder, 1981). These predictions may affect relationships negatively. Inaccurate judgments can manifest in others solely because someone believed it of them. This is the essence of self-fulfilling prophecy (Rosenthal & Jacobson, 1968).

Common communication styles influence supervisory relationships (Rønnestad & Skovholt, 1992). Supervisors and CITs vary in how well they attend to and understand nonverbal and verbal communication. Different degrees of openness, aptitude for verbal expressions of respect and validation, and ability to utilize active listening skills may cause misunderstanding. Also, gender differences can contribute to misinterpretation (Miller, 2012). Expectations that are not well communicated can cause disappointment (Rønnestad & Skovholt, 1993). A combination of many of these factors may increase distress and/or resistance among CITs.

Identifying Resistance Patterns

Many CITs have anxiety about learning new skills while being evaluated. Indicators of resistance will be present in some form (Consedine, 2003; Glickauf-Hughes, 1994; Pearson, 2000). Anxieties as well as other reactions to stress or insecurity are associated with resistance (Miller & Rollnick, 2009). CIT ability to self-detect game playing, characterological paucity, attachment styles, and unhelpful self-talk may cue CITs as to techniques that support

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supervision. Resistance may be conscious or unconscious (Liddle, 1986); however, lack of recognition does not mitigate effects on relationships.

Game playing. Game playing is “attempting to manipulate and exert control over the supervision process” (p. 2, as cited in Bradley, Loretta, & Gould, 1994). These interactions are often unconscious and an attempt to have needs satisfied. Supervisors or CITs should not view them as “some kind of personal deficit” (Magnuson, Black, & Norem, 2004, p. 8). The following are forms of game playing as outlined by Kadushin (1968) and Bauman (1972).

Flattery strategically deflects supervisors from their evaluative purpose. Other types referred to by Kadushin (1968) may look like (a) redefining the relationship, where CITs create ambiguity; (b) self-disclosure, when CITs talk about self instead of skills; (c) reducing power, when CITs work to show more intelligence than the supervisor, thereby diminishing supervisory power; (d) asking direct questions that divert attention from skills; (e) seeking reassurance by focusing on fears of failure; (f) appearing helpless or dependent (i.e., working to apply every supervisor suggestion perfectly); and (g) self-protection or the externalization of blame for the clinician’s ineffectiveness (Bauman, 1972). Game-playing and other forms of resistance are normal avenues to creating emotional safety.

Unresolved developmental stages. Some individuals believe that unsuccessful completion of one or more of Erikson's (1950) eight developmental stages form developmental or behavioral problems (Glickauf-Hughes, 1994). Many events can interfere with optimal development. These include trauma, illness, addiction, neglect, abuse, cruelty, and other challenging or overwhelming experiences. Erickson (1950) believed it is common not to complete certain stages and subsequently display difficulties related to the developmental problems. Incomplete stage development does not indicate mental deficiency or a lack of moral

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autonomy. Erikson (1950) believed these stages to be moldable and gave hope that subsequent healthy relationships may stimulate completion long after the usual time frame (Erickson, 1950; Glickauf-Hughes, 1994; Rosenthal, Gurney, & Moore, 1981). Glickauf-Hughes (1994) described how inhibited development of any of these stages may manifest as resistance in the supervisory relationship, citing the most relevant to CIT resistance as basic trust, autonomy, identity, and shame.

Trust vs. mistrust. Sometimes the supervision learning process may feel ambiguous and subjective, generating resistance in CITs (Mollon, 1989). If CITs struggle with trust because of developmental issues, resistance to supervisor feedback may emerge. Glickauf-Hughes (1994) described characteristics that CITs can self-monitor in order to distinguish whether their feelings and behaviors are prompted by a conscious or unconscious lack of trust. Specifically, CITs can learn to recognize their own forms of resistance, such as “(a) guardedness; (b) defensiveness; (c) extreme self-sufficiency; and (d) maintaining a closed attitude” (p. 62). Recognition of these characteristics provides opportunity for intentional recapitulation and growth. Glickauf-Hughes (1994) gives an example of how someone might present when struggling with trust (Erikson, 1950; Glickauf-Hughes, 1994): “Having previously experienced relationships with parents who were cruel, critical and/or rejecting, CITs can anticipate being hurt by others including supervisor” [sic] (p.62).

Autonomy. CITs who struggle with autonomy issues can be confusing to supervisors. According to Erikson (1950), when autonomy is not mastered, CITs may seek control in their own lives by exerting control over others. They can be described as not yet knowing “what they want, only what they don’t want, and may alternate between seeking guidance and then resisting the very feedback they just requested” (Glickauf-Hughes, 1994, p. 59). It might sound

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something like: “Peter, it sounds like the situation you are describing is bringing up some frustration for you?” Peter may then reply with, “I’m not frustrated I’m irritated!” [sic] Glickauf-Hughes (1994) cautioned that these CITs tend to seem like “help-rejecting complainers, frequently reporting that they are feeling stuck with clients and solicit advice from supervisors but when help is offered they say things like yes, but....” (Glickauf-Hughes, 1994, p. 59). Here, CITs may be endeavoring to maintain their sense of freedom and unconsciously resist most suggestions. Supervisors might be perceived by CITs as harsh parental figures or as unreasonable. It is important for supervisors to recognize the underlying motivation for the rejection they may experience from CITs’ resistance. It is also possible that CITs’ self-awareness of their resistance may weaken the pattern (Blanchette, 1987).

Shame and doubt. Many CITs experience unease concerning professional “goodness of fit” (Eckler-Hart, 1987; Reising & Daniels, 1983). CITs harboring shame may particularly fear the transition into a new professional identity. Kaufman (1985) suggested, “shame originates interpersonally, primarily in significant relationships, but later can become internalized so that the self is able to activate shame without an inducing interpersonal event” (as cited in Glickauf-Hughes, 1994, p. 62). CITs experiencing protracted shame will internalize corrective feedback as painful, even when given gently within a strong supervisory relationship (Kaufman, 1985).

Identity vs. role confusion. Unresolved identity has some unique ramifications for the supervisory relationship (Erickson, 1950). A fragile sense of self could influence CITs’ ease and confidence while developing their professional identities. If CITs have a fragile identity, “then to learn from their supervisors means to merge with them” (Glickauf-Hughes, 1994, p. 62). Merging with the supervisor by accepting instruction may be experienced as losing a sense of self. Consciously or unconsciously, these CITs may try to maintain boundaries around identity.

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This can become even more difficult when supervisors ascribe to a different theoretical viewpoint than their supervisee. This discrepancy could prevent supervisor influence (Rønnestad & Skovholt, 1992).

CITs who feel like imposters or not up to standards may benefit from strengthening their own identities. In such cases, supervisors might find it helpful to watch for indicators like (a) showing contempt; (b) being argumentative; and (c) expressing directly or indirectly that all theories, methods, and techniques other than their own, are without merit (Gutheil, 1977). These three indicators may also be present in CITs who have unresolved concerns about autonomy (Glickauf-Hughes, 1994).

Self-talk can affect CITs. Some beliefs and self-statements that are typical for CITs may interfere with professional growth (Liddle, 1986). These beliefs include:

1. I must make the right decision or something terrible will happen.
2. I must love doing therapy to be a good therapist.
3. I shouldn't feel bored, angry, or anxious.
4. I must do well in supervision and be approved of by my supervisor.
5. My supervisor has to be competent and treat me fairly.
6. The supervision program must be well-arranged and effective, and if it does not meet my expectations, I can't stand it!
7. These helping skills are simply not my natural way of helping people.

Stone (1980) cautioned that each of these seven beliefs leads to one of two conclusions: (a) if CITs conclude that the skills taught are important, yet do not feel confident about mastering them, then continuing to value them produces feelings of inadequacy and possible discomfort; (b) to avoid negative self-evaluation, some CITs will decide that difficult skills have no value.

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This option may halt CIT progress and appear as a form of resistance (Liddle, 1986).

Often, awareness of resistant patterns provides opportunities for growth (Glickauf-Hughes, 1994; Miller & Rollnick, 2009). Monitoring resistance indicators allows CITs to practice recognizing how often the tool is available. Consequently, training CITs to identify their resistance patterns might allow CITs to identify developmental stages where they are stuck, creating opportunities to target personal growth.

Going with the Resistance

Miller and Rollnick's (2009) work with motivational interviewing supports the view that resistance can be used as a positive tool in creating change and supporting relationships. Counselors, doctors, even parents, are instructed that, when resistance arises, to "go with it" by increasing curiosity and exploring the resistance in order to reduce ambivalence (Miller & Rollnick, 2009). It is possible that this technique of rolling with resistance as well as the others outlined below can be taught to CITs, as tools to work with their own self identified resistance.

Adapting the concept of rolling with client or child resistance to a personal application may be useful to CITs. Personal exploration of long-held patterns may have merit. Once CITs are taught how to recognize, respect, and go with their resistance, personal power may increase and frustrating self-defeating behaviors may diminish (Miller & Rollnick, 2009).

Using a Rogerian (1951) approach is a useful way for counselors to roll with resistance. Rogers' (1951) person-centered theory is based on the concept that change and healing only take place when attributes of unconditional positive regard, empathy, and congruence are present. These attributes improve emotional safety and with creativity can also be applied to the self. This gentle, loving, and accepting self-approach could increase the possibility that CITs will engage in self-exploration regarding their resistant patterns (Watson, 2011).

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Some CITs may underestimate the possible mental and emotional reactions experienced in a CE training program. Also, expectations of a new professional identity may be difficult for some to accept. Ideas and issues that challenge CITs may be softened by the use of metaphors. Langer (1984) indicates that the use of metaphors, or the process of “thinking about and describing one thing in terms of another, actually helps people create their own new ideas” (p.393, as cited in Douglas et al., 2007). Metaphors have been used since the time of the Greeks, and the word actually means *to transfer*. Metaphors have the ability to take something already understood by the learner and layer new, often complicated information in a way that is understandable (Douglas et al., 2007). Teaching CITs metaphors that they can use to depathologize their own resistance has possible positive applications.

Metaphors can take on various creative forms such as, myths, talking about a new edge of growth, as the CIT covering an Achilles’ heel, or using environmental metaphors that help CITs understand a process. Valadez and Garcia (1998, p. 94) give an example of this type of metaphor: “Just as the sun’s rays interact with the seed, the supervisor’s evaluative comments may stimulate and awaken innate, growth-capable element in the CIT.” Expanding on this metaphor, they warn how too much sun can damage the seed, and that atmosphere or filters need to be used by the sun to ensure CIT safety (Valadez & Garcia, 1998, p. 94). Metaphors, in the form of stories, drawing activities, and sand-tray experiences could allow CITs to depict themes, issues, and relationships that have perpetuated their own resistance (Guiffrida, Jordan, Saiz, & Barnes, 2007).

CITs may also find that they can reduce anxiety and increase learning during supervision through the use of positive reframes (Lambert, et al., 2009). Reframes can be shared when appropriate with supervisors so that they can be reinforced and used collaboratively (Davis &

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Hollon, 1999). Emphasizing CITs' personal power makes a reframe strong. Three different components are present in a strong reframe (Masters, 1992). First, it empowers CITs, improving self-reliance and motivation. Second, behaviors are framed in a positive connotation when possible. CITs' sense of safety within the relationship must be secure. CITs may need to view resistance as less threatening to risk reflectivity and growth. Finally, great reframes model effective acknowledgment and acceptance of CITs' thoughts, feelings, and behaviors.

Combining all three of these components could create a powerful alliance and further clinical development (Masters, 1992; Rosenthal, Gurney, & Moore, 1981). Glickauf-Hughes (1994) emphasizes that when reframing, supervisors should use mild words and ideas that evoke curiosity in the CIT. Depending on the issue, CITs who flounder with reframing may seek assistance from colleagues, counselors, or supervisors.

Helping CITs Deal With Their Resistance

The following concepts and strategies clearly apply in training supervisors, however, they have been identified in the literature as potentially increasing clients' and/or CITs' ability to work with their own resistance. They can be applied individually or in combination and are organized into three broad categories:

(a) self-awareness and education:

1. Learning and then practicing with new tools brings confidence.
2. New awareness about the self often inspires self-correction (Lennie, 2007).
3. CITs may be unaware of patterns, or view resistance as negative.
4. CITs may believe that identification serves no purpose.

(b) Mindfulness techniques (Brown, Marquis, & Guiffida, 2013):

1. Provide mindful exercises to help CITs harness the tool.

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2. Teach concepts of mindful living to identify patterns.
3. Show how to celebrate patterns by learn more about them.
4. Encourage small efforts like mental exploration, before real world application.

(c) Learning how to use broaching in the supervisory relationship (Brown & Miller, 2002):

1. Combining humor, disclosure, and metaphors to learn new concepts.
2. Collaborating with supervisors by brainstorming approaches to work with the unique patterns.
3. Having patience with delays in the supervisor's responsiveness to personal disclosures.
4. Acknowledging the persistence of resistance and continue working (Gold, 1999).

Role-induction

RI is a socialization processes intended to assist clients' adjustment to their role in counseling. Understanding role expectations has been shown to reduce stress and is associated with positive counseling process and outcomes (Aten, Strain & Gillespie, 2008; Friedlander et al., 1986; Huhra, Yammokoski-Maynhart, & Prieto, 2008; LaTorre, 1977). There is evidence that RI is effective in preparing clients for counseling (Monk, 1996). Bahrack et al. (1991) point out the possible overlap of counseling and supervision in terms of socialization processes, such as RI. Bahrack et al. (1991) suggested that if CITs have a clear understanding of the rules and expectations of supervision, there could be beneficial effects, including better attitudes, more receptivity to feedback, and increased growth.

CITs may have little understanding of the goals, methods, and expectations that come with supervision (Bahrack et al., 1991). Although CITs are prepared with counseling theory and process knowledge, CITs typically have little preparation for engaging in the actual counseling supervision process (Bahrack et al., 1991; Mauzey et al., 2000). The use of RI procedures in

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supervision has been recommended (Bernard & Goodyear, 2014; Huhra et al., 2008; Nelson, Barnes, Evans, & Triggiano, 2008; Pearson, 2000). Imbedding RI within supervision informed consent could alleviate some of CITs' vulnerability and stress (Ellis et al., 2015). Recent reports indicate that few clinical supervisors provide either informed consent or any contract for CITs (Ellis et al., 2014). In the most recent study focusing on RI for supervisees, Ellis et al. (2015) designed and implemented a 10-minute RI training for CITs. Despite only minimal support for RI effectiveness in decreasing CIT stress, they called for further research in this area to update supervision theory and establish a stronger base from which to improve supervision efficacy. Offering a longer RI training and examining different outcomes variables may shed more light on potential RI effectiveness for supervisees, may better prepare CITs for the unique educational experience that is involved with CE, may assist CITs to identify and accept their resistance in order to enhance the supervisory relationship as well as address role conflicts and ambiguity more productively.

Summary

Supervision is a challenging interpersonal process. Some elements of supervision may be associated with anxiety, role conflict, role ambiguity, and these factors may stimulate resistance in supervisees. As Pearson (2000) wrote: "Transference, counter-transference, parallel process, anxiety, and different patterns of resistance" (Pearson, 2000, p. 286) are a few concerns that might contribute to possible relationship issues. Fear of incompetence, feeling judged, hopes for professional success, concerns for clients, and personal histories of both parties can also add apprehension and complexity.

Supervision is also a central and required process through which CITs are expected to learn and improve their counseling skills. Consequently, methods for preparing CITs to cope

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with and make the most of their supervision experiences are important. In particular, using a role induction with CITs may help clarify their supervision role, strengthen the supervision relationship, and reduce CIT anxiety. In this study, a 2-hour RI will be provided to (a) inform CITs about supervision dynamics, (b) raise their awareness of the possibility of personal resistance, and (c) provide tools for working through and with their resistance. It is hypothesized that, following RI training, CITs will report a greater understanding of their resistance patterns, experience less role conflict and role ambiguity, and report a stronger and more positive supervisory relationship.

Chapter Three

Research Methodology

In the 1960s, new applications of behavior analysis principles improved educators' research capabilities. One new application involved a rigorous focus on individuals. Focusing on one individual is a major characteristic of single-case designs (Harvey, May, & Kennedy, 2004). Single-case designs use an experimental design to measure change within individuals ($n = 1$; Harvey et al., 2004). There are two primary common features among single-case designs. First, these designs focus on changes within an individual or individuals over time. Second, to measure change within individuals, the participants serve as their own controls.

Several different single-case designs have been implemented in the research literature (Kratochwill et al., 2013). These include (a) ABA, (b) ABAB, (c) ABAC, (d) alternating treatment, and (e) multiple baseline. The proposed study employs a multiple baseline design.

Baer, Wolf, and Risley (1968) developed and applied the first multiple baseline design in a single-case study. Multiple baseline designs in general and nonconcurrent multiple baseline designs in particular are advantageous when an independent variable (IV) cannot be reasonably withdrawn (as in an ABA design). In some cases it may be unethical to withdraw the IV (e.g., because it is an effective treatment). In other cases the IV cannot be withdrawn because it is a principle or concept that is taught to a participant that cannot be unlearned (Harvey et al., 2004). Prior to the multiple baseline single-case design much of the research in education was stifled because of the unsuitability of experimental designs, including the aforementioned single-case design, where an intervening variable must be withdrawn in order for the effect of the IV to be validated (Barlow & Hersen, 1984). Baer et al.'s (1968) approach opened up the possibilities for educational research while maintaining focus on the individual (Reid, 1997).

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When using nonconcurrent multiple baselines, data collection is staggered. Multiple timed phases are introduced. At least two timed phases are recommended and each additional phase adds validity to the study (Ellis, 1999; Harvey et al., 2004). Hayes (1981) warned that phase lengths needed to be comparable in order to insure accurate interpretation. In each phase the baseline is established through data points plotted on the X and Y-axes at specific timed intervals. The administration of the IV is also staggered and plotted on the X and Y-axis across time; each phase is nonconcurrent to the others. After data are collected and graphed, the researcher looks for changes in dependent variable measurements that correspond with or follow implementation of the IV. If the data points move significantly from baseline after the IV is administered, this pattern across phases indicates that the likelihood of a functional relationship between the variables (Harvey et al., 2004). Heppner, Wampold, and Kivlighan (2008), identify four characteristics that qualify single-case design studies as an experimental design.

1. Treatment goals need to be specifically outlined during the design phase.
2. The dependent variable is measured repeatedly over time.
3. There must be at least two treatment phases.
4. Baseline data must show stability.

Christ (2010) noted, “Experimental control can be established through a substantial change in level, trend, or variability upon phase change” (p. 455). However, it is important to remember that the inclusion of the four previously listed design elements alone does not indicate that a particular study is employing an experimental design. Instead, it is the design as a whole that determines whether a specific single-case design qualifies as an experimental design (Hayes, 1981).

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Participants

Participants were master's-level CITs from practicum and internship classes in the CACREP accredited CE program at the University of Montana. There were five or six students in each class and each class had a different supervisor. All participants were graduate students in clinical mental health or school counseling tracks. This was a convenience sample with participant pool chosen based on the researcher's access to this program. Participant volunteers were assigned to one of three groups. Each group represented a single case ($n = 3$).

The master's-level practicum and internship instructors included three full-time faculty members and three doctoral students. These instructors did not participate in the RI intervention. The principal investigator conducted all three RI interventions. Although the principal investigator had previously held an evaluative role with the students, this role had been permanently relinquished.

Participation was voluntary and CITs could withdraw from the process at any time without consequences. Initially, 17 volunteers participated, three withdrew and one student joined the study in the second week. Fifteen participants completed the study. Two participants identified as male, one White and one Pacific Islander and 12 participants identified as white females and one participant identified as cis-gendered and their ethnicity varied for each survey.

Protection of participants. Informed consent was obtained prior to administration of online surveys and the intervention. The informed consent included a description of time requirements and how the training might affect their supervision experiences (see Appendix B). However, the exact nature of the dependent variable was not disclosed. Participants were informed regarding how many assessments they would need to fill out and their length, as well as the length of the RI training. As an incentive to participants, the counselor education faculty

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agreed that the RI training hours and time spent completing questionnaires would be counted as indirect practicum hours. Participants were informed that the study was being conducted for the dissertation purposes of the primary researcher, who designed, conducted the training and distributed the assessments. During informed consent, confidentiality protocols were described. All identifying information was obtained and stored separately in a secure location. Precautions were taken to ensure the confidentiality of the participants' responses from the researcher and their practicum supervisor. Only the manipulation check required hand written answers and all precautions possible were made to protect participant anonymity.

Dependent Variables

The following two standardized instruments were selected to measure RI outcomes (i.e., dependent variables). The primary dependent measures focused on ratings of the supervisory relationship, role conflict, and role ambiguity. A non-standardized questionnaire, created by the researcher, was added in order to measure CITs awareness of personal resistance.

The Short Supervisory Relationship Questionnaire (S-SRQ). The Short Supervisory Relationship Questionnaire (S-SRQ; Cliffe et al., 2016) “measures the predicted satisfaction and perceived effectiveness” of supervision (p. 82). The S-SRQ has 18-items and uses a 7-point Likert scale ranging from strongly disagree to strongly agree. There are also three subscales: safe base, reflective education, and structures. The S-SRQ is reported as having strong reliability, internal consistency and test-retest reliability, as well as convergent and predictive validity (Tangen & Borders, 2016). The S-SRQ retained the strong theoretical foundation and psychometric validity of Palomo et al.'s (2010) Supervisory Relationship Questionnaire (SRQ; Cliffe et al., 2016; Tangen & Borders, 2016). The SRQ had 67-items and 6-subscales and was reduced to the current form by Cliffe et al. (2016) to improve utility.

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Reliability. The S-SRQ overall internal consistency was high ($\alpha = 0.96$) with item-totals showing moderate to high correlations ranging from (0.53 to 0.87). The subscales' alpha coefficients and ranges are: Safe base subscale $\alpha = 0.97$ (range 0.79 to 0.90), Reflective education subscale $\alpha = 0.89$ (range 0.67 to 0.80), and Structure subscale $\alpha = 0.88$ (range 0.69 to 0.78) (Cliffe et al., 2016). S-SRQ test-retest reliability was established using scores taken two to four weeks later using 84 participants, ($r = 0.94, p < 0.001$) (Cliffe et al., 2016; Tangen, Borders, 2016).

Convergent validity. Convergent validity for the S-SRQ is good with significant positive correlations to the supervisory relationship when compared with the Working Alliance Inventory—Trainee Form (WAI-T; Bahrlick, 1990), total score ($r = 0.92, p < 0.001$), and the following WAI-T subscale scores: WAI-T Bond subscale ($r = 0.88, p < 0.001$), WAI-T Goals subscale ($r = 0.89, p < 0.001$), and the WAI-T Tasks subscale ($r = 0.88, p < 0.001$).

The S-SRQ also has significant positive correlations to the Supervisory Relationship Questionnaire (SRQ; Palomo et al., 2010), with a total score ($r = 0.95, p < 0.001$) (Cliffe et al., 2016). Significant negative correlations were present as well when compared with the Role Conflict and Role Ambiguity Inventory (RCRAI; Olk & Friedlander, 1992), RCRAI Conflict subscale ($r = -0.68, p < 0.001$) and the RCRAI Ambiguity subscale ($r = -0.73, p < 0.001$) (Cliffe et al., 2016 p. 82).

These correlations demonstrate that the S-SRQ and the WAI-T are similar measures of the SR, and that the RCRAI measures negative effects on similar aspects of SR supporting the validity of the S-SRQ (Cliffe et al., 2016; Tangen, Borders, 2016).

Predictive validity. Several studies have evaluated the predictive validity of the S-SRQ. The Indices of Supervision Outcome (Friedlander & Ward, 1984) instrument had supervisees

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rate the extent to which they believe their supervisor affected their professional development and work with clients. The S-SRQ predicted satisfaction similarly to the Indices of Supervision Outcome ($R^2 = .85, p < 0.001$) (Friedlander & Ward, 1984; Tangen, Borders, 2016). The S-SRQ was similar to the SRQ in predicting satisfaction when compared with other supervision measures alone ($R^2 = 0.85, F = 217.54, p < 0.001$) (Cliffe et al., 2016). The S-SRQ predicted satisfaction similar to the Supervisor Satisfaction Questionnaire ($R^2 = .74$) (SSQ; Cliffe et al., 2010; Ladany, Hill, Corbett, & Nutt, 1996). Overall, the S-SRQ in relationship to supervision effectiveness and satisfaction showed good predictive validity and is consistent with the SR constructs measured by the original SRQ.

The Role Conflict and Role Ambiguity Inventory (RCRAI). The Role Conflict Role Ambiguity Inventory (RCRAI, Olk & Friedlander, 1992) measures role conflict (RC; supervisees' roles that require simultaneous opposing objectives), and role ambiguity (RA; supervisees' lack of clarity over role expectations and evaluation). The RCRAI is a self-report questionnaire with 29-items separated in two sections, RC 13-items, and RA 16-items. The RCRAI uses a 5-point Likert scale to rate each item from one (not at all) to five (very much). An example of a RC question is "I disagreed with my supervisor about how to introduce a specific issue to a client, but I also want to do what the supervisor recommended" (Olk & Friedlander, 1992, p. 391). An example of a RA question is "My supervisor wanted me to come prepared to supervision, but I had no idea what or how to prepare" (RCRAI, Olk & Friedlander, 1992, p. 1). The RC and RA scales are moderately correlated with one another ($r = .59$).

Construct validity. The RCRAI is predictive of anxiety related to work, work dissatisfaction, and supervision dissatisfaction (Olk & Friedlander, 1992). Construct validity was supported when a full analysis was completed on the following tests: Trainee Personal

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Reaction Scale-Revised (TPRS-R; Holloway & Wampold, 1984), Job Description Index (JDI; Smith, Kendall, & Hulin, 1969), and the State Trait Anxiety Inventory—State Form (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). Results indicated that the whole model was highly significant (Pillai's trace = .55; $F = 20.39$, $p < .0001$) (Olk & Friedlander, 1992).

Researcher's survey. The researcher developed an eight-item survey with possible scores from 1- 10, the purpose of the survey was to ascertain the effect of the training on CITs ability to recognize personal patterns of resistance. Items were developed based on training objectives and augmented standardized instruments (see Appendix C).

Manipulation check. A six-question manipulation check based on the RI training's learning objectives was administered directly following the RI training. The objective was to measure participants' understanding of presented materials. If participants correctly answered the manipulation check questions, then it was assumed they were listening and learned at least a minimal amount of potentially useful information from their RI training.

Independent Variable

The intervention (IV) was a two-hour role-induction training for new CITs (see outline in appendix A). The intent of the intervention was to empower CITs by providing information about the nature of supervision and the uniqueness of supervision feedback in the discipline of CE. Additionally, the presenter attempted to de-pathologize resistance by reframing it as a tool that is always present and can be harnessed. CITs were given information regarding the different manifestations of resistance, and tools to name and manage it in order to create connection with their supervisor.

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Procedures

There were three research groups, labeled A, B, and C. Based on availability, the seventeen initial participants were assigned to three groups. Each participant was assigned a participant number and group in order to match tests. Participants were invited to voluntarily take part in the study by their practicum or internship supervisor.

Week 1: All three research groups (A, B, & C) took the online baseline survey, via the Qualtrics link provided by their supervisor.

Week 2: Group A took the baseline survey previous to participation in the two-hour RI training and was given a manipulation check through pencil and paper at the end. Groups B and C re-took the baseline survey.

Week 3: Group B took the baseline survey previous to participation in the two-hour RI training and was given a manipulation check through pencil and paper at the end. Group C re-took the baseline survey and group A took the post-test.

Week 4: Spring Break, groups A, B took the post-test and group C re-took the baseline survey.

Week 5: Groups A and B took the post-test. Group C re-took the baseline survey previous to participation in the two-hour RI training and was given a manipulation check through pencil and paper at the end.

Week 6: Groups A, B, and C took the post-test.

Week 7: Groups A, B, and C took the post-test and finished.

Participant anonymity was preserved through the use of assigned number codes, in order to match pre and post-tests for the purpose of data analysis. Data from each individual in every phase was matched to the corresponding data and plotted both individually and as a group on the X and Y-axis, increasing the depth of information gained from the study. As is sometimes the

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case in multiple baseline studies, for the purposes of data analysis, each group was considered a single case ($n = 3$).

Participant coding. Participants were assigned to one of three research groups. Groups were numbered A, B, and C. Each participant was also assigned a number from 1 to 18. These two numbers were used to match baseline data to post-test data. This maintained confidentiality. For example: A participant assigned to group A would also be assigned the participant number 4. Their participant code number would be A4 and data matched accordingly.

Data Analysis

Data analysis was conducted using the Percentage of Data Points Exceeding the Median method (PEM; Ma, 2006). Ma (2006) showed PEM to be a “highly or at least moderately effective” non-parametric method for calculating significance with single-subject research in the behavioral sciences (p. 598). PEM scores range between 0 and 1 (Ma, 2006).

With PEM, a score is calculated for each phase. Each phase includes one baseline and one treatment. Also, each variable can be given a PEM score in each phase. A PEM score of 0.9 - 1.0 = highly effective, 0.7 – 0.89 = moderately effective, and 0.0 – .699 = questionable or no effect.

Methodological problems not addressed by the PEM approach. There are two problems that the PEM method does not address.

1. PEM scores are somewhat insensitive to magnitude. Ma (2006) stated that the PEM score is the equivalent of effect size and is generally synonymous to the magnitude of the effect. However, PEM scores of 100% or 1 could conceivably be obtained whether all the data points were found to be only slightly above the baseline median or much higher than the line (Ma, 2006). This lack of sensitivity to magnitude negates, to some degree,

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the general advantage behind reporting effect size (Coe, 2002). Consequently, in the results, I will not be referring the PEM-related effect sizes.

2. This method does not take into consideration trend or variability of data points. Although it was suggested that if treatment phase is discontinued once observations have stabilized, then this should act as a control. Unfortunately, this was not possible with this particular study.

Measuring intervention responses. PEM scores are calculated by drawing a horizontal line through the middle of the baseline phase running through the median data point, when there are an odd number of data points in the baseline. This line is drawn between the central two data points when there is an even number of data points in the baseline (Ma, 2006). The line is drawn to extend into the treatment phase. Calculations are made by counting the number of data points in the treatment phase that lie either above or below the line, depending on if you are looking for the reduction of a behavior (below) or the introduction of a new behavior (above) (Ma, 2006).

The PEM score is the number of data points either above or below the line divided by the total number of data points. For example if there were 11 total data points and 10 of them were above the line while looking for the introduction of a new behavior, the PEM score is $10/11 = 90.9\%$.

Summary

A multiple baseline nonconcurrent SCD was chosen to test the hypotheses. Three psychometrically validated dependent measures were identified and described. An experimenter-designed questionnaire was laid out with specific questions regarding training goals and participants and procedures were identified and defined.

Chapter Four

Results

Results from this study are described as they pertain to the five research hypotheses. These include: (a) H₁: A two-hour RI training will increase CIT assessment of the quality (effectiveness and satisfaction) of the supervisory relationship, (b) H₂: A two-hour RI training will decrease CIT ratings of role conflict within supervision, (c) H₃: A two-hour RI training will decrease CIT role ambiguity within supervision, (d) H₄: A two-hour RI training will increase CIT ability to identify personal resistance patterns within supervision, (e) H₅: A two-hour RI training will increase CIT ability to identify tools to use personal resistance patterns in positive ways within supervision. Each group, A, B, and C represent single-cases within this nonconcurrent multiple baseline single-group design. However, for a more detailed understanding of the results, additional post hoc graphs for each dependent measure are included examining individual response data.

Outcome of S-SRQ

Figure 4.1 graphs each group's S-SRQ weekly mean. Because phase one ended just previous to the administration of the IV a vertical broken phase line divides Figure 4.1 marking both the end of phase one and administration of the IV. The phase one mean was calculated by averaging together each group members total S-SRQ score within phase one. The phase one mean is indicated by the horizontal broken trendline. This trendline extends from phase one into phase two, creating a visual boundary that allows simple calculation of the percent exceeding the median/mean (PEM) score. PEM scores are located in the legend and represent the amount of change that was created due to the introduction of the role induction training or independent variable (IV) (see Figure 4.1).

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Potentially, the baseline group mean scores on the S-SRQ could range from 18 - 126. Actual weekly S-SRQ averages for all groups ranged from 92.52 - 111.6. S-SRQ scores are calculated on score increases. Visual analysis of each group showed the following PEM scores: group A, PEM = .8; group B, PEM = 1; group C, PEM = 1 (see Fig. 4.1). When group's A, B, and C's S-SRQ PEM scores were averaged together post hoc, the combined total S-SRQ score was PEM = .93 (see Table 4.13).

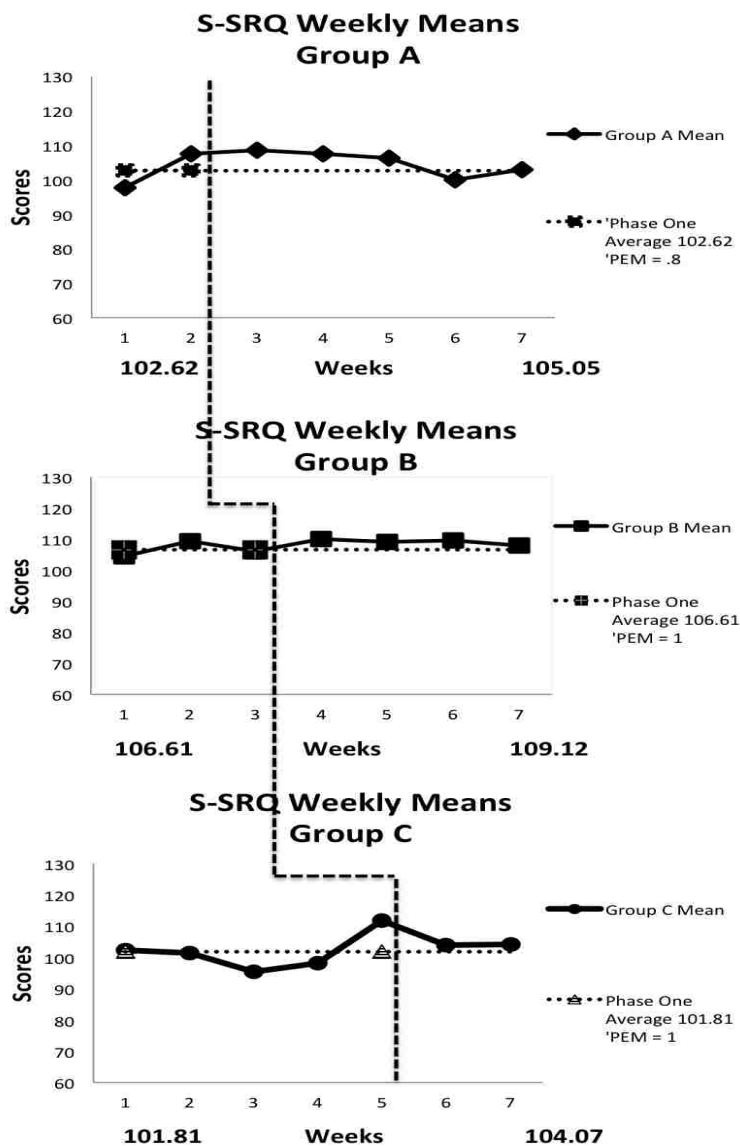


Figure 4.1. S-SRQ group weekly mean scores, group PEM scores, and phase one and two grand means

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Below is a detailed post hoc graph of the individual participants' S-SRQ total weekly scores in relation to their group members, with phase one and phase two grand means shown across the bottom (see Figure 4.2). The possible range of individual S-SRQ scores was 18 – 126 and the actual range was 61 - 126.

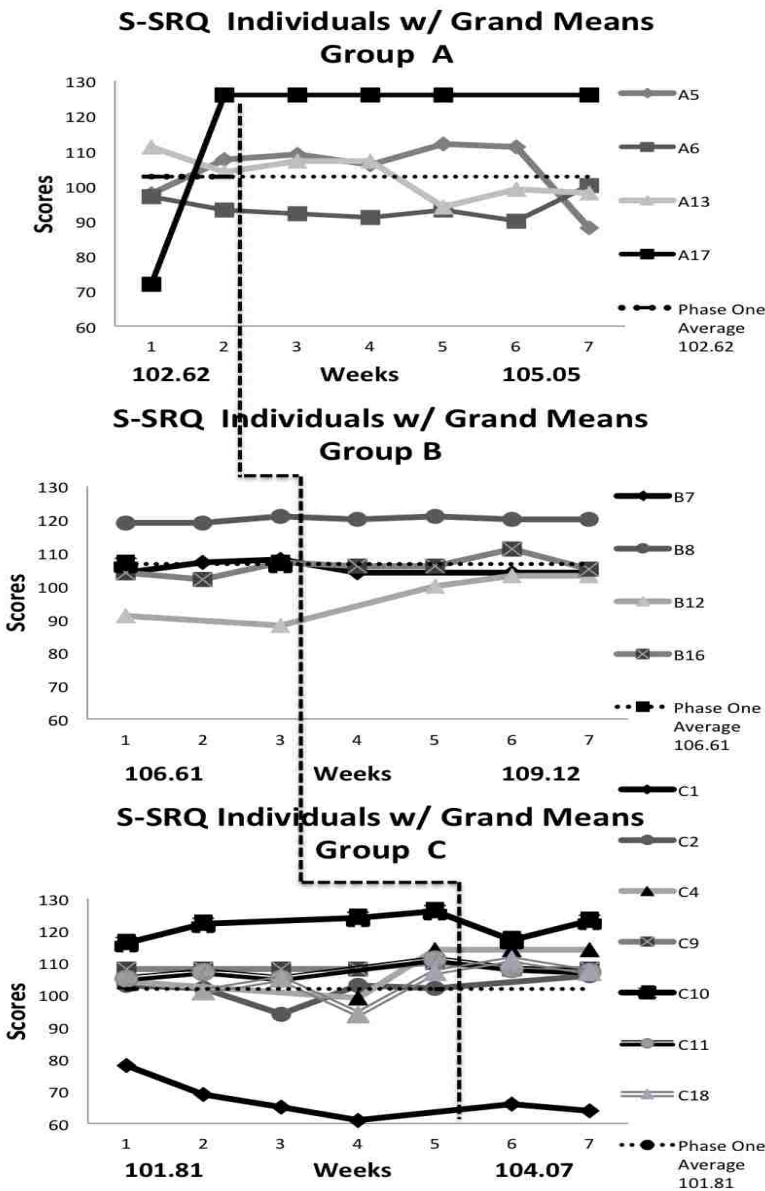


Figure 4.2. Individual weekly S-SRQ scores by group and phase one and two grand means

Table 4.1 shows a breakdown of PEM scores for each group member. Individual PEM scores were calculated using total scores. Phase one scores were plotted on a graph and averaged,

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a trendline was added symbolizing the phase one mean and was extended through phase two of the graph. The S-SRQ is calculated score increase, therefore, the points above the horizontal line in phase two were added together and divided by the total number of data points in that phase.

PEM scores are always positive numbers between 0 - 1. PEM scores are not the only visual indicator used to decide if an IV has affected some change in the DV. PEM is one component; other visual indicators may either support or refute the validity of the PEM score.

Table 4.1

Individual S-SRQ PEM Scores for Group A, B, and C

Group A		Group B		Group C	
Participant	PEM	Participant	PEM	Participant	PEM
A 5	.8	B 7	0	C 1	0
A 6	0	B 8	0	C 2	0
A 13	.2	B 12	0	C 4	0
A 17	0	B 16	0	C 9	0
-	-	-	-	C 10	.5
-	-	-	-	C 11	.5
-	-	-	-	C 18	0

Note: S-SRQ PEM scores are based on score increases and are calculated based on first phase averages and visual analysis then placed table 4.1. A PEM score of .9 - 1 = highly effective, .7 - .89 = moderately effective, and 0 - .699 = questionable or no effect.

Table 4.2 shows additional information regarding individual participants' S-SRQ results (see Table 4.2). Column 2 shows participant's last score taken directly before the intervention. Column 3 shows the participant's score taken on the final week of the study. Because this was a nonconcurrent study column 2 scores were obtained on different weeks based on group schedules. Column 4 shows the percentage of change from column 2 to 3. Percentage of change scores could range from 0.00 - 100 % either positive and negative (see Table 4.2). Actual scores ranged from -5.60 - 14.56 %.

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Table 4.2

Individual S-SRQ Phase Scores and Percent of Change

Group A			
Participant	Week Two	Week Seven	% Change
A 5	107	106	- 0.93
A 6	93	100	7.00
A 13	104	98	- 5.76
A 17	126	126	0.00
Group B			
Participant	Week Three	Week Seven	% Change
B 7	108	104	- 3.70
B 8	121	120	- 0.82
B 12	88	103	14.56
B 16	107	105	- 1.86
Group C			
Participant	Week Three	Week Seven	% Change
C 1	61	64	4.68
C 2	102	106	3.77
C 4	114	114	0.00
C 9	110	108	0.00
C 10	126	123	- 2.38
C 11	111	107	- 3.60
C 18	107	107	0.00

Note: Percentage change was calculated using the difference between the last data point before the IV and week 7 scores. Percent change scores on S-SRQ are based on increases.

The S-SRQ combined-group phase one and phase two grand mean were 103.68 and 106.08 with a 2.26 % positive change and a mean score range of 106 – 98.21 (see Table 4.14).

Outcome of RC

Previous research on the RCRAI indicated that role conflict and role ambiguity were not highly correlated. Therefore, both the RC and RA sub-scales were graphed and analyzed separately to assess whether the intervention had distinct effects on these different role difficulties (see Fig. 4.3). RC scores are based on decreases.

Seven weekly RC group averages were graphed to ascertain if the IV influenced CIT's management of role conflict they may have experienced during supervision (see Fig. 4.3). RC weekly group averages have a possible range of 13 - 65. Actual scores ranged from 13.25 -

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21.21 and PEM scores were: group A, PEM = .4; group B, PEM = 1, and; group C, PEM = .5.

When group's A, B, and C's RC PEM scores were averaged together post hoc, the combined total RC score was PEM = .63 (see Table 4.13).

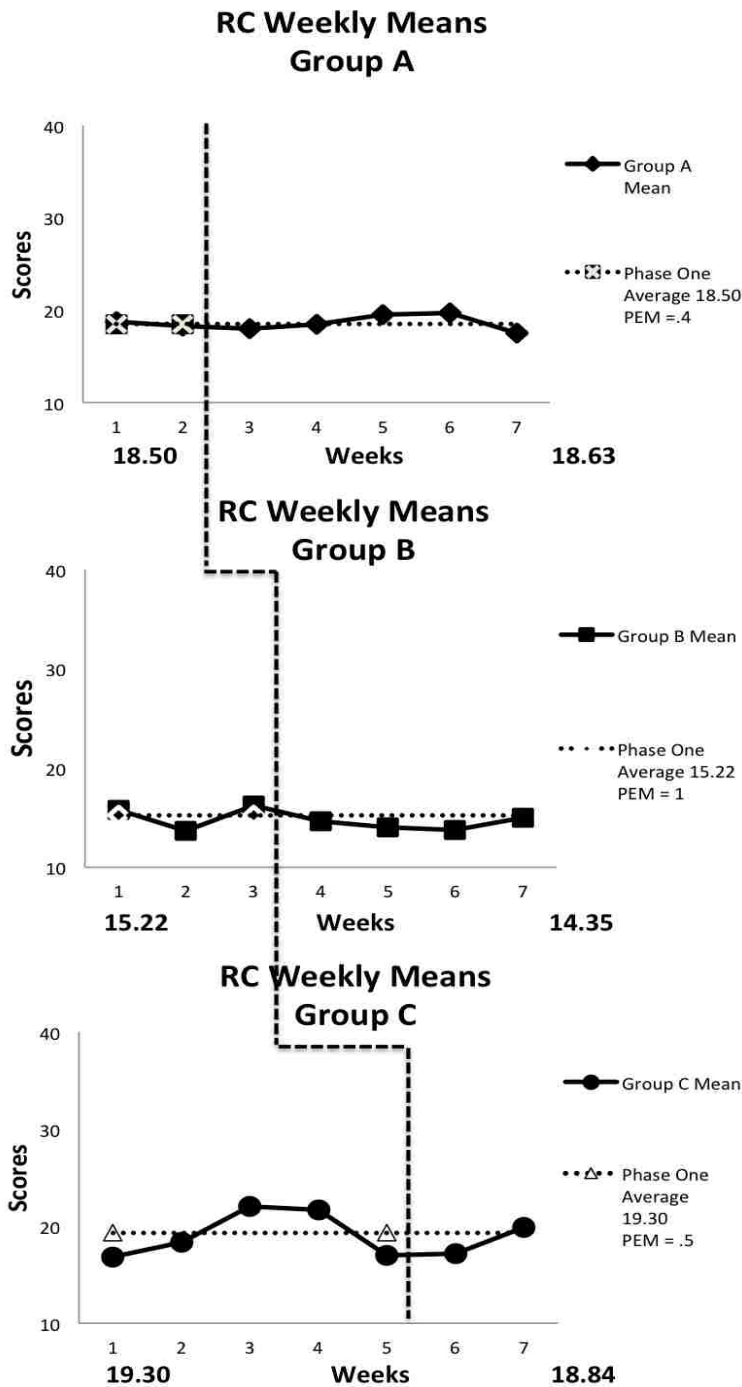


Figure 4.3. RC group weekly mean scores, PEM scores, and phase one and two grand means

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Figure 4.4 shows post hoc RC data regarding individual group members (Olk & Friedlander, 1992). Phase line and grand means are displayed. Potentially, individual RC mean scores could range from 13.00 - 65.00. Actual scores ranged from 13.66 - 41.00. Lower scores may indicate less role conflict.

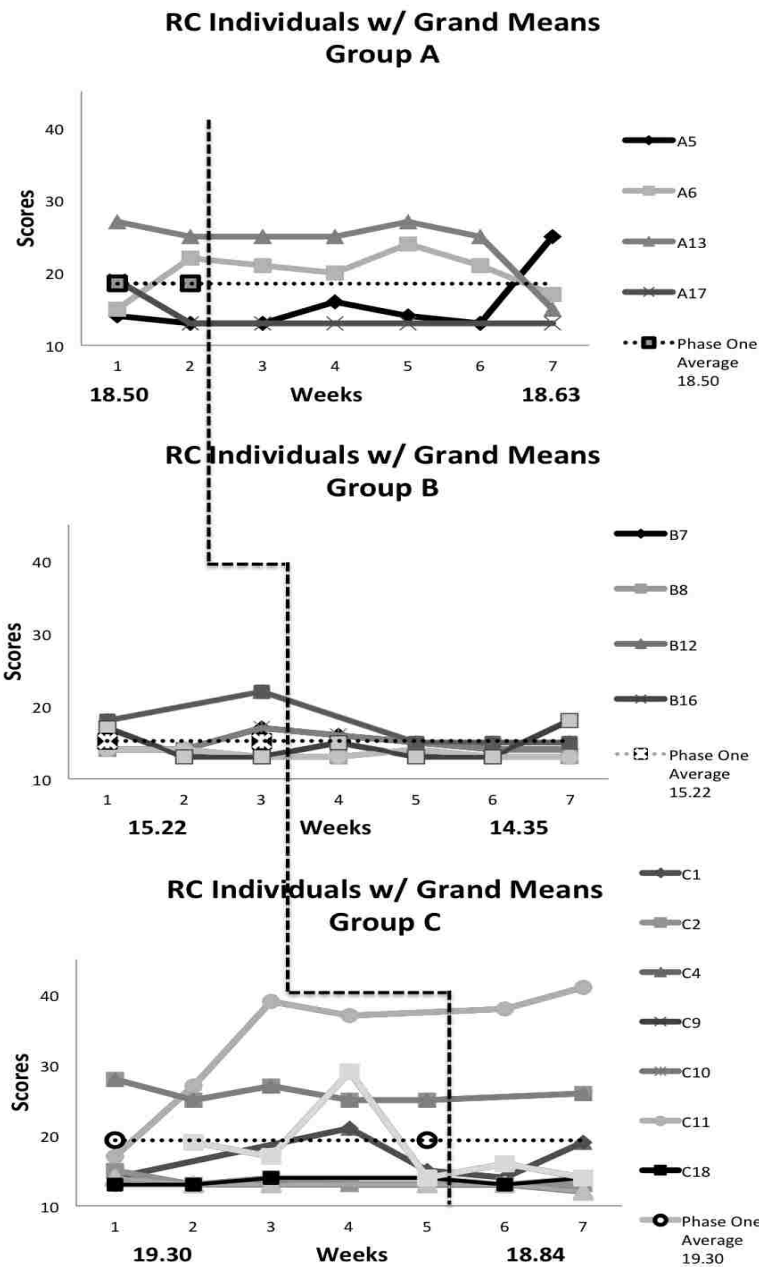


Figure 4.4. Individual RC weekly scores, phase one and two grand means

Table 4.3 shows individual group members RC PEM scores.

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Table 4.3

Individual RC PEM Scores for Groups A, B, and C

Group A		Group B		Group C	
Participant	PEM	Participant	PEM	Participant	PEM
A 5	.6	B 7	.66	C 1	.0
A 6	.2	B 8	.8	C 2	.5
A 13	.8	B 12	1	C 4	.5
A 17	0	B 16	.5	C 9	1
-	-	-	-	C 10	1
-	-	-	-	C 11	.5
-	-	-	-	C 18	1

Note: PEM scores are calculated based on first phase average and scores were put into a table. RC scores are calculated based on score decreases. A PEM score of .9 -1 = highly effective, .7 - .89 = moderately effective, and .0 - .699 = questionable or no effect.

An additional breakdown of individual RC data is shown in Table 4.4. Column 2 shows participant’s last score taken directly before the intervention. Column 3 shows the participants’ scores taken on the final week of the study. Scores were obtained based on group schedules. Column 4 shows the percentage of change from column 2 and 3. RC percentage of change scores may be positive or negative and could range from 0.0 -100 %. Actual scores had a range of -40.00 - 27.77 % (see Table 4.4).

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Table 4.4

Individual RC Phase Scores and Percent of Change

Group A			
Participant	Week Two	Week Seven	Percent Change
A5	13	13	0.00
A6	22	17	- 17.65
A13	25	15	- 40.00
A 17	13	13	0.00
Group B			
Participant	Week Three	Week Seven	Percent Change
B 7	17	14	- 17.64
B 8	13	13	0.00
B 12	22	15	- 31.81
B 16	13	18	27.77
Group C			
Participant	Week Five	Week Seven	Percent Change
C 1	37	41	9.75
C 2	25	26	3.84
C 4	15	19	21.05
C 9	13	13	0.00
C 10	13	12	- 7.69
C 11	14	14	0.00
C 18	14	14	0.00

Note: Percentage change was calculated using the difference between the last data point before the IV and week 7 scores. RC percent of change based on score decreases.

The RC combined group phase one and two grand mean was 17.67 and 17.27 with a negative change of - 2.26 % and a mean score range of 106 – 98.21 (see Table 4.14).

Outcome of RA

The RA measured participants’ experience of role ambiguity during 7 weeks of supervision (Olk & Friedlander, 1992). Lower scores may indicate less role ambiguity. Figure 4.5 shows RA weekly group averages with a possible range of 16 - 80. Actual mean scores ranged from 27 - 41. PEM scores were: group A, PEM = .2; group B, PEM = .75, and; group C, PEM = 1. When group’s A, B, and C’s RA PEM scores were averaged together post hoc, the combined total RA score was PEM = .65 (see Table 4.13).

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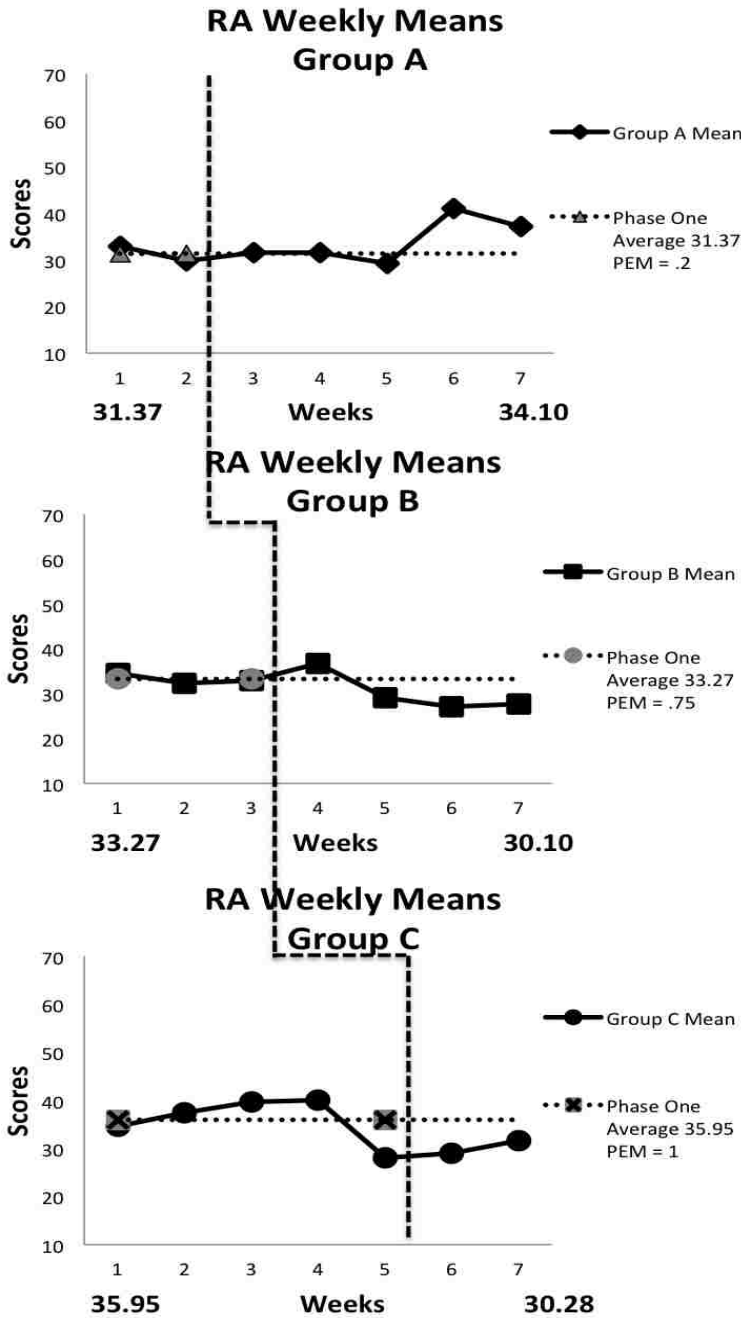


Figure 4.5. RA weekly group mean scores, PEM scores, and grand means for each phase

Figure 4.6 shows RA data regarding individual group members (Olk & Friedlander, 1992) with grand means displayed. Potentially, RA individual scores range from 16 - 80. Results on individual scores ranged from 17 - 61. Lower scores may indicate less role ambiguity.

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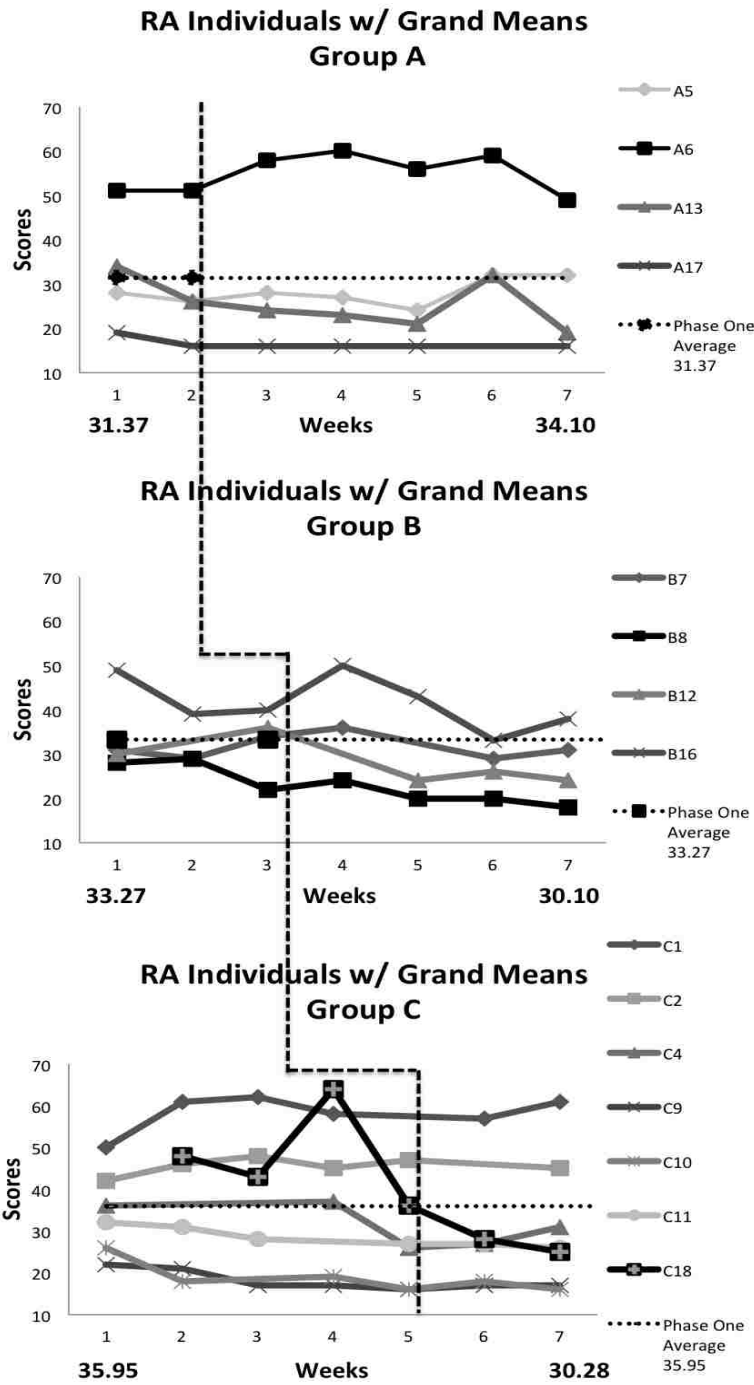


Figure 4.6. Individual weekly RA group scores, phase one and phase two grand means

Table 4.5 breaks down the individual group members RA PEM scores. RA scores were based on decreases; however, PEM scores are always positive scores and range from 0 to 1.

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Table 4.5

Individual RA PEM Scores for Groups A, B, and C

Group A		Group B		Group C	
Participant	PEM	Participant	PEM	Participant	PEM
A 5	.20	B 7	.66	C 1	.50
A 6	.20	B 8	.80	C 2	.50
A 13	.80	B 12	1.0	C 4	1.0
A 17	1.0	B 16	.00	C 9	1.0
-	-	-	-	C 10	1.0
-	-	-	-	C 11	1.0
-	-	-	-	C 18	1.0

Note: PEM scores are calculated based on first phase average and scores were put in table form. RA scores are calculated based on score decreases. A PEM score of .9 -1 = highly effective, .7 - .89 = moderately effective, and .0 - .69 = questionable or no effect.

Individual RA percentage of change scores are shown in Table 4.6 and can be a positive or negative number ranging from 0.0 – 100 %. Table 4.6 shows the actual range as -33.33 - 18.75 % (see Table 4.6). Decreased scores may indicate a reduction in role ambiguity.

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Table 4.6

Individual RA Phase Scores and Percent of Change

Group A			
Participant	Week Two	Week Seven	Percent Change
A5	26	32	18.75
A6	51	49	- 3.92
A13	26	19	-26.92
A 17	16	16	0.00
Group B			
Participant	Week Three	Week Seven	Percent Change
B 7	34	31	- 8.82
B 8	22	18	- 18.18
B 12	36	24	- 33.33
B 16	40	38	- 5.00
Group C			
Participant	Week Five	Week Seven	Percent Change
C 1	58	61	4.91
C 2	47	45	- 4.25
C 4	26	31	16.12
C 9	16	17	5.88
C 10	16	16	0.00
C 11	27	26	- 3.70
C 18	36	25	- 30.55

Note: Percentage change was calculated using the difference between the last data point before the IV and week 7 scores. Percent change score on RA are based on score decreases.

The RA combined-group phase one and phase two grand mean were 33.53 and 31.49 with a negative change of - 6.08 % and a score range of 30.10 – 35.95 (see Table 4.14).

Outcome of RQ.2

The RQ was designed to gather data concerning the effectiveness of the training and was designed by the researcher. This measure was not psychometrically validated. However, questions RQ.2 and RQ.4 have particular relevance to the hypotheses (see Fig's. 4.7, 4.8, 4.9, and 4.10). A central objective of the role induction training (IV) was teaching CITs to recognize and use their resistance in positive ways. RQ.2 inquired, "Can you recognize your resistance in supervision?" This question directly relates to H₄, and the null, H₄₀ (see Fig's, 4.7, 4.8 and Table's 4.7 and 4.8).

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Potentially, group means on the RQ.2 could range from 1 - 10. Actual combined weekly scores for all groups ranged from 2 - 10. Weekly averages were graphed in order to ascertain the possible effectiveness of the IV (see Fig. 4.7). RQ.2 scores are calculated on score increases. Visual analysis of group data showed the following PEM scores: group A, PEM = 0; group B, PEM = .75; group C, PEM = 1. When group's A, B, and C's S-SRQ PEM scores were averaged together post hoc, the combined total RQ.2 score was PEM = .58 (see Table 4.13).

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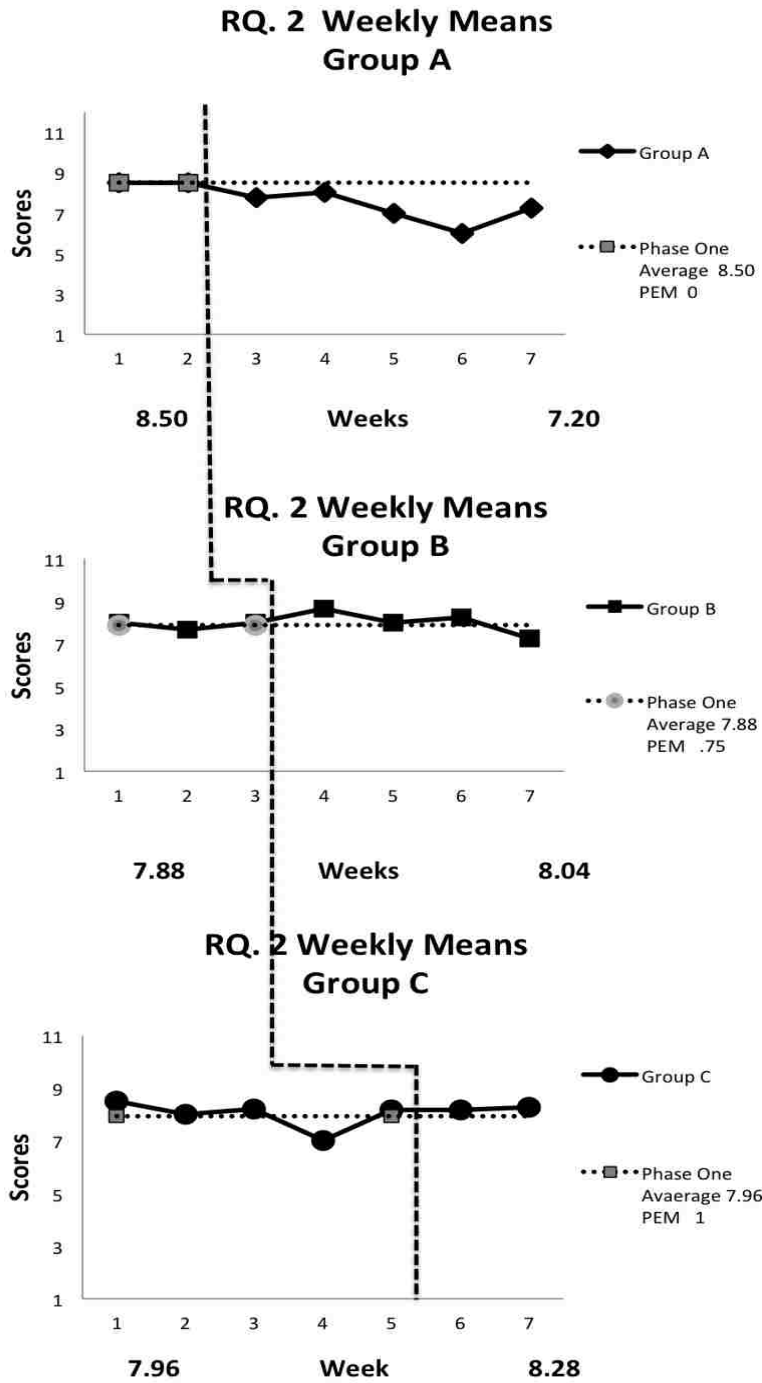


Figure 4.7. RQ.2 weekly group means, PEM scores, and grand means for each phase

The following figure gives weekly individual RQ.2 scores w/ grand means (see Fig. 4.8).

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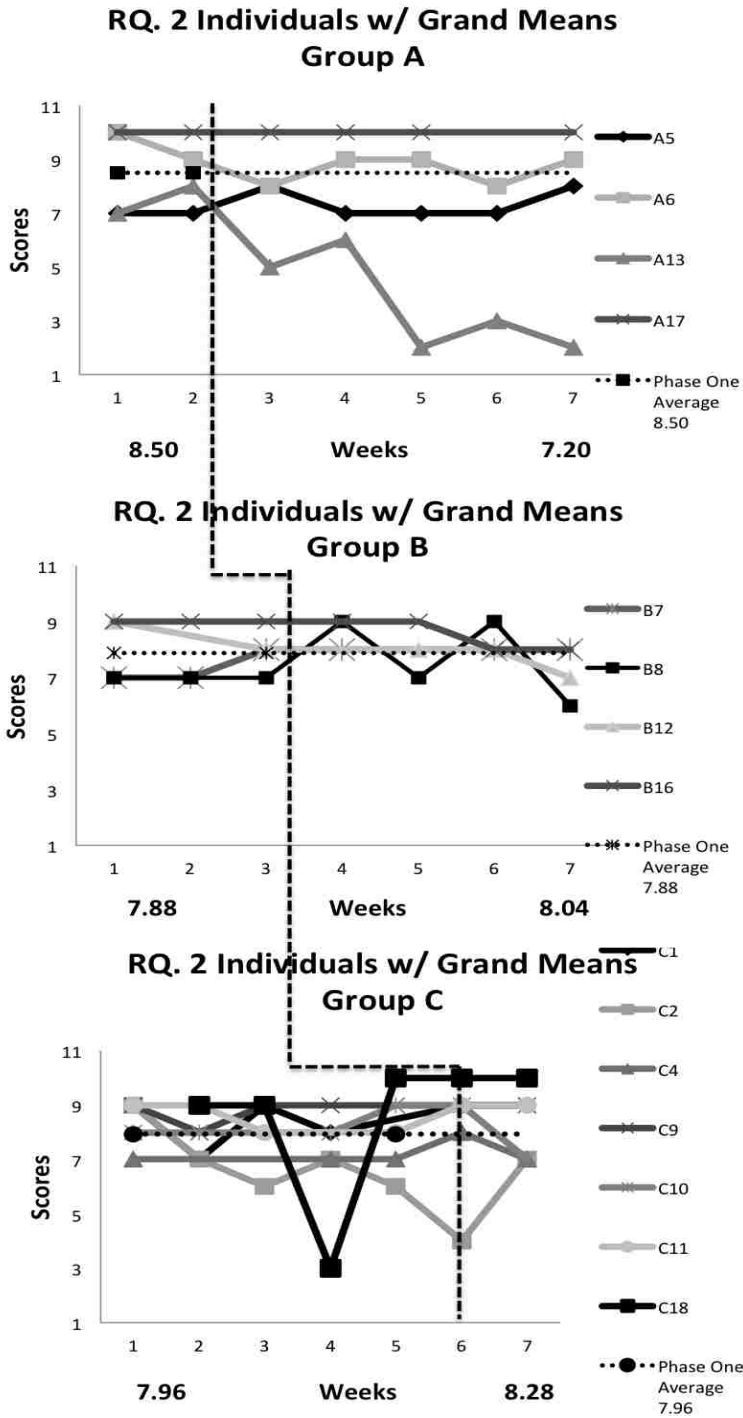


Figure 4.8. Individual RQ.2 weekly group scores, and phase one and phase two grand means

Individual participant PEM scores may assist in assessing if the training met objectives (see Tables 4.7 and 4.8). RQ.2 stated, “Can You Recognize Your Resistance In Supervision?”

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Table 4.7

Individual RQ.2 PEM Scores for Groups A, B, and C

Group A		Group B		Group C	
Participant	PEM	Participant	PEM	Participant	PEM
A 5	.40	B 7	1.0	C 1	1.0
A 6	.00	B 8	.50	C 2	.00
A 13	.00	B 12	.00	C 4	.50
A 17	.00	B 16	.00	C 9	1.0
-	-	-	-	C 10	.50
-	-	-	-	C 11	1.0
-	-	-	-	C 18	1.0

Note: PEM scores are calculated based on first phase average and scores were put in table form. RQ.2 scores are calculated based on score increases. A PEM score of .9 to 1 = highly effective, .7 to .89 = moderately effective, and 0 to .699 = questionable or no effect.

Individual RQ.2 percentage of change scores are presented below (see Table 4.8) and can be a positive or negative number ranging from 0.0 – 100 %. Percentage of change on Table 4.8 showed a range from - 75 – 14.28 % (see Table 4.8). Increased scores may indicate an increase in participants’ ability to recognize their resistance.

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Table 4.8

Individual RQ.2 Phase Scores and Percent of Change

Group A			
Participant	Week Two	Week Seven	Percent Change
A5	7	8	12.50
A6	9	9	0.00
A13	8	2	-75.00
A 17	10	10	0.00
Group B			
Participant	Week Three	Week Seven	Percent Change
B 7	8	8	0.00
B 8	7	6	14.28
B 12	8	7	- 12.50
B 16	9	8	- 11.11
Group C			
Participant	Week Five	Week Seven	Percent Change
C 1	8	9	11.11
C 2	6	7	14.28
C 4	7	7	0.00
C 9	9	9	0.00
C 10	9	7	- 22.22
C 11	8	9	0.00
C 18	10	10	11.11

Note: Percentage change was calculated using the difference between the last data point before the IV. Percent change calculated on increased RQ.2 scores. PEM scores and percent change scores assessed on increases in RQ.

The RQ.2 combined-group phase one and phase two grand mean were 8.11 and 7.84 indicating a negative change of – 3.33 % and a grand mean score range of 7.20 – 8.50 (see Table 4.14).

Outcome of RQ.4

RQ.4 evaluated participants’ perception of their preparation to deal with anxiety and/or resistance, “How prepared do you feel you deal with your personal anxiety and/or resistance that may arise when receiving feedback in supervision?” Figure’s 4.9, 4.10, and Table’s 4.9 and 4.10 refer to hypothesis H₅, and the null, H₅₀. Visual analysis of RQ.4 group data showed the following PEM scores: group A, PEM = .4; group B, PEM = 1; group C, PEM = 1. When

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group's A, B, and C's S-SRQ PEM scores were averaged together post hoc, the combined total RQ.4 score was PEM = .8 (see Table 4.13).

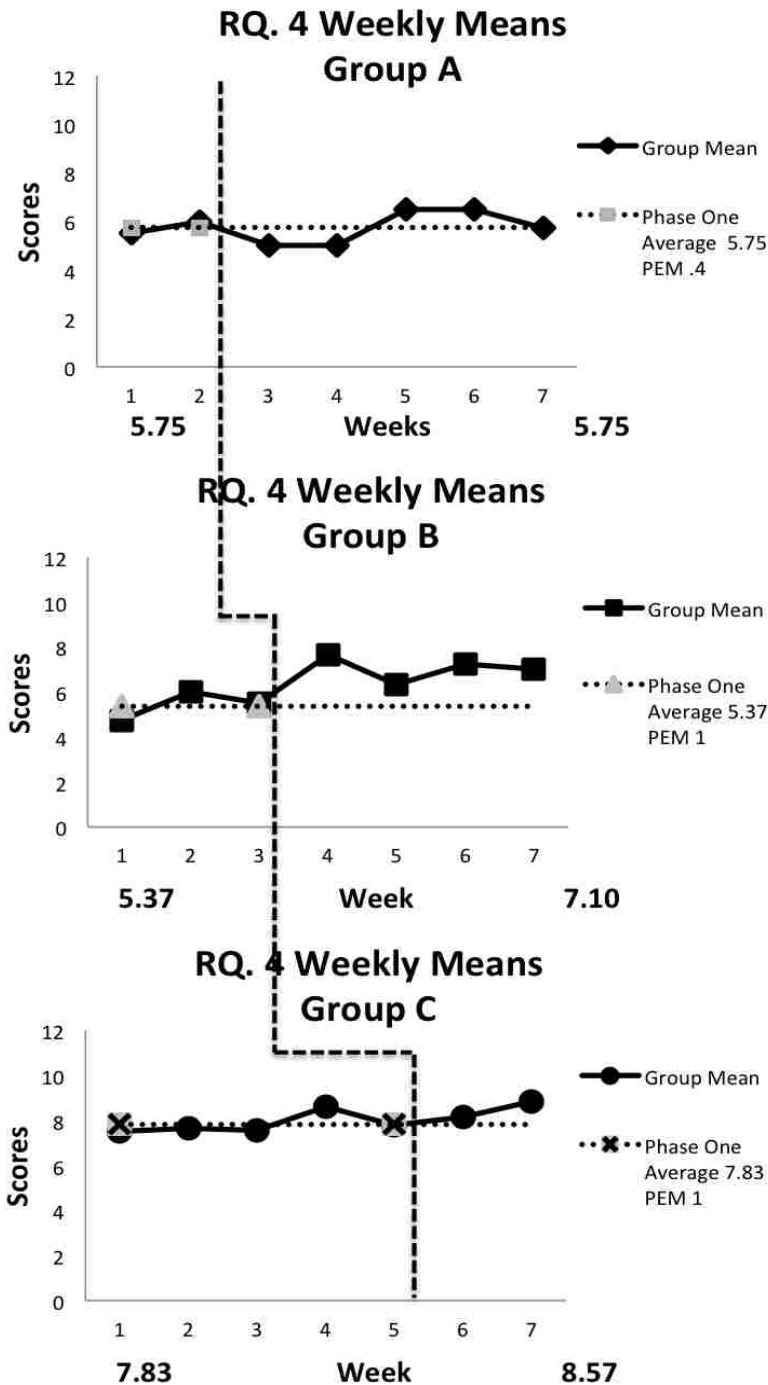


Figure 4.9. RQ.4 weekly group means, group PEM scores, and grand means for each phase

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The following figure shows individual RQ.4 scores in comparison to other group members and includes grand means (see Fig. 4.10).

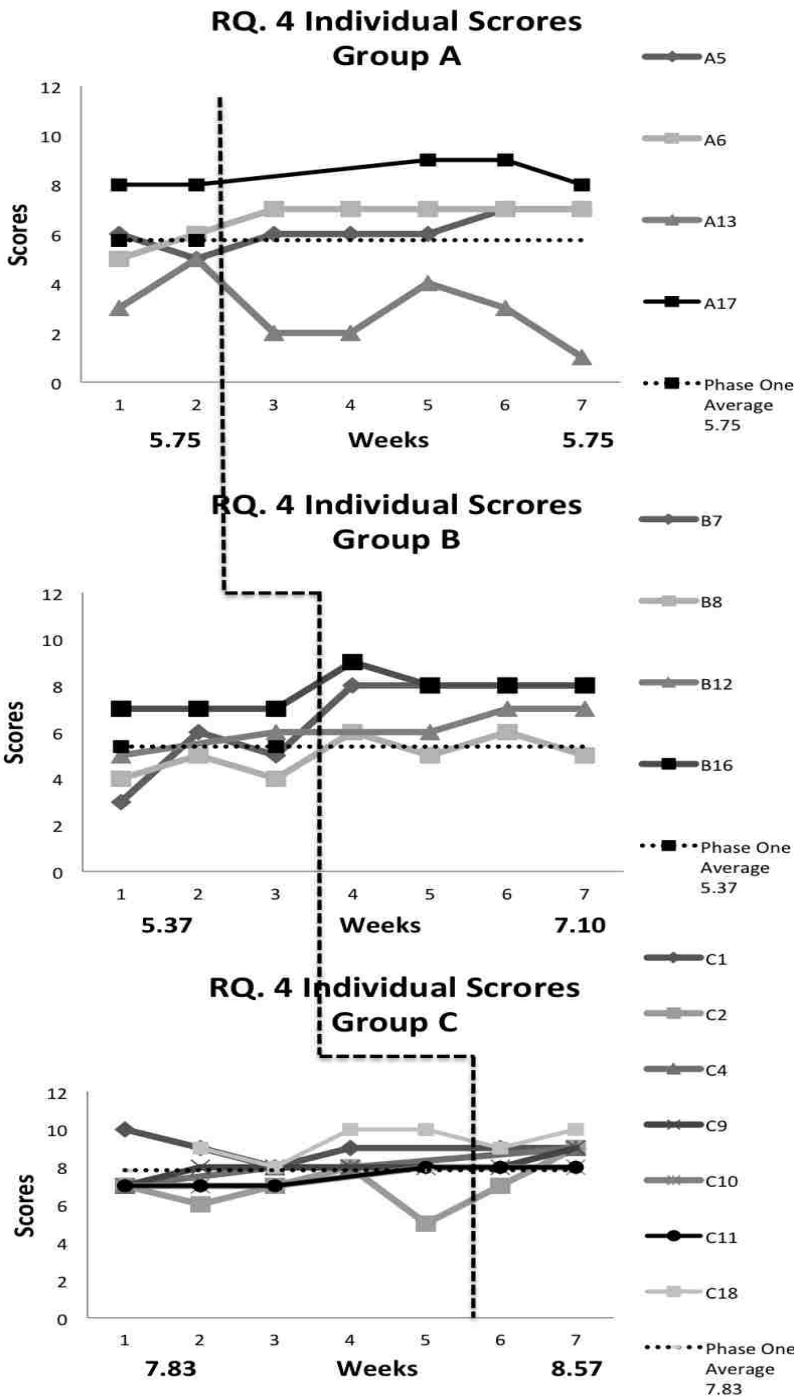


Figure 4.10. Individual weekly RQ.4 scores, phase one and phase two grand means

Individual PEM scores from RQ.4 are calculated on score increases (see Table 4.9).

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Table 4.9

Individual RQ.4 PEM Scores for Groups A, B, and C

Group A		Group B		Group C	
Participant	PEM	Participant	PEM	Participant	PEM
A 5	1	B 7	1	C 1	0
A 6	1	B 8	1	C 2	1
A 13	0	B 12	1	C 4	1
A 17	.66	B 16	1	C 9	1
-	-	-	-	C 10	1
-	-	-	-	C 11	1
-	-	-	-	C 18	.5

Note: PEM scores are calculated based on first phase average and scores were put in table form. RQ.4 scores calculated based on score increases. A PEM score of .9 - 1 = highly effective, .7 - .89 = moderately effective, and 0 - .699 = questionable or no effect.

Individual RQ.4 percentage of change scores are presented below (see Table 4.10) and can be a positive or negative number ranging from 0.0 – 100 %. Percent change on Table 4.10 shows a range from -80 - 44.44 % (see Table 4.10). Increased scores may indicate an increase in participants’ ability to apply tools learned in the training to improve supervision.

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Table 4.10

Individual RQ.4 Phase Scores and Percent of Change

Group A			
Participant	Week Two	Week Seven	Percent Change
A 5	5	7	28.57
A 6	6	7	14.28
A 13	5	1	-80.00
A 17	8	8	0.00
Group B			
Participant	Week Three	Week Seven	Percent Change
B 7	5	8	37.50
B 8	4	5	14.28
B 12	6	7	20.00
B 16	7	8	12.50
Group C			
Participant	Week Five	Week Seven	Percent Change
C 1	9	9	0.00
C 2	5	9	44.44
C 4	8	9	11.00
C 9	8	9	11.00
C 10	8	8	0.00
C 11	8	8	0.00
C 18	10	10	0.00

Note: Percentage change was calculated using the difference between the last data point before the IV. Percent change calculated on increased RQ.4 scores. PEM scores and percent change scores are assessed on increases in RQ.4 scores.

The RQ.4 combined-group phase one and phase two grand mean were 6.32 and 7.14 with a positive change of 11.48 % and a score range of 5.37 – 8.57 (see Table 4.14).

Outcome of RQ

The Researcher’s Questionnaire (RQ) measured participants’ perceptions regarding the role induction training. Figure 4.11. shows the weekly mean of the three participant groups. The RQ survey had a possible score range from 8 - 80. Actual group scores ranged from 43.75 - 58.85. RQ PEM scores were calculated from Figure 4.11. Increases in RQ scores after the intervention may indicate a positive response to the training (see Fig. 4.11 and Table 4.11).

Visual analysis of group data showed the following PEM scores: group A, PEM = 1; group B,

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PEM = 1; group C, PEM = 1. When group's A, B, and C's RQ PEM scores were averaged together post hoc, the combined total RQ score was PEM = 1 (see Table 4.13).

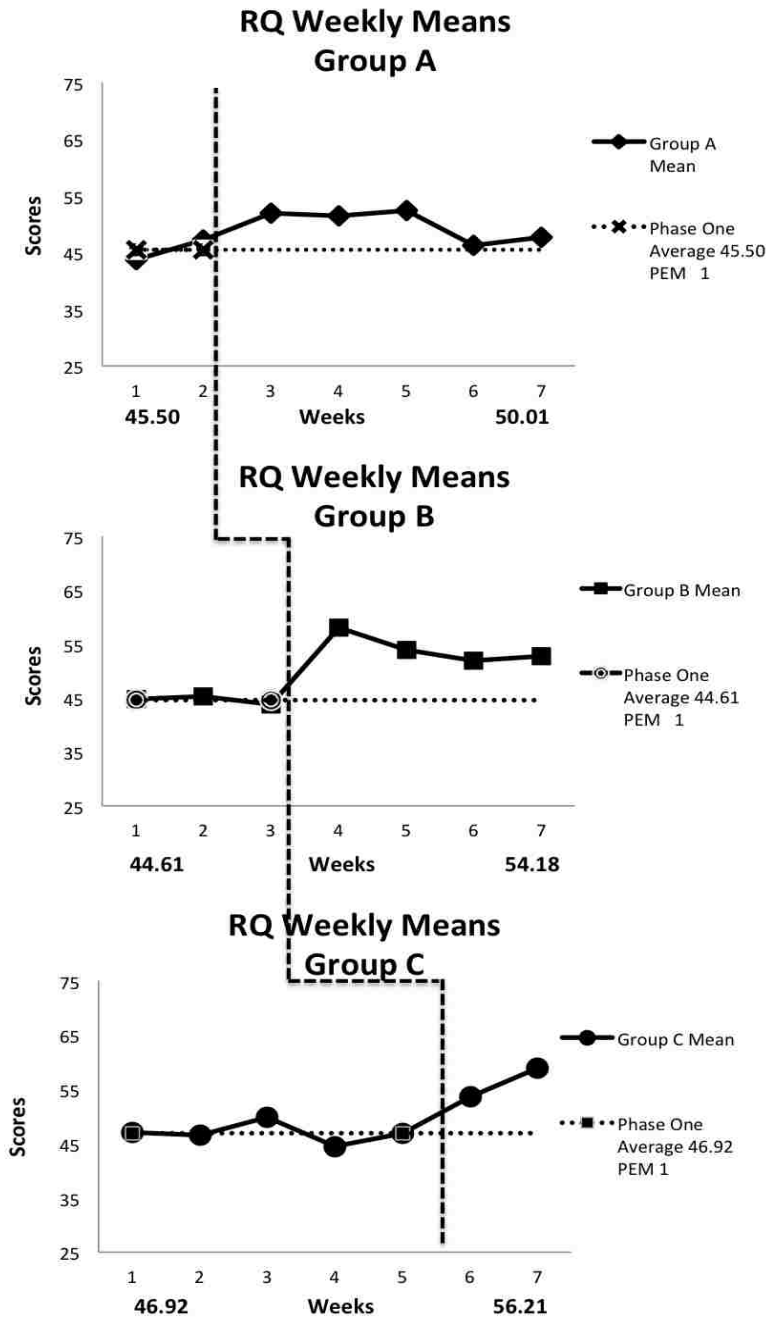


Figure 4.11. RQ weekly group mean, group PEM score, and grand means for each phase

The following figure shows individual RQ.4 scores in comparison to other group members and grand means (see Fig. 4.12).

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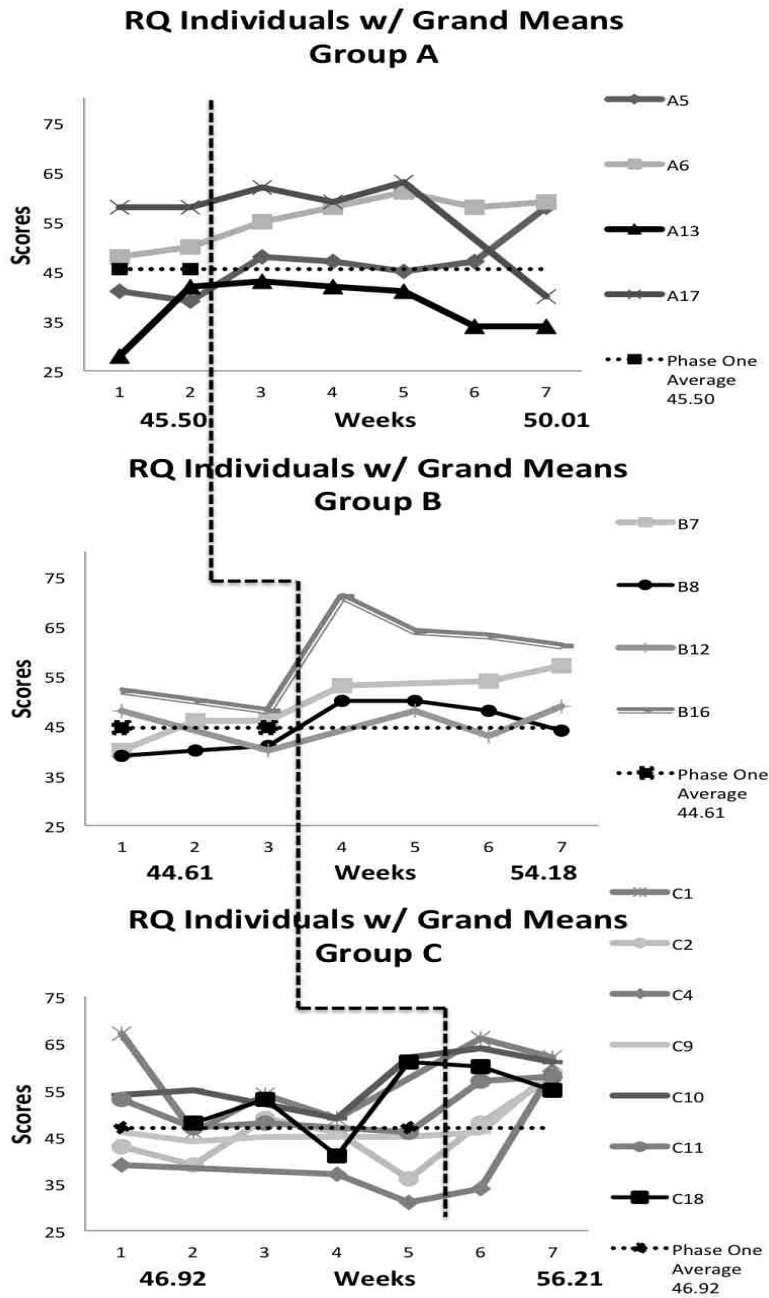


Figure 4.12. Individual weekly RQ scores by group and phase one and phase two grand means

Individual PEM scores from RQ.4 are calculated on score increases (see Table 4.11).

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Table 4.11

Individual RQ PEM Scores for Groups A, B, and C

Group A		Group B		Group C	
Participant	PEM	Participant	PEM	Participant	PEM
A 5	1	B 7	1	C 1	1
A 6	1	B 8	1	C 2	1
A 13	.66	B 12	.66	C 4	.50
A 17	.75	B 16	1	C 9	1
-	-	-	-	C 10	1
-	-	-	-	C 11	1
-	-	-	-	C 18	1

Note: Percentage change was calculated using the difference between the last data point before the IV. Percent change calculated on increased RQ scores. PEM scores and percent change scores are assessed on increases in RQ scores.

Individual RQ percent change scores are presented below (see Table 4.12). Percent change on Table 4.8 showed a range from -31.03 - 47.45 % (see Table 4.8). Increased scores may indicate a positive response to the training.

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Table 4.12

Individual RQ Phase Scores and Percent of Change

Group A			
Participant	Week Two	Week Seven	Percent Change
A 5	39	58	32.75
A 6	50	59	15.25
A13	42	34	- 19.04
A 17	58	40	- 31.03
Group B			
Participant	Week Three	Week Seven	Percent Change
B7	46	57	19.29
B8	41	44	6.10
B12	40	49	18.36
B16	48	61	21.31
Group C			
Participant	Week Five	Week Seven	Percent Change
C 1	49	62	20.96
C 2	36	58	37.93
C 4	31	59	47.45
C 9	45	59	23.72
C 10	62	61	- 1.61
C 11	46	58	20.68
C 18	61	55	- 9.83

Note: Percentage change was calculated using the difference between the last data point before the IV. Percent change calculated on increased RQ scores. PEM scores and percent change scores assessed on increases in RQ scores.

The RQ combined-group phase one and phase two grand mean were 45.67 and 53.47 showing a positive change of 14.59 % and a grand mean score range of 44.61 – 56.21 (see Table 4.14).

PEM Results

PEM scores were used to determine whether the role induction intervention stimulated a change in scores between the baseline phase and the intervention phase. PEM score significance was pre-set according to convention at .9 - 1 indicating high effect, .7 - .89, a moderate effect, and scores less than .7 characterizing the effect as questionable (Wolery, Busick, Reichow, & Barton, 2010). In Table 4.13 all the groups’ scores were averaged and a total PEM score was

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calculated for each dependent measure and the range of scores is shown. The lower portion of Table 4.13 shows the individual group PEM scores for each dependent measure.

Table 4.13

Combined-Group PEM w/ Range and Group A, B, and C Scores

	S-SRQ			RC			RA			RQ.2		
PEM	.91			.55			.65			.58		
Range	.75-1			.4 - .75			.2 - 1			.6 - 1		
	Groups			Groups			Groups			Groups		
	A	B	C	A	B	C	A	B	C	A	B	C
	1	.75	1	.4	.75	.5	.2	.75	1	.6	1	1
	RQ.4			RQ								
PEM	.8			1								
Range	.8-1.0			0.4-0.75								
	Groups			Groups								
	A	B	C	A	B	C						
	.4	1	1	1	1	1						

Note: PEM calculations: .9 - high effect; .7- .9 moderate effect; and < .7 questionable or no effect. PEM scores from each group were combined and an overall average was taken.

The following table shows the percent change between the combined groups' grand means of phase one and the combined grand means of phase two after the administration of the IV (see Table 4.14). The grand mean for each phase and the mean range are also included (see Table 4.14).

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Table 4.14

Combined-Group Grand Means w/ Percentage of Change for All Dependent Measures

	I/ S-SRQ	I/ RC	I/ RA	I/ RQ.2
Phase One Grand Mean	103.68	17.74	33.39	8.11
Phase Two Grand Mean	106.08	16.76	31.90	7.84
Percent of Change	2.26 %	- 5.52 %	- 4.46 %	- 3.33 %
Grand Mean Score Range	106.20 – 109.13	15.75 – 18.98	30.10 – 35.52	7.20 – 8.50
	I/ RQ.4	I/ RQ		
Phase One Grand Mean	6.32	45.67		
Phase Two Grand Mean	7.14	53.47		
Percent of Change	11.48 %	14.59 %		
Mean Score Range	5.37 – 8.57	44.61 – 56.21		

Note: A – or + sign clarifies the direction of percent change

Summary

Results of this study indicated that the role induction training had no effect on any of the dependent measures. S-SRQ scores were initially positive, however, post hoc analyses did not support rejection of the null. RC, RA, and RQ.2 results were less promising showing only minimal change in the dependent variables. RQ.4 had some scores that indicated further exploration; never the less, a low group A PEM score prevented rejection of the null. The researcher’s questionnaire had the most promising results, however it was not connected to a hypothesis and was for informational purposes only.

Chapter Five

Discussion

In this study I evaluated whether an experimenter-designed two-hour role-induction training for counseling practicum and internship students would (a) improve the supervisory relationship, (b) decrease feelings of role ambiguity and role conflict within supervision, and (c) improve CIT's ability to detect and use their resistance in supervision.

Supervisory Relationship Quality

It was hypothesized that a two-hour role RI training would improve CITs' report of the quality of the supervisory relationship. Looking at the PEM analyses of S-SRQ phase one and phase two scores in isolation, it appears that this hypothesis is supported (see Fig. 4.1). Specifically, all three groups had PEM scores of .8 or above. Additionally, when all three groups scores were combined, the S-SRQ PEM score was .93 (see Fig. 4.13). These PEM scores indicate that the training had a moderate to high effect upon participants' assessment of the quality of their supervisory relationship. Immediate positive change from the mean line directly following the administration of the IV seemed to confirm these moderate to high responses in all three groups (see Fig. 4.1).

In contrast, detailed examination of individual scores revealed a pattern somewhat different than the group PEM analysis (Fig. 4.2 and Table's 4.1, 4.2). While eight participants had moderately high to very high PEM scores, seven had very low scores, 0 - .5 (see Table 4.1). Overall, the individuals' percentage of change, as well as changes in grand means, was minimal and did not support the hypothesis (see Table's 4.2, 4.14, and Fig. 4.3). Analysis of combined group grand means only showed a low increased change of 2.26 % in S-SRQ scores (see Table 4.14).

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Even though all group S-SRQ PEM scores indicated moderate to high IV effects, an examination of individual PEM and percentage of change scores brought into question the training's effect on the SR (see Table's 4.2, 4.3). Consequently, with slight hesitation, I will fail to reject the null hypothesis and concluded that a two-hour role RI training did not increase CITs' assessment of the quality (effectiveness and satisfaction) of the supervisory relationship.

The RI training was also hypothesized to decrease CITs' ratings of role conflict (RC) within supervision. The RC subscale of the RCRAI was used to evaluate decreases in RC. Visual analysis of weekly group means showed no effect (see Fig. 4.3) and the combined group RC total PEM score was only .63, indicating questionable or no effect (see Fig. 4.3, Table 4.13). Even though, visual analysis showed immediate decreases in RC scores across all groups (see Fig's. 4.3, 4.4), still, changes were not sustained over time (see Fig's. 4.3, 4.4). Likewise RC individual percentage of change and grand means across all groups showed small decreases (see Fig's. 4.3, 4.4 and Table 4.4) and the combined group grand-mean substantiated these decreases with a -2.26 % change between intervention and termination scores (see Table 4.14). Even though these decreases are promising, visual analysis and PEM scores do not warrant rejection of the null (see Fig. 4.3). Therefore, it appears that the two-hour RI training had no effect on CITs' role conflict within supervision.

It was also hypothesized that role ambiguity in supervision would decrease following administration of the IV. Figure 4.5 clearly showed that the IV had no effect on RA sub-scale scores. Results of combined group PEM scores, individual and group grand means, as well as individual PEM scores, confirmed that the IV did not decrease role ambiguity in supervision (see Table 4.13, Fig's. 4.5, Fig. 4.6, and Table's 4.13, and Table 4.5). The only two mitigating indicators were moderate to high PEM scores for groups B and C of .75 and 1, and an overall

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group grand-mean percent-change of -6.08 % from last phase one scores to week seven scores (see Fig. 4.3 and Table's 4.13, 4.14). Results do not warrant rejection of the null hypothesis, therefore, I concluded that the two-hour RI training had no effect on CITs' role ambiguity within supervision.

The researcher's questionnaire is not a psychometrically validated instrument. Results regarding RQ.2, RQ.4, and the RQ, were intended to provide the researcher with specific feedback regarding training outcomes to inform future research decisions and should be considered from that perspective.

RQ.2 answers H₄, and the null, H₄₀. Visual analysis of group weekly means did not support the hypothesis producing a low combined PEM score of .58 (see Fig. 4.7, 4.8, and Table 4.13). Only five out of 15 participants had individual PEM scores of 1, the other 10 scores were very low, 0 - .5 (see Table 4.7). Additionally, individual percentage of change scores revealed several very large decreases over time (see Table 4.8). Consequently, there was no evidence of improved ability to detect personal resistance. RQ.2 scores bring up serious questions regarding the effectiveness of the IV on the grounds that self-detection of resistance was the central focus of the intervention. Hence, I will fail to reject the null hypothesis and conclude that a two-hour role RI training had no effect on CITs' ability to self-detect resistance.

RQ.4 was designed to answer the H₅, and the null, H₅₀, specifically looking to see if participants were able to apply tools learned in the training to improve supervision. Initial analysis of group weekly means and PEM scores did not support this hypothesis (see Fig's. 4.9, 4.10). Interestingly, individual PEM scores showed that 11 out of 15 or 73 % of participants scored a PEM of 1 and the combined RQ.4 PEM score showed a moderate effect of .8 (see Table's 4.9, 4.13). The overall group grand means also indicated a modest 11.48 % increased

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ability to apply the tools learned in the training (see Table 4.14). Although these numbers may provide some rationale for further study, visual analysis does not warrant rejection of the null (see Fig. 4.9). I therefore fail to reject the null hypothesis and conclude that a two-hour role RI training had no effect on CITs' ability to apply the tools learned in the training to improve supervision.

Visual analysis of group and individual RQ scores indicated the most immediate and dramatic changes, across all three groups following administration of the IV (see Fig's 4.11, 4.12). All three groups had a PEM of 1 (see Fig. 4.11 and Table 4.13). Individual PEM scores also support the effectiveness of the training with 12 participants scoring a 1, and 3 having scores from 0 to .66, showing no effect (see Table's 4.11, 4.13). Even through combined group grand means showed an overall increase of 14.59 % change, 1/3 showed sharp decreases in scores. There was no hypothesis associated with the RQ and results are only informational.

A manipulation check was administered to participants directly following the training. The purpose of the check was to ensure that participants heard and understood the presented materials. Three participants failed to return their survey because of pressing time commitments. Of the 11 participants who responded, the average score was 77 %. This average score may either indicate that the training materials were not well communicated or understood by participants or that the questions in the manipulation check did not accurately evaluate the training content.

Explanations and Limitations

From the beginning of designing this study, one of the biggest challenges I faced was to find an existing dependent measure with reasonable psychometric properties that was a good fit for evaluating the effects of the independent variable. I considered measuring anxiety (like

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Ellis), but eventually decided to use the S-SRQ and the RCRAI because I thought they had the best chances of measuring the changes I wanted to produce in the role induction training. In addition, I created a short questionnaire. Not surprisingly, my self-made questionnaire appeared to capture some modest change that may have been produced by the training. Unfortunately, this questionnaire has only face validity and no psychometric validity or reliability. Consequently, the best that can be said is that it appears that, given the right measure, the role induction might eventually be judged as effective in producing change.

Another issue that may have reduced the power of the role induction training to produce change is the fact that only the supervisees received training. This is important because only ½ of the supervisor-supervisee dyad received training, meaning the training's unique premise that resistance can be used to create connection may have been as foreign to supervisors as it was to participants. For example, successful use of the presented relationship tools required participants to be somewhat emotionally vulnerable with their supervisors and vulnerability tends to work best when used with individuals who are receptive and supportive. Participant comments regarding supervisors' lack of comparable training revealed participant fears that supervisors would not be open to the new skills that were taught in the training. Of course, since supervisor-supervisee interactions and supervisor's attitudes toward supervisee vulnerability were neither observed nor evaluated, this is only a potential and speculative explanation for the results.

Additionally, change in the supervisory relationship was only measured from the perspective of the supervisee. Correlating supervisee and supervisor perspectives may have yielded additional information.

Ceiling and Floor Effects. Ceiling (or floor) effects occur when initial measurements of study participants are so high or so low on a specific scale that there is little or no room for

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improvement. Both ceiling and floor effects limited the detection of change in this study. For example, RCRAI scores on role conflict (RC) had a potential range from 13 - 65 and individual group (A, B, and C) scores ranged from 13.66 – 20.66. Clearly, supervisees initial low RC scores allowed little room for change related to the role induction intervention. Similarly, initial S-SRQ scores were high enough to suggest that ceiling effects, in part, might explain the lack of change on that particular measure.

History. Threats of history were an important element in this study. It is impossible to measure and control the myriad outside events that could affect the supervisory relationship; these events could be unique to individual participants and events unique to individual supervisors. The study design could not rule out unforeseen influences on the supervisory relationship. It is possible that the fact that all of the supervisees already had established relationships with their supervisors may have made it more difficult for their relationship dynamics to change as a function of the role induction training. Additionally, there may have been possible participant frustration over repeatedly taking the same somewhat arduous survey.

Mortality. Mortality in this nonconcurrent multiple baseline single-case design was tracked (Christ, 2007). One participant entered the study on week two, and three participants withdrew after week one. In 17 incidents participants neglected to take the survey in a timely manner or omitted taking it completely. Two participants failed to complete the survey the week directly prior to the training and three different participants postponed completion of the survey until the second week of phase two. This was important because data collected previous to the training created the baseline used to measure all the change following the administration of the IV and could have compromised detection of change effects between phases. Although it is unlikely, these compromises to the data may have had an unknown effect on the study outcome.

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The decision was made not to discard extreme or missing data. There were several incidents of both. In some cases participants did not answer every questionnaire item. When data were completely missing, averages were calculated not counting that point. If there was an extreme score such as zero, that point was included in the average unless there was evidence that the score was invalid. There were a few incidents of extremely low scores. For example, one participant from group A had moderately high scores regarding the helpfulness of the training throughout the four weeks of the intervention phase; on week 7 their score was zero. These types of outliers were included in the results. In this case, questions regarding the threat of history remain. One participant took the survey eight times instead of seven. The last two data points were established on consecutive days. However, the scores were much different and the decision was made, in consultation with the dissertation chair, to make calculations based on the last data point. It was anticipated that the final evaluation accurately represented the participant's experience. The main limiting factor associated with mortality and idiosyncratic participant responses involved the inclusion of outliers in a very small group single-case design. Obviously, when the sample size is small and one participant has extreme or erratic scores, the overall mean scores are substantially affected. A larger sample size and traditional quantitative group design could have helped mitigate the effects of outliers and score variability.

Errors in data interpretation were possible when the initial baseline phase shows excessive variability or increasing or decreasing trends in test outcomes. This is especially true in studies where certain behaviors are plotted several times in the baseline phase, indicating the beginning level of the targeted behavior before the administration of the independent variable (IV) (Kratochwill et al., 2013). Because this study used validated instruments answered directly by participants through self-report, and these instruments were not evaluating behavior, but

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participants' feelings and attitudes, it was anticipated that baseline measurements would be less variable. However, this was not always the case. There was some extreme variability in baseline scores. When these group means were compared to individual baseline scores, concern over variability was partially mitigated, but baseline score variability still contributed to the poor utility of the PEM procedure.

Maturation. Given the short 7-week timeframe, maturation was not initially a large concern. It was assumed that this was too short of a time period for changes to occur based on the natural growth cycle. During the course of the training experience the researcher became aware of the multiplicity of the several cognitive, emotional, and behavioral changes that were needed before behavioral change in supervision could occur. First, there needed to be an effective reframing of personal resistance as a positive aspect of the self, before motivation for self-examination would feel beneficial and not threatening. Then, understanding of what to look for and a concrete method of discovery needed to be understood. Last, once the resistance was discovered, participants needed to understand how new tools could augment their resistance creating a positive effect on the supervisory relationship. These objectives needed to be met in two-hours and then applied within the supervision context within a relatively short time period. Maturation is a change in participants' behavior or feeling extraneous to the application of the IV, but connected to the natural growth or maturing of participants during the study (Christ, 2004). In this case, there may not have been enough time for these multiple complicated constructs to be integrated enough to see the effects in 7 weeks. One group only had 2 weeks to integrate and apply the training principles.

Instruction variability. Differences in participants' practicum and internship instruction created another limitation. Because a different supervisor instructed each practicum and

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internship group, differences in style, competency, and openness to participants' attempts to implement new skills likely varied. Data were not analyzed to compare how the students' training may have had differential effects across the different practicum and internship instructors.

Researcher bias. Another limitation to the study was that I had previous experience with the participants as their supervisor and teaching assistant. Participants may have held either positive or negative feelings towards me. These feelings could have affected their responses. Also, because I developed and presented the RI training, my bias may have been expressed in ways that were both within and outside of my awareness.

Implications and Speculations

The creation of a training that increases CITs' ability to identify and productively manage their resistance in supervision could have long-term positive implications for counseling supervision. Increased self-awareness might be a positive step in managing resistance to feedback. A training that increases self-identification of resistance might be valuable not just in supervision, but may transfer to other environments where unrecognized resistance may impair relationship building. Even though the study clearly reveals that the training did not reduce role ambiguity in supervision nor help CITs combine the outlined tools with their resistance to improve supervision, some individual participants appeared to experience improved supervisory relationships following the training, as well as some decreased role conflict. Consequently, although hypotheses 1 - 3 and 5 were rejected, the results can also be interpreted to suggest that role induction training for supervisees may, under some circumstances, assist individual supervisees in having more positive supervision experiences.

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Significance and Additional Benefits

The current results may have heuristic value and generate additional qualitative and quantitative research ideas that focus on exploring the mechanism of helpful supervision? This is one of the few studies conducted to evaluate RI trainings for supervision. Recent research on a very short RI training showed that it had no effect on supervisee anxiety (Ellis, 2015). A study that shows CITs can be trained to increase self-identification of resistance may be groundbreaking. With little empirical evidence on supervision effectiveness, and with development of best practices for supervision in its infancy, this type of study implies that RI trainings may be developed to elicit some positive effects.

Central to all relationships is the ability to give and receive influence. Resistance is a well-identified reaction in the workplace and at home, that, for some, impedes receiving influence from others and may limit learning and growth. Identifying methods to increase openness and to decrease defenses may have significance to relationships of many kinds.

Future Research

Future research options are numerous. Self-detection of resistance, as well as its positive uses is a research topic with potential. In exploration of this topic, my main research recommendations include: (a) find a better dependent measure or develop a validated and reliable measure that evaluates and the construct of relational resistance as it pertains to the receiving of influence and/or feedback, (b) do a larger group study because that might help wash out the individual differences, (c) conduct a qualitative study to explore elements essential motivating supervisees to engage in self-discovery experiences, (d) conduct a longitudinal study to establish the optimal developmental period required for integration of these concepts may fine tune training objectives and expectations, (e) conduct a study focusing on supervisees who have

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a low or negative phase one score. This may reveal a sub-population that could benefit from the training, because they have more room to grow. This study focused on empowering supervisees through RI training. It may be that supervisors could have a larger influence on the development of the relationship than presently thought. A study to see if supervisors can detect resistance and respond to it productively to strengthen the relationship may have value.

Because resistance is present to some degree or another in many relationships, exploring the effects of unmanaged resistance has potential. The multiple settings where this training could be useful and also of interest include, resistance to influence and or feedback in the workplace, in education, between parents and children, and in intimate partnerships. These are all potential avenues where research on helping individuals become more aware of their inner resistance could add to the body of existing knowledge as well as contribute to applied methods in counseling and psychology.

Conclusion

This dissertation focused on the need for a research study regarding resistance to supervision and the possible positive uses of this traditionally pathologized response within an intern-supervisor relationship. A thorough literature review regarding supervision requirements, models, concerns, as well as possible solutions to improve the supervisory relationship was provided. Methodology on this multiple baseline nonconcurrent SCD was outlined. Results were then presented and a discussion rendered.

Ultimately, limitations regarding instrumentation as well as finite time availability left many questions unanswered. The small sample size, extreme outliers and variable baseline averages clarified the need to refine measurement and research methods that could expand our understanding of resistance, and its potential as a positive relational tool within supervision.

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Appendix A

Role-induction Training

I. Introduction

This portion of the training covers the history, rationale, and challenges associated with supervision. Learning objectives include: (a) identify the purpose of supervision; (b) describe how and why supervision can stimulate anxiety.

A. The purpose of supervision

- a. The professional call for supervision
 - i. The need to improve the profession and protect the client
- b. Supervisor accountability
 - i. Supervisors are responsible for
 1. Your client
 2. You
 3. The profession
 - ii. Responsibility to remediate on these three aspects
 1. Academic performance
 2. Professional development
 3. Personal development
 - iii. Legal Ramification
 1. Lawsuits McAdams & Foster, 2007
 - a. Due process
- c. Eleven qualities students want in a supervisor
 1. Flexibility

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2. Permissive
3. Outgoing
4. Self disclosing
5. Nonjudgmental
6. Expert
7. Trustworthy
8. Supportive
9. Help to explore your feelings
10. Allow development of your own style
11. Empathic

B. How and why supervision can create anxiety

a. Three main issues

i. Common relationship disputes

1. First impressions
2. Common expectations

ii. Unique CE expectations

1. Role conflict i.e.: Student, Colleague, Counselor, Client,
Supervisee
 - a. Presenting example of weak work
2. Role ambiguity i.e.: Being evaluated on aspects of the self
 - a. What aspects am I being evaluated on?
 - i. Ability to create relationship
 1. Rogers core values

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- ii. “The commitments, characteristics, values, beliefs, interpersonal functioning, and behaviors that influence the counselor’s professional growth and interactions with clients and colleagues” (CACREP, 2016, Section 4: Evaluation in the program).
- 3. New type of educational experience for master students
 - a. Challenging educational self-concept
 - b. Unable to present best self
 - c. Losing control of outcome in front of peers and authority

II. Anxiety, Role Difficulties, Resistance, and Self-Awareness.

In this training component, various factors that can contribute to resistance are discussed and self-awareness of resistance is introduced as a method for managing and utilizing CIT resistance. Learning objectives include: (a) describe how and why supervision can be viewed as threatening; (b) identify how resistance can interfere with optimal learning; and (c) identify that CIT resistance is a natural response to a new and challenging situation; (d) describe how self-awareness can be developed and used as a tool to reframe natural CIT resistance.

- A. How and why supervision can be viewed as threatening
 - i. A healthy response to protest the self
 - 1. Starts young
 - 2. Patterns persist

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- B. Identify how resistance can interfere with optimal learning.
 - i. Resistance consumes energy
 - ii. Stops growth
 - iii. Hurts relationships
- C. Identify that CIT resistance is a natural response to a new and challenging situation.
- D. Describe how self-awareness can be developed and used as a tool to reframe natural CIT resistance.
 - i. Reframing resistance
 - 1. Intentional resistance creates connection, fun, spontaneity
 - a. Gravity
 - b. Speed
 - c. Strength
 - d. Stability and support
 - ii. The faces of resistance
 - 1. Developmental
 - 2. Game playing
 - 3. Attachment issues
 - 4. Self talk

III. Tools for Reducing Anxiety, Clarifying Roles, and Managing Resistance

In this training component, exploration of the different methods for improvement of the supervisory relationship are discussed in order to empower CITs to take charge of their own learning experience. Learning objectives include: (a) participant

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identification and labeling of personal resistant pattern(s); (b) Identify and describe tools available to work successfully with new self-awareness; (c) identify appropriate actions to use based on type of pattern identified; (d) describe how to use new tools in role appropriate context.

A. Tools to intentionally manage resistance

- i. Keep reframing
- ii. Use intention
- iii. Roll with it
- iv. Self-awareness
 1. ACT-Cognitive diffusion
- v. Broaching
- vi. Personal counseling
- vii. Support

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Appendix B

PARTICIPANT INFORMATION AND CONSENT FORM

STUDY TITLE: A Supervisee Role-Induction Training: Addressing Resistance, Role Ambiguity, Role Conflict, and the Quality of the Supervisory Relationship

PROJECT DIRECTOR: Michelle Backlund

University of Montana

32 Campus Dr.

Missoula, MT 59801

208-227-6630

Special Instructions to the participants:

This consent form may contain words that are new to you. If you read any words that are not clear to you, please ask the researcher for clarification.

Purpose:

Participants will be invited, from each of the four practicum classes starting February 2017 at the University of Montana, to take part in this doctoral research study looking at counselors-in-trainings' (CITs) response to a two-hour role-induction training.

In order to meet the criteria for participation in this study:

1. You must be over 18 years of age
2. You must be assigned to an practicum site and be currently engaged in supervision
3. You must be willing and able to participate in the pre-tests, training, subsequent supervision, and the post-tests.

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Purpose of Study

- The purpose of this multiple baseline study is to evaluate the effectiveness of a two-hour psycho-educational training on CIT role ambiguity, role conflict, and the supervisory relationship.
- The training is intended to be a safe and engaging experience for participants. The training will include acceptance and normalizing of any possible anxieties, role conflicts and ambiguity over supervisor feedback; it will also include information on how your own personal history can shape behaviors that you use to protect yourself from input that you might receive in supervision. For many CITs these behaviors have been and still are helpful coping strategies

Procedures:

- If you agree to be a participant in this study, you will be asked to participate in a two-hour face-to-face small group training.
- You will also be asked take between one and six pre-tests, which, in total, should take a maximum of 15 minutes each to complete in order to establish baseline data, and then re-take the same test, approximately two-weeks after you have your training to assess any possible change.
- Your small group has five-seven participants. Everyone in each of the four Spring 2017 CE practicum groups at The University of Montana will be invited to participate. Three small groups will be formed for the psycho-educational training.
- The researcher is Michelle Backlund, who you may know from previous educational situations. The researcher requests that, to the best of your ability, you put away all positive or negative bias you may have toward the researcher or research topic and

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participate honestly to further the scientific understanding of supervision.

- Your test results will be separated from your name and identifying information and graphed over time to compare with the results obtained from other participants.

Risks/Discomforts

- No risks or discomforts are anticipated, answering the assessments or participation in the training. However, should unanticipated negative feelings arise, please feel free to leave either the testing or training at any point. This will terminate your participation in the study and there will be no repercussions on your practicum grade for the class.

Benefits:

- There is no promise that participants will receive any benefit from taking part in the training or the study.
- There is a possibility that the information provided may result in you feeling: (a) more empowered in your supervisory relationship; (b) a decrease in your anxiety; (c) improvement of your clinical skills; and (d) that you can provide higher quality client care.

Confidentiality:

- Your data will be kept private and will not be released without your consent except as required by law.
- Only the researcher and dissertation chair will have access to the data.
- Your identity will be kept confidential and will only be used to match pre and post-test data.
- If the results of this study are written in a scientific journal or presented at a scientific meeting, your name will not be used.

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- The data and informed consent will be stored in separate locked cabinets.

Voluntary Participation/Withdrawal:

- Your decision to take part in this research study is entirely voluntary.
- You may refuse to take part in or you may withdraw from the study at any time without penalty or loss of benefits to which you are normally entitled.
- If you decide to withdraw you may do so at any time during the study without penalty.
- You may leave any portion of the study for any reason and you may choose not to answer any question during the interview.
- You may be asked to leave the study for any of the following reasons:
 1. Failure to follow the Project Director's instructions;
 2. A serious adverse reaction which may require evaluation;
 3. The Project Director thinks it is in the best interest of your health and welfare; or
 4. The study is terminated.

Questions:

- You may wish to discuss this with others before you agree to take part in this study.
- If you have any questions about the research now or during the study, contact your researcher Michelle Backlund at, michelle.backlund@mso.umt.edu or the researcher's advisor Dr. John Sommers-Flanagan at, John.SF@mso.umt.edu

Participant's Statement of Consent:

I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that the researcher will also answer any future questions I may have. I voluntarily agree to take part in this study

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I agree to take part in this study _____

I decline participation in this study _____

<p>The University of Montana IRB</p> <p>Expiration Date _____</p> <p>Date Approved _____</p> <p>Chair/Admin _____</p>
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Appendix C

Surveys and Questionnaires

RI Training Final Data

Q1.1 Consent: You are invited to participate in a research project about supervision. This on-line survey should take about 15 minutes to complete. Participation is voluntary, and responses will be kept anonymous with minimal identification in order to match test versions, to the degree permitted by the technology being used.

Q1.2 You have the option to not respond to any questions that you choose. Participation or nonparticipation will not impact your relationship with the University of Montana. Submission of the survey will be interpreted as your informed consent to participate and that you affirm that you are at least 18 years of age. If you have any questions about the research, please contact the Principal Investigator, Michelle Backlund, via email at michelle.backlund@mso.umt.edu or the faculty advisor, Dr. John Sommers-Flanagan at john.sf@mso.umt.edu. If you have any questions regarding your rights as a research subject, contact the UM Institutional Review Board (IRB) at (406) 243-6672

- Yes, I would like to continue (1)
- No, I do not want to continue (2)

Q2.1 What group number were you assigned?

- Group 1 (1) February 27, 2017
- Group 2 (2) March 6, 2017
- Group 3 (3) March 13, 2017

Q2.2 What participant number were you assigned?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
- 11 (11)
- 12 (12)
- 13 (13)
- 14 (14)
- 15 (15)
- 16 (16)
- 17 (17)
- 18 (18)
- 19 (19)
- 20 (20)
- 21 (21)
- 22 (22)
- 23 (23)

Q3.1 What is your age?

Q3.2 What is your ethnicity?

Q3.3 What is your gender?

Q4.1 From the training, which one of the following is your supervisor's responsibility?

- To protect your feelings (1)
- To protect their license (2)
- To protect the public (3)
- All of the above (4)

Q4.2 From the training, which definition most closely represents role conflict?

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- Supervisors and CIT's have different roles that may come into conflict. (1)
- CIT's are not clear about what their supervisor is looking for. (2)
- CIT's are asked to engage in conflicting roles. (3)
- All the above (4)

Q4.3 From the training, what was one concept important to remember about resistance?

- It damages the supervisory relationship. (1)
- It means that you are damaged and not fit for the profession. (2)
- It was compared in the training to a locomotive. (3)
- All of the above (4)

Q4.4 Identify one example of positive resistance discussed in the training.

- Speed (1)
- Gravity (2)
- Connection (3)
- All of the above (4)

Q4.5 Identify one or more of the four-faces of resistance we discussed.

- Developmental (1)
- Flattery (2)
- Self-talk (3)
- Developmental, Self-talk (4)
- Developmental, flattery, self-talk (5)

Q4.6 Identify any tools identified in the training that are appropriate to work with a person's new awareness of a resistant pattern?

- Keep reframing (1)
- Use intention (2)
- Personal Counseling (3)
- All of the above (4)

Q5.1 How emotionally safe would you feel with your supervisor if you needed to disclose an area of weakness?

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_____ 0 = Not safe at all 10 = Completely safe (1)

Q5.2 How much anxiety do you feel while your supervisor is providing feedback?

_____ 0 = No anxiety 10 = Extremely anxious (1)

Q5.3 How clearly do you understand what your supervisor expects from you?

_____ 0 = Not clear at all 10 = Completely clear (1)

Q5.4 Do you feel any conflict about the expectation to disclose mistakes or weak areas to your supervisor while also being evaluated ?

_____ 0 = Completely conflicted 10 = Not conflicted at all (1)

Q5.5 Can you recognize any personal patterns of resistance that you use to deflect supervisor feedback?

- No (1)
- Not sure (2)
- Yes (3)

Q5.6 Do you ever feel like you are resistant to your supervisor's feedback?

- No (1)
- Not sure (2)
- Sometimes (3)
- Usually (4)

Q5.7 In the first box: Please rate the degree to which you believe your supervisor values your opinion. In the second box: Please rate the degree to which you value your supervisor's opinion.

_____ 0=Not valued at all 10=Highly valued (1)

_____ 0=Not valued at all 10=Highly valued (2)

Q6.1 The following statements describe some of the ways a person may feel about his/her supervisor. To what extent do you agree or disagree with each of the following statements about

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your relationship with your supervisor? Please tick the answer that matches your opinion most closely.

Q6.2 My supervisor was approachable

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.3 My supervisor was respectful of my views and ideas

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.4 My supervisor was respectful of my views and ideas

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

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Q6.5 My supervisor was enthusiastic about supervising me

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.6 I felt able to openly discuss my concerns with my supervisor

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.7 My supervisor was non-judgmental in supervision

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.8 My supervisor was open-minded in supervision

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.9 My supervisor gave me positive feedback on my performance

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.10 My supervisor had a collaborative approach in supervision

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.11 My supervisor encouraged me to reflect on my practice

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.12 My supervisor paid attention to my unspoken feelings and anxieties

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.13 My supervisor drew flexibly from a number of theoretical models

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

SUPERVISEE ROLE INDUCTION TRAINING

Q6.14 My supervisor paid close attention to the process of supervision

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.15 My supervisor helped me identify my own learning /training needs

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.16 Supervision sessions were focused

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.17 Supervision sessions were structured

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.18 My supervision sessions were disorganized

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q6.19 My supervisor made sure that our supervision sessions were kept free from interruptions

- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Neither Agree no Disagree (4)
- Slightly Agree (5)
- Agree (6)
- Strongly Agree (7)

Q7.1 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.

Q7.2 I have experienced difficulty in my current or most recent supervision because: I was not certain about what material to present to my supervisor.

SUPERVISEE ROLE INDUCTION TRAINING

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.3 I have experienced difficulty in my current or most recent supervision because: I have felt that my supervisor was incompetent or less competent than I. I often felt as though I was supervising him/her.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.4 I have experienced difficulty in my current or most recent supervision because: 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 opinions to myself.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.5 I have experienced difficulty in my current or most recent supervision because: I wasn't sure how best to use supervision as I became more experienced, although I was aware that I was expected to behave more independently.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

SUPERVISEE ROLE INDUCTION TRAINING

Q7.6 I have experienced difficulty in my current or most recent supervision because: 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 her/him.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.7 I have experienced difficulty in my current or most recent supervision because: 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 that I should be allowed to use my own approach.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.8 I have experienced difficulty in my current or most recent supervision because: I have 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 both to judge what is appropriate for myself and also to do what I am told.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.9 I have experienced difficulty in my current or most recent supervision because: My supervisor expected me to come prepared for supervision, but I had no idea what or how to prepare.

SUPERVISEE ROLE INDUCTION TRAINING

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.10 I have experienced difficulty in my current or most recent supervision because: I wasn't sure how autonomous I should be in my work with clients.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.11 I have experienced difficulty in my current or most recent supervision because: My supervisor told me to do something I perceived to be illegal or unethical and I was expected to comply.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.12 I have experienced difficulty in my current or most recent supervision because: My supervisor's criteria for evaluating my work were not specific.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.13 I have experienced difficulty in my current or most recent supervision because: I was not sure that I had done what the supervisor expected me to do in a session with a client.

SUPERVISEE ROLE INDUCTION TRAINING

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.14 I have experienced difficulty in my current or most recent supervision because: The criteria for evaluating my performance in supervision were not clear.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.15 I have experienced difficulty in my current or most recent supervision because: I got mixed signals from my supervisor and I was unsure of which signals to attend to.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.16 I have experienced difficulty in my current or most recent supervision because: 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 performance.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.17 I have experienced difficulty in my current or most recent supervision because: I disagreed with my supervisor about how to introduce a specific issue to a client, but I also wanted to do what the supervisor recommended.

SUPERVISEE ROLE INDUCTION TRAINING

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.18 I have experienced difficulty in my current or most recent supervision because: Part of me wanted to rely on my own instincts with clients but I always knew that my supervisor would have the last word.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.19 I have experienced difficulty in my current or most recent supervision because: The feedback I got from my supervisor did not help me to know what was expected of me in my day to day work with clients.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.20 I have experienced difficulty in my current or most recent supervision because: I was not comfortable using a technique recommended by my supervisor; however, I felt that I should do what my supervisor recommended.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

SUPERVISEE ROLE INDUCTION TRAINING

Q7.21 I have experienced difficulty in my current or most recent supervision because: Everything was new and I wasn't sure what would be expected of me.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.22 I have experienced difficulty in my current or most recent supervision because: I was not sure if I should discuss my professional weakness in supervision because I was not sure how I would be evaluated.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.23 I have experienced difficulty in my current or most recent supervision because: I disagree with my supervisor about implementing a specific technique, but I also wanted to do what my supervisor thought best.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.24 I have experienced difficulty in my current or most recent supervision because: My supervisor gave me no feedback and I felt lost.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

SUPERVISEE ROLE INDUCTION TRAINING

Q7.25 I have experienced difficulty in my current or most recent supervision because: My supervisor wanted me to use an assessment technique that I considered inappropriate for a particular client.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.26 I have experienced difficulty in my current or most recent supervision because: There were no clear guidelines for my behavior in supervision.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.27 I have experienced difficulty in my current or most recent supervision because: The supervisor gave no constructive or negative feedback and as a result, I did not know how to address my weaknesses.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

Q7.28 I have experienced difficulty in my current or most recent supervision because: I didn't know how I was doing as a therapist and , as a result, I didn't know how my supervisor would evaluate me.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)

SUPERVISEE ROLE INDUCTION TRAINING

Q7.29 I have experienced difficulty in my current or most recent supervision because: I was unsure of what to expect from my supervisor.

- Not At All 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- Very Much So 5 (5)