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Two sides to the coin: An exploration of helpful and hindering supervision events contributing to psychologist competence

by

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Abstract

Clinical supervision is one of the most important aspects of a trainee's development as a professional psychologist, as it fosters the refinement of knowledge and skills necessary for competent and ethical practice (Falender & Shafranske, 2010). It combines teaching, consulting, and supporting (Bernard & Goodyear, 2009), and has recently been recognized as a core competency in the field of psychology (Falender & Shafranske, 2007). The Integrative Developmental Model (IDM; Stoltenberg & McNeill, 2010) offers an intuitive and comprehensive framework for understanding the growth process of psychologists-in-training, positing that effective supervision techniques must align with the trainee's level of development. This study aimed to explore the critical incidents within the supervisory process that help or hinder supervisee's sense of competence as psychologists-in-training. Masters- and doctoral-level trainees as well as clinical supervisors were interviewed using the Critical Incident Technique (CIT). The emerging incidents were grouped into categories that best reflected their shared commonalities. Helpful incidents were grouped as follows: (1) direct support, (2) feedback, (3) empowerment and encouragement, (4) process-based supervision, (5) supervisor as teacher and role model, and (6) supervisor vulnerability. Hindering incidents were grouped as follows: (1) feeling unsupported, (2) critical and attacking behaviours, and (3) conflicts with feedback and evaluation. Results from this study did not lend support for the IDM; rather, they were explained best by social role theories positing that supervisors take on specific roles during the supervisory process. Results from this study will

contribute to the growing pool of information regarding effective and ineffective

supervisory behaviours, techniques, and skills. Implications for training, research,

and practice are discussed.

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Table of Contents

List of Tables

Chapter 1: Introduction

Background to the Study

Clinical supervision is an essential aspect of a psychologist's training that is an integral component in the standards of the profession and a functional competency of clinical practice (Aten, Madson, & Kruse, 2008; Falender & Shafranske, 2010). It has been touted as the most important mechanism for acquiring the knowledge and skills necessary for competent practice in psychology (Watkins, 2011), as it extends beyond, and applies, the information garnered through coursework and textbooks (Stoltenberg, 2005). Definitions for supervision vary and there is still no consensus on the exact scope and content of this important activity (Morgan & Sprenkle, 2007) although one of the most widely-used definitions is provided by Bernard and Goodyear (2004) who view 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 is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client, she, he, or they see, and serving as a gatekeeper of those who are to enter the particular profession" (p. 8).

Clinical supervision encompasses teaching, consulting, and supporting (Watkins, 2011) and is intended to increase the supervisee's ability to work effectively with clients by increasing proficiency in therapeutic procedures

(Holloway & Neufeldt, 1995; Worthen & McNeill, 1996). A primary goal of supervision is the development of clinical skills, a process that encompasses understanding client dynamics, clinical theories, and intervention strategies, as well as encouraging the development of self- and other- awareness (Morgan & Sprenkle). These clinical skills are then hoped to enhance client outcomes from psychology services (O'Donovan, Halford, & Walters, 2011). Clinical supervision is also concerned with promoting the supervisees' personal growth, emotional management, autonomy, and professional development (Anderson, Schollberg, & Rigazio-DiGilio, 2000; Morgan & Sprenkle; Sprenkle & Wilkie, 1996) with the end goal of changing novice therapists into more competent therapists (Watkins, 1995).

Although supervision has been used in virtually all of the helping professions it is only in recent years that supervision has emerged as a distinctive field with its own set of skills and tools (Bernard, 2005; Haynes, Corey, & Moulton, 2003) and is currently recognized as a core competency in the field of psychology (Falender & Shafranske, 2007). The concept now entails an understanding of its structure as well as the complexity of its process, and is recognized as a multifaceted task requiring specific skills and knowledge that must be acquired over time (Hadjistavropoulos, Kehler, & Hadjistavropoulos, 2010). In accordance with this shift, supervision training during graduate coursework in clinical and counselling psychology has become prevalent and in some cases even mandatory (Ooijen, 2003). One example is the Canadian Psychological Association (CPA, 2002) requirement that all accredited

professional psychology programs and internships offer graduate students training in clinical supervision. Additionally, the CPA has developed ethical guidelines for supervision in psychology (CPA, 2009).

Clinical supervision boasts a diverse and rich presence in many helping professions. Numerous models are available and include those based on psychotherapy theories (named psychotherapy-based or clinical models), designed specifically for supervision (named social-role or objectives-based models), and based on the lifespan developmental theory (named developmental models), among others (Haynes et al., 2003; Morgan & Sprenkle, 2007). A plethora of research studies have been conducted on the differences amongst models and although they all have varying degrees of strengths and weaknesses, few conclusions support the use of any one model over another (Morgan & Sprenkle). As a result, the field of supervision is characterized by a high degree of variability. A review of the most common supervision models is included in the following chapter of this document.

Developmental models of supervision have acquired particular attention and focus and have come to dominate current supervision thinking and research, in large part due to their pragmatic approach (Milne, 2009; Stoltenberg & McNeill, 2010; Watson, 1995). These draw on the understanding of how humans grow and mature (Milne, 2009), positing that the path towards clinical proficiency changes and develops and that supervision approaches should vary appropriately (Falender et al., 2004; Kaslow, 2004; Stoltenberg & McNeill). In other words, developmental models assume that what works for beginning supervisees may not

be as effective for advanced supervisees, and vice versa (Britton, Goodman, & Rak, 2002). The best-known contemporary developmental model of supervision is the Integrative Developmental Model (IDM; Stoltenberg et al., 1998; Stoltenberg & McNeill, 2010). The IDM proposes four levels of development and suggests that supervisory behaviours that are thought to be consistent with the hypothesized level of growth of the supervisee will be the most effective in enhancing competence as a psychologist (Stoltenberg & McNeill). Trainees are thought to move from requiring a high degree of structure and direction towards less structured and nondirective supervision (Stoltenberg & McNeill). Supervisees are also likely to be functioning at different levels of development for various domains at any given point in time; thus, supervision must target these different levels of competence simultaneously (Stoltenberg & McNeill). The IDM holds considerable intuitive appeal and has been supported by multiple research studies (e.g., Stoltenberg & McNeill, 2010; Worthen & McNeill, 1996); however, the complexity of the supervision process across trainee levels is considerable and further exploration of the implications of this model is needed.

Purpose

Interest in supervision is at an all-time high (Bernard & Goodyear, 2009): it has been recognized as a core competency in the field of psychology (Falender & Shafranske, 2007), it has been defined as psychology's signature pedagogy (Goodyear, 2007), it has a significant impact on the public and its welfare (Falender & Shafranske, 2010), it has been rated as the most important factor in trainees' professional development (Ronnestad & Orlinsky, 2005), it requires

training during graduate coursework (CPA, 2002), and it will be employed by many practicing psychologists during their careers (Watkins, 2011). The provision of high-quality supervision is dependent on the continuation of research that explores the effectiveness and impact of specific supervisory processes, techniques, concepts, and models. Ongoing investigation and exploration are required to ensure the field of supervision maintains its high quality standards as the cornerstone of the psychology profession. Further investigating the conditions and behaviours that enhance the supervisory experience and trainee competence can thus contribute valuable knowledge to this field (Morgan & Sprenkle, 2007). Qualitative research in particular can benefit this area as its exploratory nature allows for the emergence of knowledge that has not been pre-determined.

The purpose of this study was to examine critical incidents in the clinical supervisory process. More specifically, this study aimed to explore the helpful and hindering critical incidents occurring within the supervisory process that contributed to supervisees' sense of competence as psychologists, from the perspective of both supervisors and supervisees. Critical incidents are isolated events that are perceived as having a significant helping or hindering impact. This study further aimed to shed light on what it is about supervised experience that helps psychologists-in-training feel more (or less) proficient. The perspectives of both supervisors and supervisees were sought in order to provide an in-depth understanding of the characteristics, behaviours, and processes that led to beneficial or detrimental supervisory experiences, from different points of view.

The present study thus sought to identify and document helpful and hindering critical incidents occurring within the supervisory process that contributed to supervisees' sense of competence as psychologists, as described by two participant pools: supervisors and supervisees. An internal sense of competence was specified versus objective competence as the goal was to understand the subjective understanding of factors contributing to it. The goal was to understand what the critical incidents were, not whether or not they would lead to an objectively defined understanding of competence. Information derived from this study provided added knowledge regarding effective supervisory practices with the aim of better understanding how the supervision process influences psychologist training. It is hoped that results of this study will refine and improve supervisory practices by providing information and suggestions for an optimal experience, and by identifying areas worthy of further consideration, attention, and investigation.

Research Questions

The following two research questions were posed:

1. What critical incidents within the supervisory process influence supervisees' sense of competence as psychologists?

2. Are critical incidents described differently by supervisors and supervisees?

Researcher Background

"Researchers' personal, private, and professional lives flow across the boundaries into the research sites" (Clandinin & Connelly, 2000, p. 115). The particular choices that are made when developing a research proposal are likely to

build upon the experiences and histories of the researcher. My interest in this subject was influenced by my background and the lens through which I view the supervisory process was coloured by my personal experiences. As a doctoral counselling psychology student I obtained a significant amount of supervision throughout my training. This included supervisors guiding me through masters- and doctoral-level practicums as well as in volunteer and employment contexts. I also enrolled in a senior-level course on supervision and engaged in the mentoring of undergraduate- and masters-level students. While my mentoring relationships lacked an evaluative component, they shared many similarities to a supervisory relationship. As a result of these experiences and the opportunity to be both on the supervisee and supervisor end of the relationship, I developed insights, personal opinions, and questions regarding the supervisory process.

When I critically examined my experiences, development, and progress as a psychologist-in-training I was struck by some key facts. First, although the majority of my supervisory experiences blended together, certain instances stood out with considerable definition. These distinct recollections pertained to what I experienced as pivotal points in my supervisory relationships. They were significant turning points in my development as a psychologist that provided key knowledge and insights about the process of therapy. For example, after meeting with a particularly challenging client during my advanced masters-level practicum, I shared some thoughts with my supervisors about how something felt "not quite right" with this client, but that I could not put my finger on exactly what was wrong. I felt a little silly discussing this as it was more of a vague

sensation and I could not offer any concrete behavioural observations to clarify or justify my claims. My supervisor listed intently to my discussion concerns and proceeded to highlight the importance of "spidey senses" in counselling, which she described as a therapists' intuition that something is not quite as it should be. She encouraged me to pay close attention to those feelings and consider how they might influence my client's well-being and our progress in therapy. My supervisor's acknowledgment of my challenge and support of my views greatly assisted my work with that particular client. Additionally, I now rely heavily on my "spidey senses" and think of her in gratitude every time I do. That supervisory experience not only proved to be a pivotal point in my development as a therapist, but also influenced my sense of effectiveness in that role.

Second, I found that my needs and desires as a supervisee changed considerably since my first supervisory experience. I viewed these alterations as following a trajectory that began with wanting very structured and focused supervision to progressively feeling the need for less structured, less focused, and more exploratory and open-ended supervision. I also had the privilege of acting as a supervisor and mentor for students at varying levels of training. Depending on the needs and experience of these students I experienced the necessity of alternating between providing more direction and guidance to allowing increased self- and client-exploration. My personal experiences thus inevitably shaped and filtered my views of supervision and were contributing factors in my choice of research topic. Throughout this research project I aimed to explicate my

awareness of this impact by keeping a research journal, engaging in frequent

discussions with my supervisor, and continuing my qualitative readings.

Chapter 2: Literature Review

The following review explores research and theoretical literature pertaining to supervision in general, competencies, ethics, supervision modalities, and supervision models. It begins with a definition of terms that I will use frequently throughout this document.

Definition of Terms

Various terms are used interchangeably in the literature and clinical practice. Below is a list of terms with definitions and synonyms that are utilized throughout this document. Those definitions that are not cited represent the generally uncontested definitions within the field of counselling and clinical psychology.

- Clinical supervision: The oversight provided by a more senior member in the psychology profession to a more junior member who is training to be a clinical or counselling psychologist. Clinical supervision focuses on developing and strengthening the therapeutic clinical skills of the supervisee (Bernard & Goodyear, 2009).

- Clinical supervisor: The individual providing supervision to a student training to become a clinical or counselling psychologist.

- Supervisee/Trainee/Psychologist-in-training/Counsellor-in-training/Student: The individual training to become a clinical or counselling psychologist and receiving clinical supervision.

- Counselling psychology/Clinical psychology programs: Graduate training programs that teach counselling and psychotherapy and provide supervised clinical practicums to enhance these skills (Haynes et al., 2003)

- Psychotherapy/Therapy/Counselling: The practice of assisting an individual (the client) to work through challenging life transitions and personal difficulties (Haynes et al., 2003).

- Practica/Practicum experience: An essential component of a graduate degree in counselling and clinical psychology that consists of developing clinical skills through direct therapeutic work with clients, monitored by a supervisor (Bernard & Goodyear, 2009).

Overview of Supervision

Supervision is the cornerstone of all helping professions, as it allows for the practice and development of skills and knowledge acquired through coursework (Haynes et al., 2003). Within counselling and clinical psychology programs supervision is a pivotal experience that works to ensure that therapists entering the field are trained in appropriate techniques and interventions (Ooijen, 2003), and that the critical ethical principle "do no harm" is infused into practice in all roles in the field. Supervision provides the context for supervisees to learn how to best become attuned to the information presented to them in therapy sessions as well as make sound decisions about the therapeutic process (Falender & Shafranske, 2010). It aims to increase supervisees' therapeutic skills, self-awareness, self-efficacy, and confidence (Bernard & Goodyear, 2009). No single way of conducting supervision exists as supervisors will naturally employ the

theories, knowledge, and techniques from their clinical theoretical orientation and worldview in choosing how to best train their supervisees (Falender & Shafranske); however, research has outlined a number of factors that have been found to contribute positively and negatively to the supervisory experiences.

Literature suggests that the same personal characteristics that are necessary in the therapeutic process will be effective in the supervisory process, such as the presence of empathy, respect, genuineness, concreteness, self-disclosure, self-awareness, and tolerance (Hart & Nance, 2003). Effective supervisors provide a trusting atmosphere and support supervisee's personal concerns about their clients and treatment goals (Shanfield, Hetherly, & Matthews, 2001). They are able to straddle the conflicting roles of mentor and evaluator and do so respectfully and transparently (Allen, Szollos, & Williams, 1986) and, similar to therapy, the quality of the supervisory relationship is the most important variable in successful supervision (Bernard & Goodyear, 2009; Ellis, 2010). This kind of mutual relationship is best developed when anxiety is diminished on the part of the supervisee and trust has been developed (Worthen & McNeill, 1996); as such, it is important for supervisors to foster this connection from the beginning of the supervisory process until its completion (Bucky et al., 2010). A strong supervisory relationship can foster an agreement on the tasks and goals of supervision (Bordin, 1983), decrease the experience of supervisee role ambiguity and role conflict (Bernard & Goodyear), and increase supervisee' willingness to disclose relevant information to supervisors (Ladany et al., 1996). Additionally, the extent to which the supervisor is seen as empathic and

supportive appears to be highly correlated with supervisee satisfaction with supervision, irrespective of contextual factors such as age, gender, and theoretical orientation (O'Donovan, Halford, & Walters, 2011). Thus, a supervisory working alliance is deemed a necessary ingredient for a positive supervisory experience (Bernard & Goodyear).

Although often likened to therapy, supervision does in fact represent a contextually different process. While therapy is concerned with the well-being of clients, supervision is largely a didactic enterprise meant to teach and evaluate supervisees, while also offering support and consultation functions (Bernard & Goodyear, 2009). It is the supervisor's responsibility to hold appropriate boundaries and develop an atmosphere that is conducive to learning and is experienced as safe and accepting (Watkins, 1995). To accomplish this, supervisors must discuss the goals and purpose of supervision, the evaluative component, and the expectations of supervision at the outset (Haynes et al., 2003). As research suggests that the two individuals who make up the supervisory dyad often differ in their preferences (e.g., Dow, Hart, & Nance, 2009; Hart & Nance, 2003), it is important for supervisors to maintain a collaborative, open, and ongoing discussion with their supervisees and to portray a flexible stance on the manner with which to conduct this process (Bernanrd & Goodyear). Additionally, supervisors must be skilled in their delivery of constructive feedback, as feedback is a powerful contributor to the learning environment (Westberg & Jason, 1993) and failure to provide adequate feedback can lead to poor learning outcomes

(Ladany et al., 1999). Feedback should be specific, objective, timely, frequent, and balanced (Heckman-Stone, 2003).

What specifically makes for a "good" and "bad" supervisor and a "good" and "bad" supervisee? These questions have been researched extensively and the following information has been garnered. The profile of a "good" supervisor has been described as follows: having good clinical skills, a desire to teach, providing constructive feedback, being empathic, flexible, supportive, and encouraging, meeting the supervisee where he/she is developmentally, and having strong relationship skills (Allen, Szollos, & Williams, 1986; Haynes et al., 2003; Jacobsen & Tanggaard, 2009; Shanfield et al., 2001; Watkins, 2011). The profile of a "bad" supervisor, in contrast, has been described as follows: being critical, rigid, unsupportive, and unavailable, having limited clinical skills and knowledge, having poor boundaries, and having little self-awareness (Haynes et al.; Jacobsen & Tanggaard; Shanfield et al; Watkins). Supervisee characteristics that can foster a positive supervisory experience include a desire to learn, being open to feedback, being flexible, preparing for supervision, and willing to take risks (Haynes et al.; Jacobsen & Tanggaard; Shanfield et al.; Watkins). In contrast, supervisee characteristics that can detract from the supervisory experience are a lack of openness, rigidity, defensiveness, a lack of motivation, immaturity, and being unable to accept constructive feedback (Haynes et al.; Jacobsen & Tanggaard; Shanfield et al.; Watkins).

Feedback

Effective feedback is a critical aspect of the learning process and development of skills and knowledge within many disciplines, and clinical supervision is no exception (Milne & James, 2003), with the effectiveness of constructive feedback clearly demonstrated as a significant learning aid (Heckman-Stone, 2003). It can be defined as detailed information provided to individuals about the quality of their performance, and ways to change or improve this performance (Milne & James). Feedback that is timely, specific, frequent, consistent, credible, and balanced between formative and summative has been deemed the most valuable (Heckman-Stone). Feedback appears to be preferred over other types of supervisory methods (Westberg & Jason, 1993) and has been rated as one of the most effective factors influencing supervisee's skill development (Smith, 1984). However, trainees in psychology and other health disciplines appear to consistently cite a discrepancy between amount and quality of feedback versus its perceived effectiveness. In other words, although feedback is considered pivotal to learning, the quality of this feedback tends to be low and the amount of time spent receiving feedback is also reportedly minimal (Heckman-Stone; Westberg & Jason). It is clear that supervisor training needs to incorporate feedback training. However, part of the difficulty in delivering effective feedback is due to the fact that the field of psychology is as of yet not clear on what exactly defines a "good therapist" (Bernard & Goodyear, 2009). Lacking this definition poses difficulty when wanting to offer constructive comments regarding how trainees can improve their performance.

Delivering feedback solely at infrequent, specific points during a practicum is not effective (Heckman-Stone, 2003) as summative assessment requires supervisors to make a pass or fail judgment (Chur-Hansen & McLean, 2006). Summative feedback is typically offered at specific points in time such as at a mid- or end-point evaluation, and usually offers an overall appraisal of a trainee's work (Sadler, 2009). Although a necessary measure, summative assessment should not be the only kind of feedback received by supervisees. Rather, formative feedback that occurs frequently and consistently coupled with suggestions on how to improve appears to be most preferred (Chur-Hansen & McLean), and provides learners with immediate, descriptive, specific, non-judgemental information based on direct observations (Bienstock et al., 2007). Formative feedback helps trainees identify strengths and weakness, what to improve and how to improve (Chur-Hansen & McLean). The goal of formative feedback is to improve and modify the learner's behaviour over time (Bienstock et al.) as opposed to providing a final, summative evaluation at a single point in time. It is often transmitted in a timely and frequent manner and is based on observable behaviours that both trainees and supervisors can identify (Nicol & Macfarlane-Dick, 2006). This form of feedback encourages the learner to be an active participant in the process, and seeks to diminish the hierarchical nature of top-down evaluation (Branch & Paranjape, 2002). At its best it should be used to empower students as self-regulated learners by identifying areas of struggle and, through a collaborative discussion, teach them to autonomously realize weaknesses and engage in remediation behaviours (Nicole & Macfarlane-Dick).

After all, the end goal of supervision is to enable supervisees to successfully engage in independent practice (Bernard & Goodyear, 2009).

Reiterating the importance of the supervisory working alliance, feedback is best delivered and received in an environment built on trust, respect, support, and understanding. However, it is important for supervisors not to defer providing feedback in fear of causing a rift in the supervisory alliance. The role of providing feedback, particularly constructive feedback, is a role that many supervisors find challenging, because it conflicts with the preferred roles of mentor, teacher, and supporter (Chur-Hansen & McLean, 2006). Supervisors may feel that they are being overly critical, that negative feedback may cause an impasse in the working alliance, or that supervisees will be offended. Additionally, many supervisors do not receive adequate training on how to provide effective feedback (Bernard & Goodyear, 2009). As a result, trainees often do not receive adequate feedback, or receive a disproportionate amount of positive versus constructive feedback (Chur-Hansen & McLean).

It is clear that supervisors should strive to incorporate feedback into each and every supervision session so that expectations are clearly defined and trainees are made continuously aware of their progress and areas that require improvement. The use of constructive feedback along with positive, supportive feedback is necessary and critical for supervisees to learn about their weaknesses and ways to improve (Gonsalvez & Freestone, 2007). For supervisees to be receptive and open to this type of communication there is a necessity for the establishment of clear goals and agreed-upon areas of focus and evaluation at the

start of the supervisory relationship (Freeman, 1985). Engaging in a collaborative

discussion at the start of supervision can eliminate uncertainties, decrease future

difficulties, and ensure that both supervisors and supervisees embark on a

working relationship characterized by understanding, respect, and mutual goals

(Bernard & Goodyear, 2009).

Didactic Supervision

The supervisory process is, at its core, a learning experience. This didactic

process that positions the supervisor as a teacher is typically a more formal one

that highlights the power differential in the supervisory relationship (Nassif et al.,

2010). Although not always present nor always necessary, supervision does entail

the teaching of specific techniques and forms of therapy and can prove very

useful to supervisees at various stages of their clinical work. Although supervisees

ought to nonetheless continue to take ownership of their learning process, it is

likely that when adopting this role supervisees will be seen as more the receivers

of information than active contributors. It is also in this role as teacher that

supervisors may stray more towards offering more directive feedback to

supervisees within the climate of a teacher-student relationship (Gitterman, 2000).

It is not surprising then that this supervisor position is likely to be adopted

disproportionately more at the beginning of the supervisory process, when

supervisees may feel more uncertain about ways to approach clinical issues

(Haesler, 1993).

The role of supervisor as a teacher differs from that of a classroom teacher

(Haesler, 1993). Teaching methods may focus more on specific skills and

instructional techniques found lacking in supervisees' repertoire and will likely be developed as a consequence of needs identified by both supervisees and supervisors (Gitterman, 2000). At times, this may entail providing concrete information regarding, for example, a specific therapeutic technique to be used with clients suffering from test anxiety. In this case, supervisors may present supervisees with a hypothetical or real-life client scenario and describe or model how the technique could be used to assist the client. Other times, the supervisor may take a more directive role by suggesting that supervisees read literature on a topic and then discuss their thoughts and reactions to the reading during a supervision session.

Didactic mentoring, or having supervisors share how they themselves might work with a client experiencing similar issues, can be very beneficial to the professional growth of supervisees (Ladany & Lehrman-Waterman, 1999). Teaching through example adds an extra element that may not be present in supervisee's other didactic experiences (i.e. the classroom) and thus may exert a stronger and more long-lasting impact. Supervisors report using a broad range of teaching strategies to enhance the professional knowledge of supervisees, including didactic instruction, skill demonstration, readings, problem-solving discussions, and guided practice (O'Donovan et al., 2011). Supervisors can also use methods such as lecturing, shaping, or acting out correct therapeutic behaviours with the goal of enhancing supervisee's awareness (Nassif, Schulenberg, Hutzell, & Rogina, 2010). Pointing out supervisee blind spots and

offering theoretical possibilities for conceptualizing client problems can be an important process (Haesler, 1993).

Not all individuals learn the same way, and it is important for supervisors to adopt their way of teaching to best suit the supervisees' manner of processing and assimilating information (Gitterman, 2000). To enhance learning supervisors must adopt teaching methods that are responsive to their supervisees' different styles, and be flexible enough to change their style when and if required. A respectful supervisory working alliance built on acceptance and trust must be established for supervisees to be willing to share how they best learn and to feel safe making themselves vulnerable (Haesler, 1993). Educational interventions are rarely used alone, but they do represent an important aspect of the supervisory process and one that should not be ignored in favour of other, less didactic approaches.

Supervisor Competencies

A recent shift in the field of psychology resulted in the advocacy for the establishment and implementation of supervision competency standards across all levels of training and professional practice (American Psychological Association, 2006; Falender & Shafranske, 2010; Kaslow, 2004). Competence has been defined as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served" (Epstein & Hundert, 2002, p. 227). Competencies provide a framework and method for initiating, developing, implementing, and evaluating the processes and

outcomes of supervision (Falender et al., 2004). As delineated by Falender

(2010), minimal competencies include:

> "relationship skills to build and sustain the supervisory
>
> alliance; performing and balancing multiple roles in the
>
> context of supervision, including the support and
>
> evaluative functions; providing competent evaluation
>
> both summative and formative; construing supervision as
>
> a two-way evaluative process; and fostering supervisee
>
> growth and development and instilling the ability to self-
>
> assess" (p.30).

Researchers have begun to engage in more thorough discussions regarding

supervision competencies in an effort to highlight their importance in promoting

professional development and ensuring client welfare (Rings et al., 2009). It is

essential that the supervisor be competent to practice in all areas in which the

supervisee practices, and that the supervisor strive to uphold protection of the

client above all else to ensure effective gatekeeping of the profession (Falender &

Shafranske, 2010). Attention is being placed on the specific therapeutic

competencies that have been shown to be associated with positive treatment

outcomes (Falender & Shafranske), as well as how these competencies are

developed, how they can be attained, and how best to measure them (APA, 2006;

Nelson, 2007). For example, it appears that a supervisor's ability to foster a strong

working alliance with their supervisee may translate to the supervisee successfully

negotiating a strong therapeutic alliance with their clients (Tebes et al., 2011),

which in turn appears to impact therapeutic outcome (O'Donovan et al., 2011).

Thus, supervisors competent in developing such a working alliance may in turn

positively affect client's success in therapy, thus heavily supporting the

requirement of supervision (O'Donovan et al.).

Providing competent clinical supervision is an ongoing and complex

process and requires knowledge, specific skills, certain values, an understanding

of the social context, and the ability to assess the attainment of competencies in

the supervisee (Falender et al., 2004). The Cube Model (Rodolfa et al., 2005)

provides a good starting point to understand the core competencies of

psychologists; it behooves supervisors to become knowledgeable about these

areas so that they may pass on this education to their trainees. The Cube Model

outlines foundational competency domains, functional competency domains, and

stages of professional development (Rodolfa et al.). The foundational

competencies are described as "building blocks of what psychologists do"

(Rodolfa et al., p. 350) and include (a) reflective practice – self-assessment, (b)

scientific knowledge – methods, (c) relationships, (d) ethical/legal standards –

policy, (e) individual-cultural diversity, and (f) interdisciplinary systems. The

functional competencies represent the skills, knowledge, and values that are

required to be an effective psychologist and include (a) assessment, diagnosis,

case-conceptualization, (b) intervention, (c) consultation, (d), research-evaluation,

(e) supervision-teaching, and (f) management-administration. The stages of

professional development reflect the necessity for psychologists to maintain and

enhance competence throughout their careers (Rodolfa et al.).

The discussion surrounding both supervision and therapeutic competencies has continued to grow and develop over time. Although research demonstrates that many supervisors agree on a general framework, it is important to continue to refine the clinical supervision competencies that can be used across professional training in psychology (Rings et al., 2009) so that supervisors become well-equipped to provide their supervisees the knowledge and skills necessary for clinical practice in the profession of psychology.

Supervisor Training

Despite the amount of time that is devoted to supervised practice in clinical and counselling psychology training programs, and the recent developed of supervisor competencies, research suggests that less than a quarter of supervisors have formal training in supervision (Peake, Nussbaum, & Tindell, 2002). That number is likely to increase in future years, particularly as training requirements for supervision in graduate school become more stringent and widespread (APA, 2006; CPA, 2002). However, training graduate students to be clinical supervisors continues to be an inconsistent practice riddled with variability (Hadjustavropoulos et al., 2010). A telling study conducted in 2010 surveyed Canadian accredited clinical and counselling psychology programs to understand how they were fulfilling the CPA's requirement to offer graduate training in supervision (Hadjustavropoulos et al.). Results indicated that approximately 50% of programs required some coursework related to supervision, and approximately 25% of programs required a practicum where students gained experience supervising other students. Variability in hours and type of

coursework as well as practical experience was high, and no consistent standard of training was found.

Given that supervision can only be as good as the person delivering it, and given that the field of supervision has now been provided with delineated competencies, it is critical that supervisor training programs become commonplace. Competency-training programs have demonstrated effectiveness elsewhere (Tebes et al., 2011) with results suggesting that growth in perceived competencies lasted over time and were linked to increased supervisor satisfaction and stress management. Competency-training in this study increased supervisors' perceived ability to effectively manage supervisory relationships, guide supervisee job performance, and advance the professional development of supervisees. A supervisory training program that has run in Australia for the last six years also demonstrates similar results: after completion of the training supervisors demonstrated increased knowledge of the supervision process, supervision contracts, successful review of audio-visual recordings of supervisee therapy sessions, and effective supervisee evaluation (O'Donovan et al., 2011).

Although it can be hoped that the majority of clinical supervisors – whether they have had formal preparation or not – have the ability to provide effective supervision to trainees, it is undisputable that engaging in training can assist in the development of more successful supervisory practices (Huhra, Yamokoski-Mayhnart, & Prieto, 2008; Tebes et al., 2011). Training may also help combat the prevalence of supervisors stress and burnout (Tebes et al.), and educating supervisors in how to deliver effective feedback is also likely to

positively influence supervisees' learning process and overall competence (Milne & James, 2002). Supervision training remains complex and standards for effective delivery are not yet determined; thus, further research is required to establish training models that increase supervisor skills. It is only through these means that supervisors can hope to positively impact the supervisee characteristics deemed critical to therapy, including self-reflection, therapeutic knowledge and skill, and ethical practice (Bernard & Goodyear, 2009).

Ethical Guidelines for Supervision

Ethical behaviour is critical in order for the standards of the profession to be upheld. Supervisors have the obligation to transfer competent skills and knowledge to their supervisees (Barnett, 2007) and must model ethical and professional behaviour at all points of training and in every situation that arises (Barnett). In 2009 the Canadian Psychological Association (CPA) published a document detailing the ethical guidelines for supervision in psychology. The four ethical principles are as follows: (1) Respect for the dignity of persons, which involves demonstrating respect for all persons involved in supervisory and psychological activities, as well as valuing the innate worth of persons; (2) Responsible caring, which involves supporting the well-being of those involved in the supervisory process or those who benefit indirectly, as well as maintaining self-awareness and self-exploration of personal attitudes and beliefs and how these can influence others; (3) Integrity in relationships, which involves maintaining an attitude of openness, objectivity, honesty, straightforwardness, and avoidance of conflict of interest, and; (4) Responsibility to society, which

involves practicing the discipline with high standards and contributing to the welfare of society (CPA, 2009).

In order to encourage and facilitate the practice of ethical supervision, Barnett and colleagues (2007) suggest the following: (1) Assess the supervisee's training needs from the start and tailor each training experience individually; (2) At the outset of the supervisory relationship reach a consensus on the nature and course of the supervisory process and supervisory relationship; (3) Provide timely and meaningful feedback with recommendations for improvement; (4) Maintain appropriate boundaries; (5) Maintain supervisees' and clients' confidentiality or breech it extremely carefully if required to do so; (6) Supervise only within one's area of competence; (7) Pay attention to multicultural and diversity issues; and (8) Attend to personal wellness. Above all else, the minimal threshold of competence is that supervisors do no harm and guide their supervisees in a similar path (Goodyear, 2007).

Supervision Modalities

Although often conceived of as a one-on-one relationship, supervision can take various forms. Group, triadic supervision (two supervisees working with one supervisor) and distance supervision (often conducted through the web or on the phone) are some of the other popular supervision modalities used.

Group supervision. Although there is no single definition or approach to group supervision, it can be described as a group of supervisees with a designated supervisor (or supervisors) who are aided by feedback from and interactions with the supervisor and other supervisees (Bernard & Goodyear, 2009). Considerable

variability exists with regards to group size, composition, and techniques used. Group supervision has been touted due to its ability to provide supervisees with multiple perspectives, peer feedback, group learning, and exposure to different client discussions (Riva & Erickson, 2008). It has been recommended at the very least as an addition to individual supervision, as it provides a unique experience and allows supervisees to learn and develop in different ways (Bernard, 2005; Mastoras & Andrews, 2011). Further, group supervision is time and cost effective, and appears to promote supervisee efficacy (Mastoras & Andrews).

In addition to the regular duties offered by supervisors in all supervision modalities, group supervision places additional demands on this position. Creating a safe environment is one of the primary responsibilities of group supervisors and must be focused on from the first session until the last (Mastoras & Andrews, 2011). A safe and cohesive environment can reduce supervisee anxiety and promote peer feedback, creating a more beneficial experience for all participants (Mastoras & Andrews). Group dynamics are likely to shift throughout the course of supervision and thus must be a frequent focus if supervision is to be successful. Further, supervisors must actively seek the participation of all group members, ensuring that air time is distributed consistently and that the group members maintain equality (Mastoras & Andrews). Group cohesion is necessary as it promotes the sharing of multiple and diverse perspectives obtained from peer feedback (Milne, 2009). Supervisees typically play a central role in the group supervision process by bringing questions about clients and offering feedback to questions posed by their peers (Milne). Of course, the specific approach and

structure chosen for group supervision will depend significantly on the context and purpose of supervision, as well as the characteristics of the supervisees and supervisors.

As with all modalities, group supervision has some disadvantages that include the possibility of group conflict and competition which can detract from the goal of supervision and lead to high levels of supervisee anxiety (Mastoras & Andrews, 2011). Anxiety is likely to detract supervisees from both sharing information and providing feedback to others, thus considerably reducing the value of the process (Bernard & Goodyear, 2009). Confidentiality is also of greater concern than in individual supervision, as more people are privy to private client information (Bernard & Goodyear). Finally, it is critical that the supervisor be skilled in group work, as skills not necessary in individual supervision play an important role in the group modality (Baird, 2011).

Triadic supervision. Triadic supervision describes the process of two supervisees working simultaneously with a single supervisor, a format that has become increasingly common in training programs (Lawson, Hein, & Stuart, 2009). As with group supervision, this modality allows for multiple feedback perspectives, vicarious learning opportunities, and exposure to more client issues (Stinchfield, Hill, & Kleist, 2007). Supervisees are given the opportunity to be supported by and to support a peer who is often at a similar developmental level. However, triadic supervision also creates feedback dynamics that are not present in individual supervision and that may cause anxiety (Lawson et al.). Supervisees may feel elements of competition with their colleague and may experience

feelings of failure if they regard themselves as not meeting expectations. Additionally, they often find themselves having to incorporate and make sense of different suggestions or perspectives provided by the other two members of the triad. Although this supervision modality is being utilized with increasing frequency, research in the area is meagre. Many aspects of this format still require further exploration in order for triadic supervision to be understood more thoroughly (Lawson et al.).

Distance supervision. Distance supervision can take on many different forms. In past years, it has typically been conducted over the telephone; however, new advancements in technology have enabled distance supervision to offer real-time methods not limited to phone conversations (Abbass et al., 2011). These include e-learning tools such as discussion forums, text-chat, e-mail, Skype, and web- or video-conferencing methods. These applications allow for supervision to be conducted across the world as long as the technology is available and those involved are knowledgeable in its use (Olson, Russell, & White, 2001). Additionally, these technological advancements have enabled distance supervision to offer similar benefits to face-to-face supervision, such as the development of a strong supervisory relationship (Abbass et al.). In fact, studies suggest that perceptions of supervisory rapport, client focus, and satisfaction of supervisory experience do not differ significantly in distance education versus face-to-face, in-person supervisory formats (e.g., Reese et al., 2009). Further benefits of this type of supervision include its easy access, cost-effectiveness, and convenience (Abbass et al.). However, distance supervision does present unique

challenges. Confidentiality and security of information is a significant issue with any computer- or telephone-based supervisory process, and efforts must be in place to avoid information leakage (Baird, 2011). For example, it is critical to use appropriate network and software security protocols, as well as use authentification procedures such as password-protected files (Abbass et al.). As with triadic supervision, research in this area is in its relative infancy, leaving questions as to whether this format of supervision truly offers the same benefits as live and in-person supervision modalities (Abbass et al.).

Supervision Models

A model of supervision can be described as a "theoretical description of what supervision is and how the supervisee's learning and professional development occur" (Haynes et al., 2003, p. 109). Models strive to provide the basic elements required to make sense of information presented (Milne, 2009) along with knowledge on how learning occurs, the roles that supervisors and supervisees play to bring about that learning, and the goals of supervision (Haynes et al.). Earlier models of supervision relied heavily on psychotherapeutic processes under the assumption that a clinician skilled in therapy would be equally skilled in supervision (Bernard, 2005). Newer models focus specifically on the process of supervision without adherence to any particular theoretical approach. Research studies that have explored the differences amongst models offer few conclusions that support the clear advantage or superiority of one model over another, although all have unique strengths and weaknesses (Morgan & Sprenkle, 2007; Thomas, 2010). Additionally, some commonalities do exist. For

example, all models include a relationship variable often termed the learning alliance or supervisory alliance (Milne). Additionally, most models highlight the importance of including some techniques to promote personal and professional development of the supervisee, such as reflection and self-awareness (Milne), and techniques to promote the well-being of the client. An evaluative component is also common across models, although the emphasis placed on this varies. Given these commonalities, and given the fact that to date researchers have been unable to justify the superiority of any one model over another, many supervisors choose to adopt a more integrative model of supervision that borrows ideas from a variety of different theoretical orientations (Bernard & Goodyear, 2009).

Along with the high number of available supervision models comes little consensus regarding an optimal classification system. For example, Campbell (2000) classifies supervision models into two main groups: psychotherapy-based supervision models and supervision-specific models. Bernard and Goodyear (1990) identify three supervision models: psychotherapy-based models, developmental models, and social role models. Bradley and Ladany (2001) also identify three supervision models: integrative, developmental, and psychotherapy models. Todd and Storm (1997) identify five categories: psychoanalytic, transgenerational, purposive-systematic, integrative, and post-modern. Morgan and Sprenkle (2007) describe four categories: clinical models (similar to psychotherapy models), developmental models, social-role models, and objectives-based and feminist models. Thus, it is evident that no single

classification scheme exists to easily group available models of supervision, and that overlap between models exists.

The following review will provide a summary of some of the most popular and often-used models of supervision, including psychotherapy models, social-role models, objectives-based and feminist models, and developmental models. Although an attempt has been made to incorporate model information from a variety of researchers so as to offer multiple perspectives, a review of all existing models is beyond the scope of this document.

Psychotherapy-based models. Psychotherapy-based models dominated the field of supervision heavily until the 1980s (Bernard, 2005). The underlying assumption posits that strategies useful in implementing change with clients are also likely to be useful in implementing change with supervisees (Falender & Shafranske, 2010; Haynes et al., 2003); thus, this kind of model uses the concepts developed for psychotherapy and applies them to the supervision setting (Morgan & Sprenkle, 2007). Different models have been developed based on established psychotherapeutic orientations. Although these models differ in a variety of ways, Watkins (1997) identified three characteristics common to most of them: "They emphasize the importance of (a) a supportive, non-critical supervisor-supervisee relationship or learning alliance; (b) teaching and instructing supervisee as needed; and (c) stimulating supervisee curiosity" (p. 605). Two examples of psychotherapy-based models are psychodynamic models and person-centered models. Others include behavioural, narrative, and gestalt.

Psychodynamic model. Psychodynamic concepts of supervision have a long history and have arguably affected supervision theory more than any other model (Bernard & Goodyear, 2004). Freud is credited with hosting the first recorded informal supervision sessions to educate analysts and discuss each other's work (Jacobs, David, & Meyer, 1995) and his theory provides the foundation for this approach. The International Psychoanalytic Society set the first formal training standards in the 1920s that required all analysts to participate in supervision and their own personal analysis (Ekstein & Wallerstein, 1976). The supervising analyst was responsible for both of these roles until controversies developed regarding the effectiveness and potential conflicts of these dual roles. These arguments continue today with individuals differing in their opinions of how to distinguish between therapy and supervision (Carroll, 2007).

Within the psychodynamic model, many concepts and practices from therapy are imported directly for use in supervision (Milne, 2009). The emphasis is placed on the supervisee dynamics, such as "resistance, their way of reacting to their clients, and the client's reactions (transference) to the therapist" (Hayne et al., 2003, p. 117). Personal issues of the supervisee are a significant concern to the extent that they influence the therapeutic process, and exploring the supervisees' unconscious and conscious reactions is also an important contribution that informs the supervision process (Sarnat, 1998). As such, the psychodynamic model of supervision draws many of its concepts from psychodynamic therapy and relies heavily on exploring the supervisees' internal process. Surveying the supervisee's personality and character assists in promoting both professional and

personal development (Frawley-O'Dea & Sarnat, 2001), with the goal of this improving supervisees' skills and knowledge as therapists. Supervision thus becomes more of a therapeutic process that focuses on the intrapersonal and interpersonal dynamics of the supervisee (Bradley & Gould, 2001).

Of central importance is the relationship between the supervisor and supervisee (Thomas, 2010). In fact, in psychodynamic supervision the relationship that develops between the two members of the dyad is relatively long-term, intense, and viewed as a significant component that can both infringe on and promote trainees' path to competence (Milne, 2009). Building a working alliance allows for the development of comfort and safety, and promotes an open and honest interaction that is pivotal within this model. Developing this type of relationship can take time and requires a certain openness for closeness from both supervisor and supervisee. The client-counsellor relationship is also explored at length to determine how it is influencing the course of therapy (Haynes et al., 2003). Issues of transference and countertransference are discussed both as they play out in therapy and as they occur within the supervisory process (Thomas). Thus, discussions will often centre on the experience of being a supervisee, how this differs or is similar to the experience of being a therapist, and how these two roles intersect and converge. Reactions of the supervisee to his or her clients are explored and regarded as informing the progress of therapy and the therapists' conceptualization of the client. Parallel process is a term often included in discussions of psychodynamic approaches, and is described as "the supervisee's interaction with the supervisor that parallels the client's behaviour with the

supervisee as the therapist" (Haynes et al., p. 117). A goal of therapy is to explore

the parallel process occurring in the supervisee's therapy in order for the

supervisee to become a better therapist (Eksten & Wallerstein, 1972). If personal

issues of the supervisee are deemed to be impacting either of these two

relationships or their ability to effectively conduct therapy, it is encouraged that

these be addressed in personal analysis outside of supervision (Milne).

When psychodynamic supervision was considered the norm (in the early

and mid 1900's) the focus was almost entirely on the relationship and one's

personal process to becoming a therapist, and there was little discussion of

techniques or competencies (Bernard, 2005). Thus, in the early stages of

psychodynamic supervision the training of supervisors was not a requirement,

delivering feedback to supervisees was not considered essential, and the

systematic evaluation of trainees was lacking (Bernard). Since these early days,

however, psychodynamic supervision has continued to evolve and is now

presented as significantly more structured (Haynes et al., 2003). Becoming a

competent psychodynamic supervisor requires extensive training and the ability to

maintain an intense yet healthy relationship with supervisees. As such, ethical

challenges within this model relate primarily to problems with competency,

boundary violations, and multiple relationships (Thomas, 2010). The popularity of

the psychodynamic model has decreased consistently in recent years (Bernard &

Goodyear, 2009).

Person-centered model. Carl Rogers (1958) is credited with the

development of the person-centered model of psychotherapy, and viewed

supervision as being on a continuum with psychotherapy. Person-centered therapy is based on the assumption that individuals are able to direct their own life and solve their problems effectively through a therapeutic climate of safety and trust, with minor interpretation and direction from the therapist (Haynes et al., 2003). Rogers posits that when therapists demonstrate empathy, unconditional acceptance, and positive regard towards clients this is necessary and sufficient to elicit therapeutic change. These interpersonal behaviours are also considered pivotal in the development of a robust relationship between client and therapist, which is an essential ingredient for client growth (Rogers). Using the therapeutic relationship for self-exploration allows clients to gain insight into potential blocks for growth and provides them with the environment within which to approach and challenge these hurdles. The client is seen as having the capability and the resources to achieve growth, and the therapist is there to assist rather than guide or instruct (Haynes et al.). By promoting a safe environment, clients are able to explore impasses in growth and gain strategies for increased well-being (Rogers).

Applied to supervision, the foundations of this model posit that supervisees have the ability and motivation to learn, have multiple internal resources, and require minimal advice and direction from supervisors (Thomas, 2010). As with clients, supervisees are treated as having the knowledge and skill to pursue growth and development, and take a very active role in the supervisory process. Supervisors are not seen as the experts; rather, they tend to refrain from directly answering questions and are encouraged to use reflective comments to draw out the supervisee (Patterson, 1997). Supervisees are primarily responsible

for the direction and progression of supervision and typically are the ones to

decide what to discuss and what questions to ask (Thomas). They are asked to

come to supervision prepared with areas to explore and challenges to navigate.

Supervisees are thought to know best what challenges they are facing and how to

surpass these challenges, and how to best make use of the time in supervision to

explore therapeutic struggles (Haynes et al., 2003). Thus, supervisees are

expected to view supervision not as a place where advice will be given and

questions answered, but as an opportunity to engage in self-reflection and draw on

their own knowledge to overcome challenges. Just as in other supervision models,

it can benefit the process if both members of the dyad have a discussion about the

purpose and goals of supervision at the start. This can help mitigate against

possible disagreements that may arise due to misconceptions about the

supervisory process. In essence, learning is the result of a collaborative venture

between supervisors and supervisees (Lambers, 2000).

As in therapy, the effectiveness of supervision hinges on the presence of

warmth, empathy, respect, and genuineness, the facilitative conditions that can

help the development of an effective relationship between supervisor and

supervisee (Bernard & Goodyear, 2009). When a strong supervisory working

alliance is established, supervisees are thought to be better able to flourish and

develop effectively (Haynes et al., 2003). Thus, the development of this

relationship is a primary goal of supervisors and one that is focused on from the

start of the process. Although this relationship is composed of two individuals

who hold equal responsibility in its maintenance, supervisors are those primarily

responsible for ensuring that these facilitative conditions are in place. Thus, it is important to train future supervisors in the ways in which this relationship can be established. As mentioned above, many of the ideas from therapy are transported to supervision, and the ways in which therapists aim to establish a working alliance with clients are viewed as easily transferable to supervision.

Within the person-centered model the process and importance of evaluation and the gatekeeper role of the supervisor are downplayed (Haynes et al., 2003). As stated, the supervisor's primary role is to facilitate the growth and self-awareness of supervisees, not to guide, instruct, or judge the effectiveness of supervisees. Evaluation is still an essential component, but the person-centered model encourages its minimization under the belief that the role of supervisors ought not to be embedded in a top-down relationship (Patterson, 1997). Although a belief in supervisee ownership of growth is appealing, critics of this approach contend that training needs must be put ahead of client needs and that direction and evaluation are critical factors that must be provided by supervisors (Bernard, 1992; Davenport, 1992). The concern is that supervisee competency concerns may not be addressed, thus posing a potential risk to clients and to society at large once supervision is complete and the supervisee becomes solely responsible for his or her competency. Further, as with any model that draws its main ideas from therapy it can be challenging to appreciate the differences between these two very complex environments. Supervision is not the same as therapy, the boundaries are different, and power differentials between supervisors and supervisees are more evident and intricate than those between therapists and clients (Bernard &

Goodyear, 2004). Supervision can be considered primarily an educational

enterprise and many therapy techniques geared towards the client's growth may

not be appropriate or best applied in supervision (Milne, 2009).

The primary tenants underlying this approach to supervision have been

adopted across all other models. The use of empathy, the importance of the

supervisor as a supportive presence, and the essentiality of the working alliance

have become consistent factors across all models and are considered pivotal in an

effective supervisory experience (Haynes et al., 2003). Like good therapists, good

supervisors are those who are non-critical, non-judgmental, respectful, and caring

(Milne, 2009). As such, Rogers (1958) is considered a foundational presence in

supervision as well as therapy.

Social-role models. This classification incorporates models not directly

tied to a particular counselling theory (Morgan & Sprenkle, 2007). Social role

models tend to be more descriptive and as their main goal organize the various

roles that supervisors adopt into categories (Holloway, 1995). They are largely

atheoretical, specify the roles that supervisors perform and their associated

functions, and strive to provide pragmatic applications for supervisors and

supervisees alike (Beinart, 2004). Thus, they do not base themselves on any

particular counselling theory but span across all theoretical models. They are

often described as frameworks or practical schemes for organizing supervision in

a meaningful and practical manner (Milne, 2009). The foundational principle is

that supervisors, in conjunction with supervisees, should customize supervision to

the unique needs of supervisees and work together to establish goals, directions

for growth, and mutually agreeable decisions on how to conduct the process

(Haynes et al., 2003). Different social role models exist, but they all attempt to

delineate the different function and roles of the supervisor throughout the

supervision process. The type, number, and importance of roles differ across the

various models and supervisors are encouraged to have conversations with their

trainees regarding the roles they typically adopt and how these might be in line

with trainee's desires. As with all models, the supervisory alliance is critical not

only in establishing a connection between supervisors and trainees, but to

heighten the effectiveness of the supervisory experience.

As social-role models are not rooted to a particular theoretical orientation,

they borrow approaches and techniques from multiple schools of thought without

subscribing to their theoretical underpinnings (Haynes, et al., 2003). This has

been described as technical eclecticism, which outlines the tendency to choose

from many supervision approaches and apply a variety of techniques based on

various theoretical models. This in itself can be a challenging blend to accomplish

effectively; as an example, some may find it difficult to combine approaches that

have their bases in person-centered, psychoanalytic, and behavioural therapy

respectively. Effectively integrating different schools of thoughts can best be

accomplished by an openness to look beyond the confines of a single theory and

determine what can be gleaned by joining various perspectives (Corey, 2001).

This also requires sound knowledge of different theories, an accomplishment that

may take a significant amount of time and effort (Norcross & Newman, 1992). A

soundly integrated social role model can best be achieved by basing ones actions

on common denominators across different models (Haynes et al.). This requires

the identification of concepts that, although perhaps not identical, are shared

across various models. Some blending just does not make conceptual sense, and it

is important to be able to identify when that is the case. The philosophical

assumptions of the supervisor are also critical as they can provide the foundation

on which different techniques and actions are built upon (Haynes et al.).

Various social-role models exist. Bernard (1979) and Holloway (1995) are

two researchers whose social-role models have obtained a significant amount of

prominence in the literature (Haynes et al., 2003; Milne, 2009). The models differ

in the number of roles that supervisors are encouraged to take on, and also differ

in their delineation of what these roles are. Below, the two models are explored in

greater detail.

Bernard (1979) discusses three roles that supervisors can embody: teacher,

counsellor, and consultant. As a teacher, the supervisor performs a more didactic

role to instruct and guide supervisees towards development. Supervisees are

educated and trained and thus adopt a role that can be likened to being a student in

a classroom (Milne, 2009). As a counsellor, the supervisor provides a restorative

function by providing support, care, understanding, and empathy. As consultants,

supervisors work with supervisees to encourage independence and take

responsibility for their own learning. Within this role supervisors are viewed as

resourceful and available for communication and the sharing of ideas. The end

goal within this role is for supervisor to promote supervisees' growth,

responsibility, and trust in their own abilities (Bernard, 1977). Within these three

roles, supervisors aim to perform various functions that aid in the development of trainees. Bernard discusses the main functions as: helping supervisees obtain intervention skills (techniques and behaviours for optimal counselling), conceptualization skills (ability to understand the client's presenting problem and contributing factors), and personalization skills (ability to receive feedback from both the supervisor and the client, and be comfortable with one's own values, attitude, and feelings). The supervisor's approach is determined by the training needs of supervisees at any given time (Bernard & Goodyear, 2004). Based on a specific supervisory situation, supervisors can help supervisees master these counselling skills in different ways.

Holloway (1995) proposed an expanded model of supervision that although similar to Bernard's (1979) is greater in complexity and breadth. Her model has been called the Systems Approach to Supervision (SAS) and is a conceptual model that, without subscribing to any particular theoretical orientation, presents the different roles that supervisors can take on and the environment within which these can be most effective (Haynes et al., 2003). Holloway identified that the supervisory relationship is the most important aspect upon which all the other dimensions are built. She described this working relationship as being comprised of stages. In the first stage, the relationship begins developing and the supervisory contract is established. In the second stage, the mature phase, the work and growth comes to fruition. Here, supervision becomes increasingly tailored to the needs of the supervisee, and case conceptualization skills along with self-awareness become a focus. The final stage is the termination

phase and signifies supervisees achieving a greater connection between theory and clinical skills in addition to a movement towards independent practice.

Holloway (1997) referred to her model as dynamic and as being amenable to alterations given the needs and requirements of supervisees. She identified the five functions of supervisors as needing to (a) monitor and evaluate, (b) instruct and advise, (c) model, (d) consult, and (e) support and share. These functions are not meant to occur on a linear scale but rather supervisors are thought to jump from one to the other depending on the needs in any given session. Supervisors are encouraged to discuss these functions with trainees at the start of their work together in order to delineate how the goals are to be achieved. Holloway also delineated five areas of focus for supervision including counselling skills, case conceptualization, professional role, emotional awareness, and self-evaluation (Holloway). These areas are thought to contribute to the end goal of independent practice and work together to provide holistic trainee development. Further, the above combinations of functions and focus are inextricably embedded in the contextual factors of the client, the supervisee, the supervisor, and the setting where supervision takes place. Thus, it is impossible to separate each of these functions and roles from the context of therapy and the needs of clients (Milne, 2009).

As with other models, there are criticisms of the social-role approaches. Due to not being based on a particular theoretical orientation there is the concern that supervisors may borrow a random combination of techniques and ideas that may be inconsistent and lack a systematic rationale (Haynes, 2003). As stated

earlier, technical eclecticism can be difficult to achieve in an effective manner, and there are some techniques that if blended together may clash and work against each other. For example, adopting the role of supporter by employing Roger's (1958) conditions for change and then switching to the role of consultant by encouraging the exploration of unconscious processes in client change may be confusing and unhelpful to supervisees. Further, some supervisees may be intent on developing their own theoretical approaches to therapy and may desire a more consistent and grounded supervision process (Milne, 2009). These models have also been criticized due to the lack of specificity regarding how supervisors can best be trained to carry out the different roles and how the various functions of supervision can be achieved (Milne). However, barring the drawbacks, social-role models do provide a good conceptual overview of the important factors required in supervision and the multiple areas of focus that can help supervisees achieve competence.

Objectives-based and feminist models. Although objectives-based and feminist approaches have both influenced supervision, they are not necessarily viewed as supervision models in and of themselves (Morgan & Sprenkle, 2007). Objectives-based approaches are similar to social-role models and, as indicated by the name, posit certain skill-based objectives for supervisees to meet and provide criteria for measuring progress and directing the focus of supervision (Morgan & Sprenkle). An example of an objectives-based model is offered by Briggs, Fournier, and Hendrix (1999) who identify perceptual, conceptual, and executive skills that supervisees must achieve throughout their training. Others break down

the task of therapy into specific microskills and discuss supervision as the place where supervisees are able to learn and practice these counselling skills (Ivey, Ivey, & Simek-Morgan, 1993). Great emphasis is placed on outlining objectives and goals at the commencement of the supervisory process and ensuring that the objectives are met.

Feminist approaches are, as implied by the name, heavily influenced by the feminist movement (Morgan & Sprenkle, 2007). Feminist ideas and values are saturated in the supervisory dialogue and inform all aspects of the supervisory process (Prouty, 2001). Discussions of issues pertaining to gender, diversity, socialization, oppression, privilege, and power inequalities (both within and outside of the supervisory relationship) are prevalent (Morgan & Sprenkle). An open-ended forum for discussions of this nature is strongly encouraged and forms the basis for any supervision meeting (Falender, 2010). Additionally, the feminist literature has focused attention on encouraging a collaborative and egalitarian relationship between supervisor and supervisee (Prouty, Thomas, Johnson, & Long, 2001) while not ignoring the inherent power imbalance in this relationship. As such, a challenge identified in feminist supervision is the need to balance tension between promoting a collaborative supervisory alliance and maintaining supervisory accountability and evaluation (Falender).

The issue of power is often highlighted. Although supervisors retain ultimate power, the power can shift with the development of the supervisee, culminating in a collegial relationship characterized by an environment of support and diminished structure (Porter & Vasquez, 1997). Feminist supervision seeks

to explore sociocultural and historical forces through a collaborative and respectful dialogue (Porter & Vasquez) and there is recognition of subjective realities as well as an understanding that there is no 'right and wrong' but rather varying viewpoints to construct meaning (Falender). Thus, a supervisor must continuously be balancing power imbalance and collaboration in a sensitive arrangement that requires a significant amount of self-awareness, skill, and confidence (Nelson et al., 2006).

Developmental models. The most popular type of supervision model is based on lifespan development theory, drawing on how humans grow and mature over time (Milne, 2009). These models strive to identify and explain the transition from inexperienced supervisee to experienced clinician (Beinart, 2004; Whiting et al., 2001). They do not only posit a mere increase in quantity of clinical skills and knowledge but rather hold a desired direction of professional maturity and transformation that occur in supervisees over time (Whiting et al.). The underlying features of any developmental concept include the ideas that development always implies a change, this change is organized in some particular way, and the change involves growth over time (Ronnestad & Skovholt, 2003). This is optimally characterized by a movement towards a strong clinical identity, autonomous functioning, introspection and self-awareness, and an integration of theory with practice (Whiting et al.). Various developmental models exist and have been described by Bernard and Goodyear (2009) as falling under one of the following three categories: stage developmental models (which focus on various stages that supervisees pass through) process developmental models (concerned

with processes that occur within a discrete period of time), and life-span developmental models (describing change as it occurs not only through clinical training but throughout one's entire life).

Anderson (2005) provides a framework for developmental models by providing an understanding of what is known about the development of expertise. Anderson's theory explains the transformation that occurs from discrete pieces of information to increasingly complex knowledge that leads to expertise over time. Three stages explain how individuals learn skills, starting with a cognitive stage, progressing to an associative stage, and finally an autonomous stage. The cognitive stage includes the acquisition of declarative knowledge in the form of words or images and culminates in a rudimentary understanding of the task that is to be accomplished. The associative stage enables a more effective application of the skill as the connections among the elements that are needed to perform the skill effectively are strengthened. In the final, autonomous stage, the skill becomes more under automatic control as the knowledge required is easily accessed and the action executed.

Developmental models share the assumption that supervisees progress through different stages on their journey towards competency and posit that effective supervision must employ techniques and styles that match the supervisee's evolving needs (Stoltenberg, & McNeill, 2010). Supervision is viewed as an evolutionary process characterized by specific stages that progress from novice to competent (Haynes et al., 2003) as supervisees develop skills and become socialized into their profession (Thomas, 2010). Ideally, supervision

methods are to be adjusted to fit the skill and confidence level of supervisees as they develop through the stages at their individual pace. A variety of different stages and themes have been proposed by different researchers. For example, Ronnestad and Skovholt (2003) propose six stages of counsellor development starting with the lay helper phase and concluding with the senior professional phase. These researchers describe 14 themes of counsellor development including an integration of the professional and personal self, the necessity of reflection and self-awareness, a motivation to learn, and the importance of interpersonal sources of influence.

  Integrative Development Model. The Integrative Developmental Model (IDM; Stoltenberg & McNeill, 2010; Stoltenberg et al., 1998) is an example of a stage developmental model and is the most commonly-used model for supervision, based on over 10 years of research (Bernard & Goodyear, 2009; Falender & Shafranske, 2004; Milne, 2009; Thomas, 2010). The IDM posits four levels of supervisee development and describes the corresponding role and tasks of the supervisor for each developmental level: level 1, level 2, level 3, and level 3i (level 3 integrated). Stoltenberg and McNeill describe supervisees at each stage as having certain specific characteristics and related needs which are delineated under three overriding structures: self and other awareness, motivation, and autonomy. Self- and other-awareness includes both cognitive and affective components and "indicates where the individual is in terms of self-preoccupation, awareness of the client's world, and enlightened self-awareness" (p. 23). The affective component encompasses changes in emotions and the cognitive

component identifies the content of the thought processes. The supervisee's ability to engage in effective empathic understanding is an example of an important aspect of the affective component of this structure. This structure encompasses the development of the supervisee's knowledge base and his/her ability to implement this knowledge with clients. The motivation structure "reflects the supervisee's interest, investment, and effort expanded in clinical training and practice" (p. 24). Both extrinsic and intrinsic motivation directly influences the supervisee's willingness to learn, recognize responsibility, and engage in effective practice. Lastly, the autonomy structure reflects changes in the degree of independence demonstrated by trainees over time with an accompanying awareness of strengths and weaknesses.

Stoltenberg and McNeill (2010) also identify eight general domains of clinical activity that should be a focus of supervision: intervention skills (the application of a theoretical orientation to a given client modality), assessment techniques (the ability to conduct psychological assessments), interpersonal assessment (the use of self in conceptualizing a client's interpersonal dynamics), client conceptualization (the ability to arrive at a diagnosis grounded in a particular worldview and theoretical orientation), individual differences (the understanding of gender, ethnicity, socioeconomic status, and cultural influences), theoretical orientation (the knowledge of theoretical models of personality and psychotherapy), treatment plans and goals (the ability to plan and organize treatment), and professional ethics (the knowledge of ethics and standards of practice). It is important to note that supervisees are not thought to pass

seamlessly through each level but rather may fluctuate back and forth between levels depending on any particular concept, knowledge, or skill set. Thus, Stoltenberg and McNeil posit that it is likely for supervisees to find themselves at different levels of development in different domains, and supervisors must thus be able to juggle these different levels of competence, something that can be very challenging. It is also critical to stress that level of therapist development is not synonymous with a particular number of years of practicums, years of experience, or age. See Table 1 below for a simple breakdown of the three structures of motivation, autonomy, and self-other awareness across the four developmental levels and clinical domains. Following is a more detailed description of the four IDM supervisee stages.

Table 1

Developmental Levels

Level	Motivation	Autonomy	Self-Other Awareness
1	Motivated	Dependent; need for structure	Cognitive: self-focus but limited self-awareness Affective: performance anxiety
2	Fluctuating between high and low; confident/lacking confidence	Dependency-autonomy conflict; assertive vs. compliant	Cognitive: focus on client; understand perspective Affective: empathy possible, also overidentification
3	Stable; doubts not immobilizing; professional identity is primary focus	Conditional dependency; mostly autonomous	Cognitive: accepting and aware of strengths/weakness of self and client Affective: aware of own reactions and empathy
3i	Stable across domains; professional identity established	Autonomous across domains	Personalized understanding crosses domains; adjusted with experience and age
Clinical Domains Across Levels	Intervention skills competence; Assessment techniques; Interpersonal assessment; Client conceptualization; Individual differences; Theoretical orientation; Treatment plans and goals; Professional ethics		

Note. Adapted from "IDM Supervision: An Integrative Developmental Model for Supervising Counsellors and Therapists" by C.D. Stoltenberg and C.W. McNeill, 2010, New York: Routledge.

Level 1 supervisees. Supervisees at this level are at the beginning of their

clinical practice, have many skills to learn, and require opportunities to practice

them (Stoltenberg & McNeill, 2010). Although the backgrounds of entry-level

supervisees can vary greatly, their applied experiences are usually limited and/or

informal (Huhra, Yamokoski-Maynhart, & Prieto, 2008). In terms of the three

overriding structures, level 1 supervisees tend to be highly motivated, very

dependent on the supervisor, and focused on themselves and their performance

(Thomas, 2010). In terms of self- and other-awareness, level 1 supervisees are

characterized by a primary focus on themselves (Stoltenberg & McNeill).

Cognitively they exhibit great concern regarding their ability to be effective

therapists and as a result concentrate on learning information, understanding

process, and performing the right skills appropriately (Stoltenberg & McNeill).

Affectively, they are likely to experience significant anxiety, confusion, and may

feel a host of other negative emotions when they are unable to successfully

implement a therapeutic procedure advised by their supervisors (Stoltenberg &

McNeill). This keen self-focus and lack of other awareness can contribute to level

1 supervisees' difficulty in maintaining the client as the primary spotlight

(Thomas). Motivation for these individuals is very high, in part because of the

fear and anxiety they experience as novice therapists and their desire to learn

appropriate skills and techniques (Stoltenberg & McNeill). They tend to focus

heavily on emulating their supervisor, showing great incentive to practice what

they have been trained to do (Thomas). This dependency typically leads the

supervisee to adopt the supervisor's theoretical orientation (Stoltenberg &

McNeill). Supervisees at this level may hold a simplistic view of their clients and

have difficulty conceptualizing worldviews different from their own (Stoltenberg

& McNeill). Supervisees benefit from highly directive and structured supervision

that is focused on appropriate intervention skills, delineates the supervisees'

strengths and weaknesses, and offers concrete suggestions for guiding the therapeutic process (Jacobsen & Tangaard, 2009; Skovholt & Ronnestad, 2003).

Level 2 supervisees. Level 2 supervisees undergo a variety of changes and typically endure a period of destabilization, uncertainty, disruption, ambivalence, and instability (Milne, 2009). This occurs as they obtain more experience, gain new therapeutic skills, and advance their understanding of therapy and client issues, thus shifting the focus from themselves to their clients (Thomas, 2010). Supervisees are thus able to tolerate greater complexity and ambiguity in their clinical work as well as work more autonomously. Although the supervisor continues to provide valuable input, supervisees at this level begin to develop an individual framework for therapy and may change their therapeutic orientation to more closely reflect their own (versus their supervisors') worldviews (Stoltenberg & McNeill, 2010). Level 2 supervisees are more capable of developing case conceptualization independently; however, perceptions of the increased complexity of clinical practice may cause them to experience significant uncertainty regarding their true abilities. Despite their growing autonomy, novel or challenging clinical situations can spark a return to supervisor dependency (Huhra, Yamokoski-Maynhart, & Prieto, 2008). Motivation fluctuates from high to low depending on the level of confidence, which can vacillate frequently (Stoltenberg & McNeill). Their increased knowledge of the wealth and breadth of available therapeutic procedures may cause them to doubt their past and present decisions and create uncertainty that can infiltrate their work (Thomas). Trainees at this level are encouraged to discriminate between their self needs and their

client needs, in order to decrease a blending and enmeshment of the two. Level 2 supervisees experience a strong dependency-autonomy conflict that can be a struggle for both they and their supervisors (Stoltenberg & McNeill). Ambivalence and disagreements with their supervisors may be a frequent occurrence as these supervisees struggle to carve out their professional identity (Thomas). Level 2 is often viewed as the most difficult period for supervisees as it is characterized by fluctuations and uncertainties that can taint the appreciation for a therapeutic career. It is also a complex time for supervisors as they struggle to negotiate appropriate supervisory techniques for a fluctuating trainee (Stoltenberg & McNeill).

Level 3 supervisees. Level 3 supervisees are described as having successfully resolved the issues present at level 2, as having stable motivation, independence, and a relatively high degree of insight (Milne, 2009). Although not all training therapists reach level 3, most do and continue at this level throughout their career as they integrate learning over time (Huhra et al., 2008). They experience an integration of knowledge, skills, and understanding of client issues, and are better able to handle conflictual information and even their own uncertainty. Supervisees develop a more grounded approach to therapy and are not guided solely by diagnostic categories, specific therapeutic techniques, or narrow-minded ideas (Milne). Motivation is typically high and fairly stable, and supervisees experience a significant level of autonomy (Stoltenberg & McNeill). They are able to determine their strengths and weaknesses and know when to ask for assistance and direction if required. They are confident in their understanding

of client issues and in their ability to apply effective therapeutic interventions, and are not derailed by lulls in the therapeutic process. Affectively, they are able to empathize deeply with client issues yet also acknowledge what they themselves bring to the therapeutic relationship (Stoltenberg & McNeill). As this awareness of self and others increases, supervisees at this level are able to accurately identify areas of growth and to further the effectiveness of the treatment they provide. They are not defensive about being challenged by clients and supervisors as their confidence is grounded in expert knowledge and understanding (Thomas). The supervisor-supervisee relationship becomes more of a collegial one characterized by a process of give-and-take. Supervision at this level focuses on fostering continued personal and professional development and allowing the supervisee to direct the majority of session content and direction (Stoltenberg & McNeill).

Level 3i supervisees. The level 3i (level 3 integrated) supervisee is seen as being fully functioning across all domains that are applicable to his/her practice (Stoltenberg & McNeill, 2010). Supervisees at this level experience stable motivation, autonomy across all domains, nand deep self- and other-awareness both cognitively and affectively. This level of development is only reached after multiple years of practice and may never be reached by a number of therapists.

The IDM holds significant intuitive appeal as it suggests that supervisees are likely to change and grow their knowledge and skill-set as they gain experience, and require different supervisory approaches as a result. This concept has become common and accepted amongst many supervisors and has been frequently supported by research (e.g., Ashby, Stoltenberg, & Kleine, 2010;

Flemons, Green, & Rambo, 1996; Stoltenberg, 2005; Whisenhunt, Romans,

Boswell, & Carlozzi, 1997). Studies supporting this model have emphasized the

need for trainees at different levels of experience to benefit from varying kinds of

supervision. For example, Whisenhunt and colleagues in their study of graduate

students at different levels of training, found that modalities of supervision

differed. More specifically, beginner trainees received more structured sessions

and videotape review than advanced trainees, who were approaching levels of

autonomy and received less directive supervisory techniques. Bear and Kivlighan

(1994) found similar results in their study examining the process of individual

supervision. They followed a supervisor working for 12 sessions with both a

beginner and an advanced trainee and found that the beginner supervisee was

more dependent and required more structured and directive sessions, while the

advanced supervisee preferred a more collaborative and collegial relationship and

was more independent. Worthen and McNeill (1996) interviewed trainees to

explore "good" supervision events and found that those trainees who were at

intermediate levels of training (level 2 in the IDM) experienced fluctuating

confidence in their ability to provide therapeutic intervention and required more

or less support depending on how they were feeling. Additionally, they found that

intern-level trainees (nearing level 3 in the IDM) exhibited more stable

confidence and autonomy, and thus required more independent supervision

(Worthen & McNeill). Developing a mature therapeutic identity takes many years

and this development does appear to proceed in stages (Shanfield, Hetherly, &

Matthews, 2001).

As with any model, the IDM has also received its share of criticism; however, of note is that although a considerable amount of research was conducted on developmental models in the 1980s and early 1990s, research in this area has since steadily declined, with extremely few independent studies examining the merits of this model in concrete ways (Bernard & Goodyear, 2009). The majority of sceptics find that the IDM lacks firm empirical support (e.g., Bernard & Goodyear, 1992) and that those studies that do favour it only cite very limited support for the developmental theory underlying the model (Ellis & Ladany, 1997; Holloway, 1992; Watkins, 1995). Weaknesses in research methodologies have contributed to a lack of consensus regarding the IDM's effectiveness (Ellis & Ladany). Other researchers posit that the supervisee preferences for training do not change depending on their level of experience, and that developmental assumptions may be based less on empirical research and more on clinical intuition (Ladany, Marotta, & Muse-Burke, 2001). For example, Storm and colleagues (2001) view the developmental approach as a helpful and intuitive way to conceptualize supervision; however, they express doubt that supervisors actually conduct supervision differently with supervisees at different developmental stages. Storm and colleagues recommend that supervisors tailor their approach to the specific needs of the supervisee rather than rely on a universal developmental sequence. Some researchers state that although supervisors generally do employ different methods with beginner versus advanced supervisees, the supervisees themselves do not differ in their preferences of modalities use (e.g., Whisenhunt et al., 1997). Other researchers have found that

individual differences amongst supervisees will dictate the type of supervision they require, regardless of developmental level (Jacobsen & Tangaard, 2009). Still others find consistency amongst supervisor effectiveness irrespective of supervisee experience, suggesting that those supervisory behaviours deemed effective or ineffective do not differ depending on level of training (Allen, Szollos, & Williams, 1986).

Although supervisors and supervisee may prefer one model over another, it is apparent that no single approach will work for everyone and that individual preferences should be taken into account (Jacobsen & Tanggaard, 2009). Further investigating the process of supervision can help progress this field to enhance its effectiveness. As supervisees are the ones who are on the receiving end of supervision it is important to inquire into their thoughts to obtain information regarding helpful and hindering aspects of supervision. Additionally, it is important for the perspective of the experienced supervisors to be explored as they hold the advantage of having seen a multitude of supervisees and can offer helpful insights based on their experiences.

The Proposed Study

The majority of research conducted in the area of clinical supervision has utilized quantitative methods of exploration (e.g., Dow et al, 2009; Hart & Nance, 2003; Whisenhunt et al., 1997) and often relied heavily on external perspectives while side-stepping the viewpoints of those centrally involved in the process; namely the supervisors and supervisees (Grafanaki, 2010). Although quantitative research has advantages such as sampling a large number of participants,

establishing cause-and-effect relationships, and providing results that can often be generalized, qualitative methods can add valuable knowledge to the field by providing in-depth understanding of experiences obtained directly from the source.

The proposed study aimed to further our understanding of the supervisory process from the perspective of both supervisors and supervisees. Including these two perspectives was important as both members of the supervisory dyad influence the process and are equally pivotal in the resulting effective or ineffective consequences of supervision. These multiple perspectives were thus necessary in order to obtain an understanding of the processes and experiences underlying this relationship. The two research questions were posed:

1. What critical incidents within the supervisory process influence supervisees' sense of competence as psychologists?

2. Are critical incidents described differently by supervisors and supervisees?

Building upon existing literature in the field of clinical supervision, this study aims to advance our knowledge regarding critical incidents within the supervisory process that help or hinder supervisees' sense of competence as a psychologist. There is a need to provide a better understanding of the training process and how it influences psychologist competence and development (Grafanaki, 2010). Therapist development is important not only for students and supervisors but for clients and society at large (Ronnestad & Ladany, 2006). It is necessary to more closely explore the training process, the factors that are relevant and meaningful to psychologists-in-training, and the ways in which the

supervisory process can help or hinder the growth process (Ronnestad & Ladany).

Obtaining this information from supervisees and supervisors can shed light on

what creates an optimal learning experience for those involved, thus aiding in the

establishment of realistic expectations in graduate programs that focus on trainee

needs and circumvent negative experiences (Goodyear et al., 2003; Grafanaki).

Additionally, exploring the presence of specific, isolated, significant events versus

overall experiences can facilitate the collection of concrete and identifiable

incidents that can be used to inform best practices. Finally, obtaining perspectives

from supervisees at various levels of development can provide useful implications

for the developmental model of trainee growth. Learning more about the

supervisory factors contributing to psychologist sense of competence can

significantly advance psychology education and the delivery of better psychology

services.

Chapter 3: Methodology

Research Paradigm and Philosophical Assumptions

Qualitative research is rooted in a philosophical position that explores interpretations, understandings, and experiences of the social world (Mason, 2002). It adopts flexible methods to provide contextual and detailed understandings of experiences (Marshall & Rossman, 2006). The general aim of qualitative research is to attempt to develop an understanding of how reality is constructed (McLeod, 2000) and to "make sense of or interpret phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 1994, p. 2). Implicit within this inquiry, however, is the knowledge that a complete understanding of how the human world is constructed is never fully achievable (McLeod). Instead, many alternative definitions of reality arise and reflect the backgrounds and experiences of those involved, as it is impossible to step outside of our culture and histories (Eisner, 2003). Every researcher thus grapples with the philosophical assumptions that they bring to their work. These assumptions consist mainly of the ontological and epistemological understandings and their implications.

Ontology asks what is understood as the nature of reality and its characteristics in the social world (Creswell, 2007). Although different researchers will embrace different realities, in qualitative inquiry reality is typically observed as being subjective and as consisting of multiple possibilities (Creswell). Different perspectives are embraced, understood as inevitable, and seen as enhancing the understanding of individual experiences (Mason, 2002).

Epistemology can be understood as the theory of knowledge that is at the root of the methodology chosen for the research study, and explains how social phenomena can be known and how knowledge can be demonstrated (Crotty, 1998). It asks about the nature of the relationship between the researcher and that being researched (Creswell). Epistemology considers philosophical issues regarding what is evidence or knowledge of social things, and different epistemologies vary in their arguments of the status of knowledge (Mason). Here, researchers try to get as close as possible to the participants being studied, in order to best capture their subjective understanding of their experience (Creswell). The researcher's own experiences and the way he or she views these broad concepts cannot be separated from the way the research is undertaken; in fact, adopting a particular version of ontology and epistemology has implications on the research question, how it is framed, and how data is collected, analyzed, interpreted, and presented.

In qualitative research, social constructivism is a popular epistemological approach often adopted. It rejects the view that there is one single objective truth that is waiting to be discovered – the view taken by objectivist epistemology (Crotty, 1998). Rather than one objective truth, social constructivism regards truth and meaning as being constructed and continuously changing. Subjective meanings are developed from individual experiences grounded in context, and these meanings are varied, multiple, and complex (Creswell, 2007). The goal of the researcher is to rely as much as possible on the participants' view of the situation and understand the experience as described by each individual

participant (Creswell). The construction of meaning occurs through the engagement of the researcher with those being researched, and both parties are equal partners in the generation of meaning (Crotty). The context within which this meaning is created is pivotal and essential to the understanding of the information gathered. It is expected that different people will construct different meanings of the same phenomenon (Mason, 2002). Through an understanding of participants' experiences and the co-construction of reality, the researcher is able to develop a theory or pattern of meaning that sheds light on the research question being pursued. It is important to note, however, that any conclusions drawn in a given research study are not definite nor are they the only possible conclusion. Instead, they become one way of presenting the information that was generated.

Qualitative research offers a variety of means to gather knowledge about the topic of inquiry, but interviews are often the preferred method as they allow for the gathering of information in a flexible and open-ended manner (Mason, 2002). Qualitative interviewing often refers to in-depth, semi-structured forms of interviewing, although other forms of gathering interview data are also possible (i.e., group interviews, fully-structured interviews, written interviews). Kvale and Brinkmann (2009) offer one conceptualization of qualitative research interviewing by using a metaphor of a traveller, where the interview-traveller "wanders through the landscape and enters into conversations with the people he or she encounters" (Kvale & Brinkmann, p. 48). Within these interviews there is no pre-determined, specific knowledge that is waiting to be uncovered; rather, the interviewer adopts the position of explorer by asking questions and inviting

participants to share their stories. Interviews take place within an interpersonal context. Thus, interview knowledge is not merely discovered or uncovered, but rather it is socially constructed and co-authored through the interplay of questions and answers between the interviewer and interviewee. As such, knowledge obtained in one situation with one interviewer does not automatically transfer with knowledge gained from a different interviewer in a different situation. This conversational approach to research yields the potential for different meanings and different understandings, which is the cornerstone of qualitative research and social constructivism.

Method

The method pertains to the concrete techniques and procedures that are used to gather and analyse data (Crotty, 1998). The critical incident technique (CIT) was used for this study. The CIT is a qualitative research approach first rooted in industrial and organizational psychology and recognized as an effective exploratory research tool (Butterfield et al., 2005). It was first developed by Flanagan (1954) in his studies of U.S. Air Force pilots during World War II and since then has been used across disciplines including psychology, medicine, and nursing to both document and evaluate behaviour (Rademacher, Simpson, & Marcdante, 2010).

Each qualitative research method is designed to answer a different type of question. For example, a phenomenological approach explores the essence of an individuals' experience in great depth, a case study approach provides understanding of a single case of an event, individual, or process, and a grounded

theory approach attempts to understand the process and growth of a phenomena (Creswell, 2007, 2008). The CIT, in contrast, explores the critical events, activities, or behaviours that help or hinder a particular activity or experience (Butterfield et al., 2005) and is appropriate to investigate events, incidents, factors, or psychological constructs that "help promote or detract from effective performance of some activity or the experience of a specific situation or event" (Butterfield et al., p. 483). It is a systematic, inductive, open-ended procedure for gathering verbal or written information from participants (Norman et al., 1992). The CIT presumes that participants' assumptions about experiences are presented within a context and can be inferred by their description of particular events (Brookfield, 1990).

The term critical incidents is used to refer to a defined event, activity, or experience that can be described by the person who is involved as having had a positive or negative outcome impact (Schluter, Seaton, & Chaboyer, 2007). An incident is critical if it is described by the individual as important with respect to the general aim of the activity under exploration (Norman et al.). Thus, it is the participant who decides whether or not an incident is critical or not; this decision is not made by the researcher. Often, these atypical and/or extreme incidents are more easily recalled than non-critical events as they tend to have a significant impact on the individual involved, whether this impact is positive or negative (Schulter et al.). The collection of incidents at both extremes is encouraged in order to overcome the potential tendency of some participants to recount only effective incidents (Norman et al., 1992). What is critical beyond establishing the

incidents is understanding the meaning behind each one to determine why the incident was considered critical and what the impact was on the participant (Cox, Bergen, & Norman, 1993). This information allows the researcher to explore the underlying points of interest within each critical incident, thus more thoroughly understanding the topic being studied.

The CIT delineates a set of procedures to facilitate the direct collection of human behaviours "in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles" (Flanagan, 1954, p. 327). It has changed since it was first introduced in that there has been a shift from the collection of observable human behaviours to the use of retrospective self-reports (Bradbury-Jones & Tranter, 2008). However, the aims of the CIT remain the same. A basic principle of the CIT is that only behaviours or experiences that significantly contribute to the activity being studied should be included (Woolsey, 1986); however, with the use of retrospective self-reports these behaviours are now described through participant recollections instead of being directly observed. It aims to collect data through words by means of interviews, focus on the participants' perspectives, conduct research in a natural setting, and inductively analyze data (Butterfield et al., 2005).

Five steps are delineated in a CIT study: (1) describing what is to be studied; (2) setting plans, specifications, and criteria for how the information will be obtained; (3) collecting data; (4) analyzing the thematic content of the data; and (5) reporting the findings (Flanagan, 1954). In stage one, the purpose and general aim of the study is decided upon and described. This can be difficult to

identify but is a critical step in the process (Norman et al., 1992). In step two, the participants who will be most familiar with the activity being studied are chosen. These individuals should be those who are able to contribute detailed and personal information based on their first-hand experiences with the activity under exploration. It is also in this stage that the decision of how to collect the data is made, and what questions will be asked to best glean the desired information. More recently, CIT studies have been gathered data by means of interviews, but observations and written transcripts are also popular (Sharoff, 2008). In stage three, the data is collected in the manner that has been decided upon. Critical incidents are sought here at both extremes in order to obtain a variety of incidents that both contribute to and detract from the activity being explored. In stage four, the data is analyzed through an inductive classification process that generates the construction of categories. This process occurs over time and until the researcher reaches a sense of 'rightness' with respect to the final categorization scheme (Sharof). In the final stage, the results are interpreted and trustworthiness checks are conducted. The information is presented in a manner that conveys the key messages in a simple and understandable manner (Norma et al.)

This research method does not aim to identify causal predictions among different sets of variables, but rather to explore, describe and increase the understanding of a specific construct, phenomena, or experience (Creswell, 2007). Thus as a qualitative research method, the CIT is mostly used for foundational, exploratory and clarifying research (Woosley, 1986) and seeks to explore participants' individual experiences (Erlandson et al., 1993). This approach elicits

a description of events in the form of concrete descriptions and deals with real events versus the abstract world (Mitchell, 2000; Rademacher et al., 2010). Exploring critical incidents that help or hinder a particular activity or experience allow the voice of the participant to be heard as he/she recounts personal experiences.

The CIT allows the researcher to more concretely narrow down large amounts of information without losing richness by examining separate categories of interest. An appeal of the CIT is the wide scope and flexibility it offers researchers throughout the design of the study in relation to sampling, data collection, and data analysis (Bradbury-Jones & Tranter, 2008). There are no set rules regarding number of participants or number of critical incidents that are considered sufficient, and these can differ from study to study (Butterfield et al., 2005). Additionally, the methods of data collection vary and can be tailored to the unique goals of the study to be conducted (Bradbury-Jones & Tranter). Although this flexibility typically serves to benefit researchers, it can also detract from the quality and integrity of the CIT method and produce confusion as to what is represented by a CIT study (Bradbury-Jones & Tranter). To decrease the resulting quagmire of possible approaches, efforts are now being made to standardize the use of the CIT (Bradbury-Jones & Tranter; Butterfield et al., 2009). This study followed many of the recommendations made by Butterfield and colleagues in the areas of how to collect data, analyze data, create the categories, and represent and interpret the results (2009).

I was interested in exploring multiple perspectives of critical incidents occurring throughout the supervisory process; thus, the CIT was an appropriate choice for the research I conducted. To this end, my research aimed to explore and understand participants' perspectives of the helping and hindering critical incidents throughout their supervisory process rather than provide causal conclusions. Semi-structured interviews allowed participants to give their perceptions of critical incidents within their supervisory experiences in an open-ended manner. By focusing on the experiences that emerged through the interviews, participants were able to share their perspectives and highlight what they viewed as important throughout their supervision experiences.

Participants

The sample size chosen allowed for an in-depth focus on individual experiences and comprehensive data attainment. Participants consisted of two groups: 13 graduate-level students (female = 10, male = 3) and 12 clinical supervisors (female = 5, male = 7). Of the 13 students, three were in their second year of a master's program in Counselling Psychology, eight were anywhere from their first to their third year of a Ph.D. in Counselling Psychology, and two were pre-doctoral interns in their fourth year of a Counselling Psychology Ph.D.. All students were enrolled in a full-time, in-person Counselling Psychology program at a Canadian university, and all had completed at least one supervised clinical practicum experience, with the majority having completed multiple practicums in both assessment and treatment. The age of the students ranged from 24 to 41 years old, with the mean age being 29 years.

Of the 12 supervisors, all were registered as Psychologists in the province of Alberta and only one did not have a Ph.D. in Clinical, Counselling, or School Psychology. Most of these participants were experienced supervisors, having begun supervising five to 32 years ago with a mean of 17 years of supervision experience. All participants had supervised the clinical work of master's or doctoral level graduate students, and many had also supervised provisional psychologists, practicing psychologists, and other professionals such as nurses and social workers. Ten of the supervisors had engaged in some formal supervision training ranging from a single workshop to creating a supervision course to becoming accredited as a supervisor through the Association of Marriage and Family Therapists. Two had not undergone any formal training in supervision but reported having read a number of books on the subject. Supervisor ages ranged from 40 to 65 years old, with the mean age being 56 years.

Supervisors and supervisees were not purposefully connected in any way as pursuing supervisor-supervisee pairs was not a goal of this research. This decision was made in order to protect the privacy and confidentiality of all participants involved. There was concern that if supervisor-supervisee pairs were required, one or both member of the dyads might feel restricted in the information they could share due to potentially having this information be identifiable in a written document. To mitigate for this possibility the decision was made to seek out individuals not immediately connected to one another.

Procedure

  Recruitment. Participants were recruited using a number of strategies and advertisements were focused on Alberta and British Columbia as I was familiar with various universities and other establishments in these provinces. Counselling Psychology departments, student counselling centres, and community counselling centres in Alberta and British Columbia were asked to circulate emails through their listervs to target eligible students and supervisors. Posters were placed in often-frequented student university areas and a presentation concerning the study was done to a second-year master's class. Word-of-mouth recruitment was encouraged and eligible students and psychologists were contacted directly to offer the opportunity for participation. (See Appendix A for a sample recruitment poster and Appendix B for a sample letter of information).

  All participants who expressed interest in participating were asked select questions to determine their eligibility, and were given an overview of the study through phone, email, or a face-to-face conversation. Student participants were asked whether they were currently in a clinical or counselling full-time, in-person, graduate program, and whether they had completed at least one supervised clinical practicum experience that focused on therapeutic skills. Supervisor participants were asked whether they had a masters or doctoral degree in counselling, clinical, or school psychology and if they had at least two years of experience supervising the clinical practicum of graduate clinical or counselling students. Those participants who met criteria were invited to take part in the study and all participation was described as voluntary. Once participation was

confirmed, all individuals were sent an email at least four days prior to the interview date that outlined the types of questions that were going to be asked. This offered the participants a chance to begin thinking about possible answers prior to the interview so as to increase the detail and scope of information obtained.

Interviews. Data was collected through the use of open-ended, semi-structured interviews. All participants were interviewed once, and all interviews were audiotaped. Twenty-two interviews were conducted face-to-face either in the participant's office or the researcher's office, and three interviews were conducted over the telephone due to the participant being outside of Edmonton. The in-person interviews occurred either in the researcher's office or the participant's office, whichever site was most convenient for the participant. One interview was conducted at a meeting room in a local university library.

Those participants engaging in face-to-face interviews were presented a consent form at the commencement of the interview. Participants had the opportunity to read the form, obtain any clarification required, and sign the form prior to any interview questions being asked. Those participants who engaged in a telephone interview were e-mailed the consent form prior to the interview and the form was reviewed on the phone at the start of the interview. Participants gave verbal consent and then either mailed or emailed the signed consent form back to the researcher. (See Appendix D for a sample consent form). Demographic information was obtained from all participants at the start of the interview for descriptive purposes to reveal the range and characteristics of the individuals

sampled. (See Appendix C for a sample questionnaire). The interviews ranged

from 45 minutes to two hours and all interviews were audiotaped. These

audiotapes were later used to transcribe the interviews. An interview guide was

used and delineated the main interview questions. This is important in a CIT study

to ensure ease of identifying critical incidents and supporting information for each

incident, including the importance of the incident for the participant (Butterfield

et al., 2009). The interview guide also ensured that although no two interviews

were identical, the manner in which questions were asked and the type of

information extracted from the interviews was consistent across all participants. A

detailed process of data collection is described below.

Student participants. Student participants were asked to recall and

describe critical incidents occurring between themselves and their clinical

supervisor(s) that helped or hindered their sense of competence as psychologists-

in-training. Critical incidents were explained as one-time significant occurrences

or events, rather than a series of events over time. In other words, participants

were asked to recall specific, defined supervisory events that had a positive or

negative impact on their sense of competence. Competence was described as

possessing the required skill, knowledge, or capacity to engage in therapeutic

work such as case conceptualizing, displaying empathy, building rapport,

treatment planning, employing a theoretical orientation, understanding and

implementing ethical requirements, and providing diagnoses. After being

provided with this definition, participants were asked the following main

questions, with sub-questions offered as a means to gather additional information:

1. Please describe any such critical incident in your supervision experiences since the beginning of your graduate training. Please provide a description of what happened.

2. What made this a critical incident for you?

3. How did it help or hinder your sense competence as a psychologist-in-training?

(See Appendix E for an interview guide). Participants subjectively judged whether or not an incident was deemed critical to them and how they believe it affected their level of competence. I probed for clarification by asking follow-up questions such as "How or why was this a critical incident?", "What did your supervisor do or not do that resulted in this incident being deemed critical?" If an incident was not explained thoroughly, I asked clarifying questions such as "Can you describe the incident in more detail?", "What exactly happened that made you think of this incident as critical?" to ensure that a comprehensive understanding of the critical event was obtained. To facilitate the identification and exploration of critical incidents, I used active listening skills such as open-ended questions, paraphrasing, and probing. Throughout the interview I briefly wrote down the critical incidents as they were described, and read them back to participants to allow the opportunity to add, eliminate, or clarify any of the incidents they had listed.

Masters-level participants were asked to think about critical incidents that occurred since the start of their formal masters-level graduate training in psychology. Doctoral-level participants were asked to think about critical

incidents that occurred throughout their graduate training, and were asked to specify whether the incidents occurred during their master or doctoral degree. If participants had worked with more than one supervisor they were told to consider critical incidents across all different supervisors.

Supervisor participants. Participants were asked to recall and describe critical incidents occurring between themselves and their supervisees that they believe helped and hindered their supervisee's sense of competence as a psychologist-in-training. Critical incidents were explained as defined, single significant occurrences or events. A consistent definition of competence was used for both supervisees and supervisors. Competence was described as possessing the required skill, knowledge, or capacity to engage in therapeutic work such as case conceptualizing, displaying empathy, building rapport, treatment planning, employing a theoretical orientation, understanding and implementing ethical requirements, and providing diagnoses. After being provided with this definition, participants were asked the following main questions, with sub-questions offered as a means to gather additional information:

1. Please describe the most critical incidents in your supervision experiences that you believe helped or hindered your supervievee's sense of competence as a psychologist-in-training.

2. What do you believe made this a critical incident for your supervisee?

3. What part did you play in this incident? What part did your supervisee play?

4. How do you believe this incident helped or hindered your supervisee's competence as a psychologist?

Participants were asked to think about critical incidents that had occurred throughout their supervisory experiences, with various supervisees. They were asked to specify whether the incident occurred with a masters- or a doctoral-level supervisee. Critical incident clarification questions similar to those provided for student participants were employed. See Appendix E for an interview guide.

Data Analysis

The data analysis process adhered to the standards and practices for CIT research first outlined by Woolsey (1986) and supported by Butterfield and colleagues (2009).

The process of analysis began at the commencement of data collection. From the first interview until the last, I routinely transcribed all the critical incidents after the completion of each interview and worked directly from the transcriptions as well as from the audiotapes. The transcriptions were not verbatim copies of the interviews but rather focused on the main points offered by participants that best captured their descriptions of the critical incidents. Each incident was then further compressed and shortened to include only enough information to understand the main event that occurred and the impact it had on the supervisee. At this stage most identifying information was removed, and the incident became brief enough to be described in a short paragraph. This was done to preserve the confidentiality of the individuals involved in the incident but without compromising the information offered by the incident. A research

assistant closely involved with the study read through all the shortened incident descriptions to determine if they were sufficiently clear or required additional supporting information. Some of the incidents were modified as a result of this review by having additional information added to their description. At the completion of this exercise I was left with a short paragraph for each incident provided, and each paragraph was sufficiently clear to understand what occurred in the incident and whether it had helped or hindered the supervisee's competence.

Working directly from these condensed descriptions I began to place together incidents that appeared similar in their outcome and impact. I continued this process while I completed the rest of the interviews, shifting and re-arranging the incidents into different categories. Categories were not developed a priori and instead emerged from the data itself. This was a process suggested by Flanagan (1954) and Butterfield and colleagues (2009) that continued throughout the data collection phase in a continuous attempt to refine the categories in order to provide the best fit for the information collected. Forming categories thus required an inductive, open-ended reasoning process and the ability to see differences and similarities across the many critical incidents in order to group them in a meaningful way (Butterfield et al.). Critical incidents were examined to discern any emerging patterns, themes, and/or similarities, and were placed into groups with the aim of creating mutually exclusive, comprehensive categories.

The first refinement occurred by sorting the critical incidents into two categories: helpful incidents and hindering incidents. Further categories and

subcategories were formed by clustering groups of thematically similar incidents together. As new incidents were sorted and placed into categories, modifications of the description of the categories and the inclusion of new categories occurred, a process that is supported by Butterfield and colleagues (2009). Although the initial intention had been to sort the incidents by participant group, this was not done. As the interviews were conducted it became apparent that the types of incidents emerging were not qualitatively different between supervisors and supervisees. As such, a decision was made to combine the incidents reported by these two groups and to proceed with the categorization without separating the two groups. However, as discussed further in the Results section, one category grew to become exclusively supervisee-based, while another became exclusively supervisor-based. All incidents indicated whether they had been discussed by a supervisor or a supervisee, and, consistent with the research question, all incidents also indicated the level of training of the supervisee.

After all the incidents were thematically grouped, a brief description for each category was created, and a category title was assigned. The description of each category attempted to comprehensively and concisely reflect the shared commonalities among all the incidents within that particular category. Modifications of the description of the categories, as well as the inclusion of new categories, occurred as I continued to sort the incidents. The purpose was to create categories that summarized and described the incidents in a useful yet simple manner, while sacrificing as little as possible with regard to comprehensiveness and specificity (Butterfield et al., 2005). The categories were modified as needed,

and this process continued until all the incidents had been classified. Thus, the

data analysis process followed more of a distilling, trial-and-error procedure,

which is typical of critical incident studies (Flanagan, 1954). It was important to

continue working with the category system until I felt that the items fit together in

a clear and cohesive fashion (Woolsey, 1986).

Data Trustworthiness

As a qualitative research method, the trustworthiness of a CIT study is

established through a process that is built into all aspects of the research design

(Bedi, Davis, & Williams, 2005). More specifically, Andersson and Nilsson

(1964) and Butterfield and colleagues (2009) suggest aspects of reliability and

trustworthiness that must be taken into account when conducting a CIT study. As

such, various checks occurred throughout data collection and analysis. With

regards to reliability, it was important that data collection procedures remain

consistent throughout the research study in order to minimize discrepancies. This

was accomplished by having all interviews conducted by the investigator, as well

as maintaining a consistent semi-structured interview guide that asked similar

questions of all participants.

To satisfy the requirements for descriptive validity, which in qualitative

research has to do with the accuracy of the accounts and the extent to which the

researcher refrains from distorting the data (Maxwell, 1992), I audio recorded all

interviews, transcribed the critical incidents from each interview, and work

directly from the transcriptions and audio recordings. This ensured that I

accurately reproduced participants' words. Further, I transcribed verbatim

approximately one quarter of the interviews and had a research assistant independently extract the critical incidents from a handful of these transcriptions to determine if my understanding of the critical incidents was accurate. The results of this comparison indicated that I was capturing the main points described. The requirement for interpretive validity, defined as the extent to which the phenomena is comprehended from the participant's, or "emic", perspective rather than the researcher's, or "etic", perspective (Maxwell) occurred during the interviews. Throughout each interview I made brief notes of every critical incident described by the participant, and checked my understanding of each incident by relaying my understanding of what I had gathered from their descriptions. Each participant then had the opportunity to re-state and clarify the incident to refine my comprehension and ensure that I accurately captured the meaning and impact of each incident. Theoretical validity was achieved by comparing the results of the research study to the current literature in order to determine whether linkages were present (Heinrichs et al., 2009). This is further examined in the discussion.

It was also important to undergo trustworthiness checks of the data analysis. Although qualitative research is inherently subjective and interpretations can differ from one researcher to another (Maxwell, 1992) it can be meaningful to verify that the categories created are not arbitrary but rather provide a good fit for the data. To determine the reliability of the categories established, two auditors were asked to re-sort the critical incidents into the established categories. To decrease the laboriousness of this task and as recommended by Butterfield and

colleagues (2005) 25% of the incidents were randomly selected to be categorized by the judges. Thus, the auditors were presented with 40 incidents along with the titles and descriptions of all the categories, and asked to sort the incidents into the category they felt best represented each incident. As discussed by Butterfield and colleagues (2009) and Andersson and Nilsson (1964) a match rate of 80% is regarded as acceptable. The first judge was an undergraduate research assistant that had been involved with this study from the start of data collection and was thus familiar with the majority of the interview data. This trustworthiness check resulted in the correct categorization of 35 out of the 40 incidents, resulting in an 88% agreement rate. The second judge was an individual familiar with the psychology profession but lacking in-depth knowledge of the field of supervision. This trustworthiness check resulted in the correct categorization of 34 out of the 40 incidents, resulting in an 85% agreement rate. The incidents that were categorized differently were reviewed by the principle researcher and deemed to still fit best with the original categorization scheme. After the completion of these trustworthiness checks the category descriptions were further refined to ensure maximum clarity and comprehensiveness.

Ethical Considerations

This study was approved by the University of Alberta's Human Research Ethics Review Board (HERO). Specifically, the study was reviewed and approved by the Research Ethics Board 1 (REB 1), the committee that addresses research that primarily involves in-person interviews, focus groups, ethnographies, or community engagement.

Participants were provided with an overview of the content and participation of the research process prior to engaging in the interview. This information was provided in person, over the phone, or through email at initial contact, and a consent form outlining the study and providing sample interview questions was be e-mailed to participants. Participants were informed of their right to temporarily or permanently end the interview at any time, and to withdraw from the study at any time without explanation or penalty. For the interviews occurring face-to-face, the consent form was presented and reviewed at the start of the interview, and all questions were answered prior to commencement of the interview. For interviews occurring via phone, the participants were emailed the consent form prior to the interview and then the consent form was reviewed at the start of the phone interview and participants were asked to provide verbal consent. Consent forms were also mailed out to these participants with a return envelope and stamp, and a request was made that all forms be signed and mailed back to the researcher. Participants were assured that a participant ID would be used at all points in the data collection and analysis, and that identifying information would not be included in any document. Participants were further assured that information regarding the identification of their supervisor or supervisee would not be included and that efforts would be made to mask the identity of each.

As both a researcher and a counsellor-in-training, it was imperative that I maintain a professional and ethical stance with all participants. Participants disclosed personal information that at times was difficult to share, and I had to

retain my role as researcher to safeguard the interview from becoming a counselling session while simultaneously providing a supportive environment for the participant. As such, I made use of common active listening skills throughout the interview such as summarizing and using empathic reflections, as this demonstrated my interest in and appreciation for the participants' stories. The suggestions provided by Magolda and Weems (2002) were incorporated throughout this study to minimize the potential for harm to research participants; for example, I demonstrated sensitivity towards the right of respondents, consistently asked myself whether my research actions had the potential to harm others, and made an effort to provide anonymity to all participants. The participants were not contacted again for further information. A number of participants asked to receive copies of my results, and this request will be honoured by sending them an electronic copy of my dissertation once complete.

The next chapter will present the results of the study by describing the critical incidents that arose and the categorization scheme that was developed.

Chapter 4: Results

The purpose of this study was to examine critical incidents in the supervisory process. More specifically, it aimed to explore the helpful and hindering critical incidents that contributed to supervisee's sense of competence as psychologists, from the perspective of both supervisors and supervisees. The perspectives of both supervisors and supervisees were sought to provide an understanding of the characteristics, behaviours, and processes that may lead to beneficial or detrimental supervisory experiences, from different points of view. The research questions were as follows:

1. What critical incidents within the supervisory process influence supervisees' sense of competence as psychologists?

2. Are critical incidents described differently by supervisors and supervisees?

These questions hoped to provide insight into optimal supervisory experiences, and identify areas worthy of further consideration, attention, and investigation.

One hundred sixty four critical incidents were identified from the 25 interviews conducted. Six categories were created to encompass the 115 helpful incidents and three categories were created to encompass the 41 hindering incidents. Eight incidents did not cluster to form any comprehensive category and thus were placed in a miscellaneous grouping called 'Other'. The incidents were not purposefully separated by supervisee or supervisor group due to there not being major differences in the types of incidents described; however, one category unintentionally became exclusively supervisee-based, and another exclusively supervisor-based, and this is discussed in more detail below. Additionally,

categories included a range of supervisee training levels as these were not deemed to significantly impact the incidents shared. The training levels were purposefully not included in the results section as they were deemed to not play a significant part in the incidents. Each category thus resulted in incidents that included a variety of training levels as this variable was removed from the analysis.

These results represented incidents deemed meaningful by both supervisor and supervisee participants. They embodied all the behaviours that were discussed during the interviews and offered a comprehensive overview of what to consider when becoming involved in a supervisory relationship. Soliciting both helpful and hindering incidents allowed the emergence of a range of behaviours deemed important to the supervisory experience. Thus, these results did not offer a one-sided perspective but rather highlighted what was deemed critical from the perspective of both supervisors and supervisees. The categories that emerged are presented with comprehensive definitions and an array of quotes that are thought to best represent the incidents included in each category. Please see Table 2 for an overview of the categories. Following Table 2, each category is described in detail.

Table 2

Category Overview

Helpful Behaviours	# incidents	Hindering Behaviours	# incidents	Other
Direct support	26	Feeling unsupported	23	
Feedback (positive & constructive)	26	Critical and attacking behaviours	9	
Empowerment and encouragement	22	Conflicts with feedback and evaluation	9	
Process-based supervision	18			
Supervisor as teacher and role model	14			
Supervisor vulnerability	9			
Total incidents	**115**		**41**	**8**

Helpful Behaviours

Helpful behaviours reflected all incidents that contributed to a positive supervisory experience and led to an increased sense of competence on the part of the supervisee. These incidents mainly portrayed behaviours exhibited by supervisors, as described by both supervisors and supervisees, perceived as helpful to the supervisee's development. These included being supportive, empathic, understanding, encouraging, helpful, offering positive and constructive feedback, direct advice, self-disclosing where appropriate, engaging in didactic behaviours, and generally fostering a positive climate where supervisees felt they

could trust their supervisors and flourish in their professional growth. Incidents in this category were described by both supervisors and supervisees and shared many similarities, emphasizing that both members of the dyad were in agreement regarding the necessary conditions for an effective supervisory experience.

Although not all incidents within each category were identical to one another, they shared one or more essential ingredients that grouped them in a meaningful manner. Further, although separated into different categories, all incidents within this grouping were similar in that they contributed to a positive and helpful supervisory experience. The overall essence of these helpful events was that they displayed behaviours on the part of both supervisors and supervisees that were taken into consideration as contributing strongly to an effective supervisory relationship and experience. These events depicted positive experiences that led to growth-promoting behaviours and increased the clinical expertise of trainees. As the end goal of supervision is to benefit the client, the helpful behaviours in the categories below can be regarded as those most likely to positively impact client change.

The helpful incidents were grouped in the following categories: (1) direct support, (2) feedback, (3) empowerment and encouragement, (4) process-based supervision, (5) supervisor as teacher and role model, and (6) supervisor vulnerability. Below, each category is described in detail with supporting quotes indicative of participants' experiences.

Direct support. This category consisted of 26 critical incidents of which 15 were described by supervisors and 11 by supervisees. Overall, it comprised

behaviours that portrayed the supervisor as being a consistent and direct source of support in the supervisee's professional life. More specifically, supportive behaviours included validating, normalizing, listening to, and being available to the supervisee when needed. These behaviours demonstrated the attention and care of the supervisor and enabled trainees to feel that their supervisors were invested in and involved in their growth.

Displaying behaviours that were validating helped trainees feel that their supervisors not only understood and empathized with their experiences but also legitimized what they were going through. Supervisors often engaged in active listening, asked open-ended questions, allowed the supervisees to offer their perspectives and thoughts, and offered limited if no judgment. Validation was particularly helpful when supervisees underwent difficult clinical experiences that contributed to their feeling less successful. In these situations, supervisors offered support and understanding and through these behaviours lessened the negative impact of challenging clinical situations.

Similarly, normalizing served to help supervisees feel literally more "normal" about a challenging experience they were having. This facilitated supervisees taking the blame off themselves and not wonder about their own competence, and instead helped them feel that what they were undergoing was a regular and ordinary occurrence in training, and that their supervisor understood and supported their experiences. Normalizing did not involve dismissing an experience but instead contextualized that experience as something that was bound to occur, without placing undue emphasis on it or over-stressing its impact

or consequences. As trainees often encountered novel and challenging situations they frequently became concerned about the impact they were able to have on their clients. It was not uncommon for trainees to feel that they were failing when therapy did not go as planned or they experienced difficulty with a client. Supervisors assuaged these fears by encouraging supervisees to discuss these challenges and offered supportive insights into the natural occurrence of therapeutic struggles. When supervisees were faced with a challenging situation, the supervisor often attempted to create a learning opportunity from it instead of dwelling on the negative. These supportive behaviours contributed to a positive supervisory relationship and allowed supervisees to feel an increased sense of competence, which in turn often motivated them to further their learning and progress.

Further, the supervisor being available when needed helped supervisees feel they could turn to the supervisor for assistance even during urgent, unscheduled times, and that the supervisor was available to support and assist them to work through a challenging experience. These actions allowed supervisees to feel that their concerns were highly prioritized, that they were valued by the supervisor, and that they were free to turn to the supervisor for assistance as required. This appeared to reinforce the supervisor's support and helped supervisees feel that someone was there for them as they encountered struggles throughout their training. As one supervisee stated:

At the end of the day, we sat and he gave me supervision for two hours.

He could have left but he chose to sit and we had a really good debriefing

session about what had happened up there, how I responded, and he was

helping me see how I should answer in these instances, and talked about

the importance of being confident in what I know. [...] And it meant a lot

to me that he would take those two extra hours and spend them with me.

Supervisors often highlighted their appreciation when supervisor took the time to

process experiences. Feeling cared for, supported, and valued were all positive

traits expressed.

Having a supervisor who made it clear that time with the supervisee was

important and a priority benefited the relationship.

Other supervisees talked more generally about feeling supported by their

supervisors by their verbal and nonverbal behaviours. Some of these incidents

were less specific and focused on recurring, general, supervisor behaviours that

allowed them to feel accepted and supported. Some of these included supervisors

actively listening to supervisees' concerns, asking follow-up questions that

depicted their interest, being empathic when struggles occurred, and expressing

care and understanding through conversations both of personal and professional

nature. Knowing that their supervisor was invested in their learning helped

supervisees take full advantage of the supervisory experience. As one supervisee

stated:

My supervisor made it very clear both verbally and nonverbally how

invested she was in my learning and how much she cared about me. She

also gave me so much positive reinforcement. It was nice for her to be so

invested and she really nurtured my development as a clinician.

Feeling this level of care was enough for supervisees to become more confident in their learning and decrease the self-consciousness felt when discussing problematic incidents occurring with clients. Having experienced an over-arching sense of support from supervisors, whether done specifically or as a result of an aggregate of non-specific behaviours, shed an extremely positive light on the supervisory relationship.

Many supervisors themselves were also aware of the importance of being a supportive individual in the supervisee's life. They realized the critical role they played in the development of therapists and were prepared to assist them in all aspects of their development when. More specifically, they were able to determine when their supervisees were struggling and how to act supportively in order to show care and empathy. This attitude was extremely important as it was more likely to lead to those many behaviours considered supportive by supervisees. In turn, these displays of attention and concern positively influenced the working alliance, benefiting the supervisory experience as a whole. As one supervisor stated:

I could tell that my supervisee was having a difficult time with one of her clients. I could tell she didn't think it was a good referral for her. I thought to myself, I think she's struggling, so I emailed to tell her that if she's not feeling good about it that I could take over the referral, that I would support her regardless of what she chose to do. I was very open about it and often checked in with her.

The supervisor realized the importance of ensuring the supervisee was comfortable with her clients, and how to take steps to remediate that if it was not the case. Checking in frequently with the supervisee allowed for ongoing discussions regarding her progress with clients and helped establish a climate of support.

Other supervisees discussed supportive behaviours in a more specific context: for example, their experience of supervisors watching videotapes of their work, and the support that was shown to them during these vulnerable moments. Displaying work on videotapes was discussed as often being a daunting and sometimes embarrassing task for supervisees, some of whom had never had their clinical work examined so closely. The added evaluative component of supervision made this task even more fearful; thus, supervisors who were able to understand this and empathize with the anxious feelings experienced by supervisees made this task significantly less stressful. Supportive behaviours here were deemed as asking open-ended questions about the video, offering positive comments, and verbally empathizing with the difficulty of showing one's work. As one supervisee described:

> I really have a hard time having a supervisor review my videotapes, I feel
> really vulnerable and exposed. My supervisor had a really frank
> conversation with me because he sensed that I wasn't comfortable with it.
> We talked about how scary it is, and being really open about how I'm
> learning and this is the best way of doing supervision. So in a very lovely,
> supportive way he told me I had no option, but didn't make me feel

threatened at all. Then he watched a tape where I totally blew it, and he

handled it really well and was very supportive.

The supervisor's reaction clearly made an impact on the supervisee and made it easier for her going forward to display her videotaped work during supervision.

Discussing problematic client interactions was discussed as a challenging task for supervisees, regardless of the manner in which they choose to relate these difficulties to their supervisor. Having a supportive presence allowed supervisees to discuss more embarrassing or personally challenging events within the supervision process. Shame was a feeling occasionally experienced by supervisees, particularly in relation to their work with clients. Being embarrassed or ashamed about an episode that occurred with a client led some supervisees to refrain from disclosing these kinds of experiences to their supervisors. Having supervisors who were aware of this hesitancy and were able to demonstrate empathy, understanding, acceptance, and care to their supervisee greatly enhanced the discussion of these difficult topics. As described by one supervisee:

Because of how supportive my supervisor is, I feel much more open to

bring up things that I might feel ashamed or embarrassed about. I feel very

encouraged to bring those up in session. Also this kind of supervision

allows me and encourages me to bring up vulnerable issues. I felt

comfortable doing that. Because I know it will be received in a supportive,

collaborative fashion, and that I won't be attacked or made to feel

embarrassed about it.

For this supervisee and for others showing vulnerability was a difficult thing to do, particularly within the context of an evaluative relationship. Having a supervisor who acknowledged this openly challenge and made an effort to decrease the shame and anxiety experienced enhanced and opened the discussion of difficult topics, thus increasing the supervisee's competence with therapy and ability to learn from and process their relationships with clients.

Other supervisees talked about being made to feel at ease and losing their embarrassment when expressing doubts about the dynamics present in the therapeutic environment. Having a supervisor who validated and normalized this experience while offering ways to navigate through interpersonal dynamics was deemed extremely helpful. A key attitude in these situations was also the supervisor trusting in the supervisees' experience, enabling supervisees to feel that their concerns were legitimate and warranted attention. Supervisors who were able to express concern for the supervisee's experience and ask insightful questions about their discomfort with particular clients helped create a safe environment for supervisees to share these struggles. As expressed:

> I had a client that dissociated on me and who was very inappropriate with me both in and out of session. It made me very uncomfortable and I wasn't sure what to do about it. I mentioned it to my supervisor and he was quite concerned. He was really good, he was really supporting and validating of my experience. I think his take was that this was serious enough that he wanted to make sure I was setting up some support. I didn't feel judged. I felt really reassured.

In this situation the participant felt that the supervisor was supportive of her and would continue to be there if needed. The supervisor did not judge her experience nor question the validity of her story; instead, the supervisor listened and was understanding of the struggle that was presented. The comments reflected the supervisee's appreciation for the supervisor's actions and helped her feel reassured to go back into a session with this client feeling better prepared and with available support if required.

Other supervisors discussed coming to the realization that their supervisee was struggling but was not being vocal about it. Here, supervisors at times realized they needed to alter their approach or broach a difficult subject with their trainees in order to overcome this. This was done by being curious about supervisees' experience, not imposing one's own judgments or ideas, and openly inviting supervisees to discuss challenging topics. Doing so in a respectful and supportive manner facilitated the supervisee disclosing their struggles. As one supervisor remarked:

> The student was trying all different things and nothing was going anywhere. The seminal moment in supervision was her being able to express that sense of frustration to me. In that process I see myself doing all those general things in supervision to build trust so the supervisee continues to feel comfortable sharing those issues. Doing things like normalizing, that even seasoned therapists go through these stuck points where they feel like they're not doing anything. I try to always facilitate

that, to facilitate a safe place where the supervisee can share these

challenging experiences.

The supervision environment that this supervisor created was safe enough to

allow for the disclosure of sensitive information on the part of the trainee, who

felt comfortable enough to share the difficulties she was experiencing with a

client. Facilitating a supportive and trusting environment enabled these difficult

conversations and helped the supervisee feel less embarrassed about being stuck

or having reached an impasse with clients. This was important, as it allowed for

the disclosure of information that may not otherwise have been shared.

Supervisors who identified this did their best to ensure their supervisees did not

feel judged and made an effort to ask supervisees questions about their

challenging experiences. It was important for some supervisors to make this

explicit by indicating that these difficult situations must be discussed in

supervision and making the environment safe enough for supervisees to honour

this request.

Supervisors also discussed noticing when a particular situation required

more support, empathy, and understanding than usual. In times like these, some

supervisors were able to go beyond expectations to show their care for their

supervisees and assist them through a difficult personal or professional

experience. When supervisors offered this over-arching support, supervisees were

likely to view them as being caring and as a positive presence in their professional

life. Supervisors who exemplified this were seen as stepping beyond their roles

and connecting with supervisees on a more personal level. As depicted by one supervisor:

> This was a supervisee who was feeling the crunch from her advisor to produce something pertaining to her dissertation and I remember in supervision she was telling me about this and she just broke down [...] And I did the Rogerian thing, and a little bit of solution-focused, and by the end of that session she was pumped up and all was not lost and she felt she could do this, and sure enough she did it. [...] She just needed some support [...] And I played that supportive role for her and by the end of the supervision session she had a focus and willingness to keep going. After that she seemed to gain some steam and was willing to take on more responsibility, she became more confident.

The supervisor was able to provide support and empathy even when the incident was not directly related to the clinical work being done by the supervisee. Others supervisors corroborated similar experiences and discussed being aware of their impact as a supportive presence, and the importance of setting aside professional training requirements to instead focus time and effort on the well-being of the trainee.

As has been demonstrated through the above descriptions and quotes, the incidents in this category illustrated positive supervisory experiences in which supervisors were able to sense when to adopt a supportive role and what supervisees required in order to surpass an impasse in their development. Behaviours such as validating, normalizing, actively listening, asking open-ended

questions, and other non-judgmental approaches allowed supervisees to feel their

supervisors were invested in their learning and were there to support them through

success and challenges as they progressed through training. Supervisees clearly

appreciated these behaviours and often it was these supportive incidents that

reinforced the strong bond underlying the supervisory dyad. Although at times

these supportive behaviours were purposeful, often they were general behaviours

that occurred frequently throughout the supervisory relationship. They were both

verbal and non-verbal and were often depicted as an aggregate of behaviours or

attitudes that together conveyed respect, investment, and care. Although described

differently depending on the participant or situation, all the incidents within this

category shared at their core an underlying current of respect, care, and

understanding. It was these behaviours, actions, and mannerisms that were

important in helping to develop a working alliance that was strong, supportive,

and collaborative.

Feedback. This category included 26 critical incidents, 16 offered by

supervisees and 10 by supervisors. It encompassed feedback that was construed as

very helpful by the supervisee. Feedback was broken down into two types:

positive (13 incidents) and constructive (13 incidents). Feedback was regarded as

contributing to and enhancing the learning process in various different ways. It

allowed supervisees to obtain a clear sense of their skills and to determine

whether they were gaining increased knowledge and understanding of the

therapeutic process. It gave supervisors an opportunity to share their perception of

supervisees' abilities both in areas they considered strong and those they

considered in development. Often, examples were offered to explain exactly what the supervisor was basing his or her impressions on, and these examples were then used to clarify and, if appropriate, suggest other ways of approaching the situation. Observable data was used when supervisors had the time and ability to sit in on sessions or observe supervisees through video or audiotape. The feedback was often discussed as being timely, meaning that it was delivered immediately or soon after the behaviour occurred. This allowed supervisees to make connections between what had occurred and the feedback they received. These incidents helped supervisees progress through their learning, change behaviours, and improve their understanding of therapy encounters, and thus covered what can be described as effective feedback.

Positive feedback. Positive feedback was any feedback where the main objective was to offer positive remarks about the supervisee's skills. Here, the supervisor let the supervisee know what he/she has done well and commented positively on the abilities and competence of the supervisee. This type of feedback was meant to bolster supervisees' sense of competence and also to allow supervisees to feel that they were acquiring new skills, particularly at the beginning of their training. The feedback was delivered in a supportive and warm manner, often with specific examples that served as proof and support of the supervisor's positive words. Further, supervisees were able to stand on this feedback as support for the skills and competence that they were developing. This type of feedback reinforced what the supervisee was doing well and was aimed at

bolstering supervisees' self-esteem by commending them on effective therapeutic behaviours.

Supervisees often commented on the helpfulness of receiving this feedback from supervisors. As expressed by one:

What was helpful was being told or reassured that I had a capacity for empathy or a capacity to resonate with clients and develop that therapeutic relationship and make people feel heard [...] It added to my sense of competence by reassuring me that the important foundational skills were there. It made me feel more confident and more comfortable taking on the role of therapist.

Another remarked:

What was helpful was that all the supervisor did, absolutely all that she did was give me positive feedback on what I was doing. She demonstrated exactly what a positive reframe is. Everything I did, even the stuff that I thought was just awful, that I did in the session, she somehow framed it in a way that was positive [...] It made me feel that while I didn't know what I was doing, while I had a lot of growth to do that there was potential there for me, that I was someone who could be good at this if I wanted to be. That was the message I got from her. It gave me a sense of efficacy or self-esteem.

Positive remarks from supervisors helped supervisees gain increased confidence over their skills and reassured them of their capacity to become effective therapists. Obtaining encouraging comments at the beginning of training was

especially beneficial and led to an increased desire to learn. It is clear that for the supervisees it was extremely helpful to obtain such positive comments from someone regarded as an expert and with a significant amount of experience.

Positive feedback also helped supervisees reinforce the learning and advances they had made. When feedback was based on direct behavioural observation it was easier for supervisees to understand the basis of the comment and reflect on what had garnered the comment. Additionally, linking progress over time and pointing out behaviours that had changed, emerged, and grown over the training period assisted supervisees in noticing this progression. As one participant stated:

> Afterwards we had supervision about the session, and he pretty much talked about how much I'd grown, and was very impressed with my skills and all that. Because it was at the end of the year he pulled up examples of my earlier therapy and talked about how he'd seen my clinical skills grow. It was a really good way of summing up, and I felt that in the moment it made me reflect back on my growth. I saw that, wow I have grown.

Another expressed:

> My supervisor actually brought up specific instances and said that before you would have done this but now I'm seeing this, you're challenging more directly, you're attuning more. He was labeling the things I was doing and how I'd grown. [...] I find sometimes that the supervisor doesn't give you much beyond, oh you're so fabulous. But this allowed me to hold on to something, to see that I have grown, so I feel satisfaction in myself

to know that I am growing and I'm not just staying stagnant in the training. It was tangible evidence.

These supervisors not only highlighted the progress that had been made but took the added steps of drawing on specific behaviours that had developed. Moving beyond general words of praise to very detailed feedback helped bolster the pride, satisfaction, and acknowledgment of growth experienced by supervisees. Obtaining a high level of specificity from supervisors was often interpreted as evidence and support of the feedback given. Highlighting change was also a very effective exercise as supervisees found it difficult at times to notice subtle differences in client change or in their own abilities as therapists. Having a keen supervisor who was able to point out these advances trained supervisees to become aware of these changes independently.

Supervisors also talked about their experiences in offering positive feedback to their trainees, and remarked on the importance of specific and behaviourally-based observations delivered soon after the behaviour had occurred. As one supervisor stated:

I sat in on a session or two, and those sessions influenced me in that I was impressed with what I saw. There was a specific session where my supervisee shared something about being a mother with a client and she got a little teary about it, and how well that went with the client. I thought it was lovely what she did, I held her in more esteem after watching what she did with that client. I let her know that, gave her that positive

feedback. And my supervisee felt much more confident, and safer too. She seemed to be much more free too, after that.

It is clear that positive feedback was extremely supportive and was viewed as nurturing, encouraging, and helpful to the development of the supervisee. Not only did it empower the supervisee but it played a part in helping develop and sustain the working alliance. When supervisees received positive feedback they appreciated it and viewed their supervisors as supportive, caring, and invested in their training. This was particularly true if the feedback was anchored in behavioural observations and if it linked past changes in therapeutic encounters with current ones, highlighting progress that had occurred. Positive feedback helped supervisees gain confidence and belief in their skills, and bolstered their motivation to continue learning.

Constructive feedback. As critical as positive feedback was to the learning progress, it was not sufficient. Constructive feedback was equally necessary, and defined as feedback where the supervisor offered ideas or suggestions about what the supervisee could do differently. In addition to offering encouraging and supportive words regarding supervisee's skills (similar to positive feedback), constructive feedback included suggestions as to how to approach scenarios in a different therapeutic manners. The goal was to maximize the clinical competence of the supervisee by offering suggestions for change. Constructive feedback thus focused not only on the supervisee's strengths but also on the supervisee's weaknesses, and how to remediate those weaknesses. The supervisor delivered this feedback in a respectful, open, and warm manner, and often included praise

for the supervisee's skills. Observations were made regarding areas where additional work may be warranted and suggestions were offered as to how to best increase or develop skills in that area. The feedback was not critical or attacking; instead, it was offered in a way that was accepted by the supervisee as helpful and caring.

Constructive feedback was regarded as so important that when supervisors were perceived as overly focusing on positive feedback some frustration was experienced. Often, supervisees remarked that they were aware of their learning status and actively wanted constructive feedback so as to expand their skill-sets. At times, constructive feedback was asked for directly to mitigate further frustration. When these requests were fulfilled, supervisees were often very appreciative of the comments and suggestions. For example, one supervisee said:

He just kept giving me positive feedback and saying good input, good this, good that. One day I stopped him in the hallway and said, Okay, I appreciate you giving me good input but, you must have some constructive criticism. I know I'm not brilliant here, I know I'm not perfect. So he came back to me and gave me some constructive feedback about how to work better with the clients in the group I was leading. After that I trusted him. And it made me trust that what he was saying about the rest of my work was good, because had he not criticized me and kept saying you're awesome, I wouldn't have trusted that because I know I'm not perfect!

This supervisee was aware that her skills were not perfect and although she appreciated the positive feedback she truly desired her supervisor to offer constructive criticism. For this supervisee, as well as for others, it helped to have comments on how to improve become incorporated into the feedback cycle. Having to specifically request constructive feedback was not always reported as an easy task, but those supervisees who were able to request it appeared to gain significantly from their risk.

Other supervisees discussed the benefits of having supervisors either physically sit in on sessions with them or observe them through a one-way mirror. Direct observation of therapy was seen as enabling the dissemination of specific feedback and ways to improve performance. As one supervisee expressed:

My supervisor gave wonderful training and supervision. I had a client I was working on for a year, and he would do live supervision, sit in the sessions with me, so he'd directly watch me work. It's funny because I feel through that experience of him sitting in the room, I know that he has a very clear picture of how I work, because he's there in the moment and he can judge the dynamics of what's going on, and give me constructive feedback afterwards about what I could do differently.

Supervisors also understood the importance of constructive feedback; however, some expressed the challenges of delivering constructive feedback in a non-harming manner. At times, this challenge was perceived as so great that the choice was made to not express the feedback required, regardless of how pivotal or growth-promoting it could be. Supervisors at times feared that by offering what

they considered critical remarks the working alliance would suffer or the supervisee would feel personally attacked. When this struggle was recognized, often there was a conscious attempt to override the difficulty by offering the feedback even if it caused the supervisor discomfort. For example, one supervisor stated:

> [Constructive feedback] allows this competent person to respond to it in a mature way and change their behavior as a result, and in the longer term it lets her know that I'm not just going to be someone who just says that everything is perfect. [...] that's a weakness for me, giving people negative or constructive feedback when they're not doing something ideal or when there's a technique they can do better. I think it's important to be able to share that, because it also gives you some legitimacy and the supervisee knows you're giving them honest feedback.

In sum, the quotes gleaned from participant interviews demonstrated the importance of constructive feedback and highlighted its significance in the supervisory process. Constructive feedback was considered so pivotal that at times when it was not spontaneously offered it was explicitly requested by supervisees. Although positive feedback was effective and necessary, knowing where ones weaknesses lie and what could be done to remediate them was an essential aspect of training. Offering these comments also had the secondary effect of increasing the trust trainees felt in their supervisors, who were then seen as not only supporters of supervisees but also gatekeepers who would comment on behaviours that could be improved upon. Improving skills and building on past

mistakes was identified as a core part of learning. Although the incidents made it clear that offering constructive feedback was not easy, it was also demonstrated that it was something all participants desired.

Empowerment and encouragement. This category encompassed 22 incidents, 13 described by supervisees and nine by supervisors. It encompassed those supervisor behaviours that empowered and encouraged the supervisee in various ways. Although not altogether dissimilar from the incidents described in the supportive and feedback categories, the incidents in this category were related more specifically to supervisors creating a safe climate, demonstrating trust and confidence in the supervisee's skills, promoting equality in the relationship, and adopting a flexible attitude. Additionally, incidents in this category reflected supervisors encouraging supervisees to take on challenging cases, to go beyond what was expected, and to be daring in their clinical work. Supervisors who adopted an encouraging attitude helped to increase supervisees' belief in their own skills and demonstrated respect for the supervisees' knowledge. Supervisors also invited the collaboration of supervisees when discussing goals or work to be accomplished, and frequently encouraged supervisees to share ideas and opinions. Having explicit encouragement from supervisors aided in the supervisee's belief in their own abilities. This helped them to become more daring and take risks they might not otherwise have attempted.

It is clear that supervisees greatly benefitted from the trust and confidence demonstrated by supervisors. As expressed by one participant:

> Something that helped me a lot was that I felt my supervisor was always really confident in my abilities, and believed that I could handle difficult clients. With one client in particular, I remember her saying not to worry because I could handle it, and that really helped me feel more confident. If she's trusting that I can do it, I must be able to do it!

Another offered:

> At the beginning of my practicum my supervisor had a bunch of new referrals that she wanted me to choose from, and she'd already reviewed them and there were quite a range of cases and severity. The thing that stands out for me is that she encouraged me to take on two that I was thinking were the most severe [...] But there was encouragement that if I was willing to take on that challenge, that I should [...] It definitely made me feel that I could handle it.

These quotes exemplified supervisors displaying trust in supervisees' knowledge and skills. This confidence and belief in the abilities of supervisees was a motivational factor. Further, hearing encouraging words allowed supervisees to feel greater motivation to work with challenging clients and enabled them to override their anxiety. Supervisees described feeling supported and challenged at the same time, a combination that enabled them to tackle clinical cases they may otherwise have avoided. Another supervisee offered a similar comment:

> One supervisor, she was really good at highlighting positives and also really encouraging us to do different techniques, use different approaches, so we didn't feel like we had to stick with one approach. She just

encouraged us to have us do what we were learning in class, to try out

everything so we could get a sense of how it worked. I found that really

helpful to my learning.

Being encouraged to try new approaches and novel ways of doing therapy was perceived as extremely helpful, particularly when supervisees were at the beginning of their training and had little exposure to a variety of techniques. A supervisor who was reluctant about allowing mistakes could stunt the supervisees' growth, while a supervisor who encouraged attempts and viewed mistakes as a part of learning promoted learning and development. Making supervisees aware that mistakes were a natural and necessary part of learning and that these were encouraged in the training setting helped supervisees feel less hesitant about taking risks.

Supervisors were also aware of the positive effect of encouraging and empowering supervisees. Sharing words of encouragement significantly impacted supervisees' conceptions of themselves and influenced how they saw their own competence. Being open with supervisees regarding their ability to practice independently had a positive impact on the trainees. Expressing enthusiasm about trainees' work and areas of strength heightened supervisees' confidence in themselves and increased their belief in their ability to practice independently. As one supervisor stated:

There was one session where my supervisee showed me her tape and I told

her, you've got it, you're capable of independent practice, you can do it!

She explained the client well, matched the client well on her behaviours

and they worked well together. I told her she was ready for independent

practice. It was a big step for her and I know she felt great about it!

Another supervisor expressed:

This is the strongest student I've ever supervised. She and I were leading a

group here and it's a protocol that I've been using for years, so she read it

and familiarized herself with it, and we would share the roles, sort of do

co-therapy with the group. [...] So we did that for maybe the first three or

four group sessions when it became very evident to me how strong she

was and how insightful she was. [...] So I told her why don't you just

take over the group and I'll just sit there and observe. And she did, and she

did a marvellous job. She was exceptional. And I think that really

enhanced her competency, basically taking over the group.

These supervisors observed how skilled their supervisees were and chose to share

these positive thoughts with their trainees. The encouragements they offered were

thoughtful and deliberate, and had a positive effect on supervisees' view of

themselves and their clinical competence, impacting their willingness to continue

to learn and develop into skilled clinicians.

Supervisors who were willing to move beyond their own comfort zone and

allow supervisees to practice in a way that fit their own style were likely to induce

a more positive learning experience. Allowing supervisees to explore their

individualized areas of interest by encouraging them to explore books and journal

articles on the topics they had interest in was viewed as supportive. As one

supervisee reflected:

I come from a very CBT background so initially I was worried about how

that was going to work, my supervisor doing very different and unique

therapeutic approaches. But he was very willing to work with what I was

comfortable with and from my competence level [...] It came back to

focusing on who I was as a clinician versus who he wants me to be as a

clinician. I was relieved that I could do and be what I wanted.

Offering flexibility and not being rigid in their way of conducting therapy allowed

these supervisors to create an enriched learning environment for their supervisees.

In turn, the supervisees felt comfortable spreading beyond their supervisors'

chosen theoretical orientation and were encouraged to research and learn what

they found most interesting. Instead of restricting their learning the supervisors

motivated them to explore their own areas of interest and build on their current

knowledge with new information, even if it was not directly in the supervisors'

repertoire. Experiences such as these benefited the supervisee as they did not limit

their thirst for knowledge nor restrict what knowledge they could acquire.

Other behaviours regarded as empowering were those that encouraged

supervisees to share ideas and opinions, thus creating a more egalitarian

relationship between supervisor and supervisee. Some supervisors treated

supervisees in a way that made them feel they were not just trainees but

colleagues who had valuable insights to offer. These supervisors actively sought

out the opinions of their supervisees and included them in case discussions and

when planning interventions. Supervisees expressed feeling honoured to be not

only included but actively encouraged to share their thoughts. Often, it was these

empowering behaviours on the part of supervisors that enabled supervisees to

begin trusting in their own abilities and competencies. Having more experienced

others seek out their ideas helped them develop an ability to express themselves

clinically and develop pride in their conceptualizations and ideas for therapy.

When supervisees were encouraged to share their ideas and opinions they were

more likely to feel respected by their superiors. As one supervisee stated:

> My supervisor invited me to consult on her cases. For example, if she had
>
> just gotten off the phone with somebody and I happened to walk in the
>
> room she would tell me all about the case and tell me what she was
>
> thinking, and then ask what I thought stood out, basically just asking to
>
> consult with me about it. I felt like she was genuinely considering my
>
> feedback as valuable. And I felt that my clinical perspective and the
>
> questions and ideas I had had value and merit.

Feeling valued and being asked to contribute ideas on case conceptualizations

enabled supervisees to feel that they were respected and that even as trainees they

had helpful ideas to share. Competency levels tended to increase when they were

treated in such a collaborative fashion, and the hierarchical levels so consistently

present in supervisory relationships diminished.

Inviting a collaborative dynamic that encouraged supervisees to share

opinions was extremely effective, particularly in the realm of evaluation.

Evaluation was often regarded as an anxiety-provoking aspect of supervision and

one that posed a formal structure to the process. Opening up a collaborative

dialogue with supervisees was effective in decreasing the uncertainty and fear

surrounding evaluative practices and encouraging the discussion of preferences.

Supervisors differed in the way they chose to approach and explore the evaluative

process. One supervisor described how he engaged the students in a discussion on

evaluation:

> Usually there is a formal learning contract for each rotation. So when they
>
> meet with me we read through the contract and their objectives when we
>
> start, and then we revisit them as we go along, also with written
>
> evaluation. [...] I also like to give the students the evaluation rating form
>
> and have them rate themselves as well. And more specifically asking at
>
> the end of the 10 or 12 weeks, what are you looking for, what do you want
>
> to take away, getting them talking about it. [...] I also ask them what they
>
> want from supervision and what they like, trying to get feedback from
>
> them as well.

Reflections from this supervisor suggested that this collaborative dialogue helped

supervisees feel as though they were intimately involved in the evaluation process

and diminished the top-down nature of grading. Consistently checking in with

supervisees over the course of supervision was considered a helpful tactic as it

maintained the collaborative dialogue and enabled any challenges or

misunderstandings to be cleared up fairly efficiently. Supervisees who were asked

to reflect on what they wanted from supervision were more invested in the

process and appreciative to their supervisor for involving them in the planning of

goals and expectations. A supervisee talked about a very similar experience:

One supervisor in our first meeting asked me what I wanted from

supervision, what's worked well, previously in supervision, and what I

hadn't like in the past. That was nice because then we just started off the

year on the same page. He asked me to think about it and write it out, and

then he checked it and referred to those things during our supervision, so I

knew he was really trying to be a good supervisor. I guess it set it up for

more equality between supervisor and supervisee.

This supervisee clearly appreciated her supervisor asking for her input and

involving her in the planning of supervision, as it helped her to feel that her

opinion was respected and that she was an active part of the supervisory

experience.

As can be seen from the incidents described, overall this category

encompassed supervisor behaviours that encouraged and empowered supervisees.

These behaviours were varied and involved supervisors placing trust in

supervisees, encouraging them to tackle challenging clients, believing in their

skills and knowledge, including them in discussions and asking for their opinions,

collaborating with them on various aspects of supervision, and empowering them

to continue along the road of development. In turn, these behaviours were

positively viewed by supervisees and led them to feel more competent, more

trusting in their own skills, and to experience a more egalitarian relationship with

their supervisors.

Process-based supervision. This category encompassed 18 incidents, 10

expressed by supervisees and eight by supervisors. Process-based supervision

defined any instance where supervisors worked with their supervisees to focus on the dynamics of therapy, the relationship between counsellors and client, and the reactions of supervisees to their clients. It also incorporated supervisors encouraging supervisees to engage in self-reflection and experiential processing to move beyond the content of therapy and more deeply discuss the interpersonal dynamics occurring with clients. The incidents were characterized by the supervisors asking questions that increased supervisees' awareness of their biases and encouraged more process-based versus content-based supervision discussions. Further, some of the incidents depicted conversations where the supervisees were encouraged to develop their own way of conducting therapy and developing their own orientation and approach to therapy.

Assisting supervisees' to reflect on their own behaviours and reactions while working with clients was described as a beneficial focus of supervision. Supervisors who were able to elicit self-reflections from their trainees as a result of questions posed and active listening skills were able to enhance the supervisees' development of introspection and self-awareness. This deeper understanding of personal biases and reactions further appeared to benefit clients as it enabled supervisees to be aware of how their person influenced the therapeutic dynamic. As one supervisee described:

> I have one supervisor who is really good at watching my process and getting me to reflect on my own process of when I'm working with clients. So it's kind of like getting me to think about my thinking, which I find

really helpful, because we don't just discuss what's going on with the

client, but discuss what's going on with me in the situation.

Another expressed:

My supervisor would ask questions, reflective questions, that created

space in supervision for me to reflect on my own thoughts, beliefs, and

understandings with respect to client cases. Basically thinking about where

therapy has been and what might be helpful going forward with this client

but also connecting it back to my own conceptualization, beliefs,

emotions, with that client, my own understanding of what might be going

on for that client.

Focusing on the underlying current of interpersonal dynamics and encouraging

supervisees to focus on their own behaviours, attitudes, and reactions was deemed

helpful to the therapeutic encounter. The approach of asking open-ended

reflective questions was viewed as an important variation from focusing on skill-

and technique-based questions. Although the latter was also necessary, the

emphasis on increasing self-awareness allowed supervisees to begin harnessing

this important skill.

Further, supervisees were encouraged to explore how their own issues,

backgrounds, assumptions, and experiences affected what was unfolding in the

therapeutic context. This allowed supervisees to develop greater competence by

separating their own reactions from those of their clients, and by thinking more

deeply about the therapeutic dynamic. These experiences led supervisees to

develop their own way of working with clients and to understand how their

personal attributes influenced their clinical expertise. Asking questions that attempted to gage supervisees' countertransference towards clients and their perception of transference helped discuss dynamics in therapy that may not otherwise have been discussed. As one supervisee described:

> I had been working with a really challenging client and in one session in particular he was really irritable. I told my supervisor that I felt I had countertransference with the client, because I was so upset at him. [...] It was just amazing the way my supervisor coached me to deal with the situation. The first thing she asked was, who does he remind you of? [...]I wouldn't have been able to make that connection without my supervisor coaching me. [...] I felt much more confident, because I was thinking this is one of the hardest things to deal with in counselling, and I feel like now I have tools to do it.

The supervisor was able to steer the supervisee to examine issues in her own life and how these might be contributing to her reactions to her clients. Similar experiences were shared by other supervisees as they expressed how helpful it was for their supervisor to guide them by asking questions in an open, curious, and respectful manner. This personal exploration enabled supervisees to sort through their own issues and better clarify how these were impacting their work. The increased awareness allowed them to feel more competent and comfortable in addressing similar issues in the future.

Supervisors were often aware of the importance of focusing on the process of therapy and frequently found that encouraging and instilling this type of

reflective exercises offered students the chance to further develop their clinical

practice. There was an understanding that personal attributes and histories could

impact how a supervisee conducts therapy, and thus it was encouraged that these

characteristics and influences be discussed. Supervisors who were comfortable

asking supervisees questions about their own personal reactions to the therapeutic

process helped supervisees become clearer about how their approaches might

impact the therapeutic dynamic. As stated by one supervisor:

> One of the things I do is direct encouragement of the supervisee to explore
>
> countertransference, ask what are the expectations of the client, what are
>
> the insecurities. So we really explore the personal insecurity that may be
>
> partially in the root at a resistant moment with a client. And in this
>
> particular situation I explored with the counsellor their feeling of
>
> stuckness and frustration with the client. I encouraged the supervisee to
>
> own these feelings and share them with the client. But first I encourage the
>
> supervisee to process what they're bringing to it, so they can own their
>
> feelings.

This supervisor was aware of the benefits of exploring personal reactions in an

effort to separate these from the client and better conduct effective therapy. Using

the time in supervision to help trainees' focus and reflect on their sense of

frustration with clients was often done with the hopes that exploring these feelings

in supervision would lessen their impact on the therapeutic relationship. This was

often viewed as an effective use of supervision time and one that allowed for

depth and expansion of the supervisee's competency.

Focusing on the importance of self-care and the necessity of supervisees' being aware of when they were feeling drained and in need of a break was also expressed as important. Being an effective therapist was described as more than knowing skills and techniques; it was observed as requiring ones use of person. Supervisors who encouraged self-care and an awareness of one's limits were able to train supervisees to notice the beginning stages of burnout and the steps to take to remediate the problem. If self-care was viewed as something that required extra focus, some supervisors were able to bring this to the attention of supervisees and help them develop a self-care plan to ensure their mental and physical well-being.

In sum, the incidents in this category reflected the importance of using supervision to focus on the process of therapy. Therapeutic encounters were regarded as intricate experiences that involved a multitude of underlying relationship dynamics, many of which were not easily understood or even noticed. Encouraging supervisees to focus less on the explicit content of therapy and more on these underlying variables were thought to benefit clients. Further, enhancing supervisees' ability to incorporate self-awareness into their daily practice expanded their understanding of their personal biases and highlighted how these affected their client interactions. The practice of self-awareness was considered a life-long process that needed to be consistently cultivated and nurtured. Encouraging supervisees to begin this exercise early on in their training was observed as a beneficial start for a more successful career as a clinician.

Supervisor as teacher and role model. This category included 14 incidents, 12 described by supervisors and two described by supervisees. It

encompassed the supervisor acting more didactically as a teacher and role model. More specifically, supervisors created learning opportunities by encouraging supervisees to observe them working with clients, and modeled effective therapeutic strategies with the hope that supervisees would adopt these strategies themselves. Additionally, supervisors shared past experiences in their own work to pass on knowledge to their supervisees and demonstrated ways in which their supervisees could use similar tactics with their own clients.

A particular approach that was considered helpful was supervisors encouraging supervisees to directly watch them work with clients. This was deemed a positive experience for supervisees, particularly if they were able to observe their supervisor work through an issue with their clients. As one supervisor stated:

> I've done a lot of group work, and this particular supervisee I worked with for a long time. Our groups were intense, there was a lot of physical and emotional behaviours, there was a lot of loss and a lot of anger. [...] What my supervisee remembered most was watching me work in this group and hearing me respond not defensively but often empathetically to these clients. [...] That had a big influence on how this supervisee facilitates groups, staying calm and open-hearted with clients.

This supervisor thought it would be helpful to have his supervisee watch him lead groups and observe the way he diffused difficult group dynamics. As stated by the supervisor, this experience appeared to be very beneficial to his supervisee, who was able to draw many lessons from watching his supervisor

work and was able to successfully translate many of the behaviours to his own work facilitating groups. A supervisee also expressed a very positive experience of watching her supervisor work through a difficult client situation. As she described, just being able to observe her supervisor helped her feel that she would be able to handle a similar situation in the future:

> This was a really good opportunity for me to watch my supervisor do a lot of here-and-now stuff. He did some work with the family and that was really neat because I'd never had a chance to watch our supervisors before. It was really valuable for me to watch my supervisor handle a situation that did become quite tense, that I wouldn't necessarily have known how to handle. [...] Just to watch him and know that potentially that would be something I would eventually be able to do.

Other supervisors also reflected on the importance of having supervisees observe their work:

> When I begin working with someone I have them work closely with me. Our process is, we go about a week or two when they're shadowing me, and then after that we determine if they can handle it or if they need to observe more. At that time I look at their comments and what they're saying to determine if they need to observe longer or can go about things on their own.

As this supervisor expressed, it was very important to have all supervisees shadow her at the beginning stages of their practicum in order to understand what types of client issues would be faced and how to appropriately work with those

issues. Her supervisees benefitted from shadowing her and gaining insight and knowledge on what to expect with their own clients.

Supervisors also found it helpful to teach supervisees by offering examples from their own experiences. Recounting stories from their past work afforded supervisors a way to teach that went beyond sharing specific techniques. Incorporating real clinical cases enabled the teaching to become more real and helped supervisees visualize how they might act in a similar situation. Having their supervisor share stories of her own challenges and how they coped appeared to help supervisees feel increased competence. Further, living vicariously through the supervisor's past experiences allowed supervisees to feel better prepared and better equipped to tackle a similar challenge.

Supervisors also directly instructed and advised supervisees to gain further knowledge by reading or researching a particular topic. This direct advice encouraged trainees to peruse the literature for relevant information and subsequently engage in discussions about these topics with their supervisors, thus deepening their understanding. For some supervisors it was important not only for supervisees to gain further knowledge by reading but also to be able to transfer that knowledge to daily practice. This was considered a more difficult transition to make and one that was very important in practicum settings. Often, trainees were regarded as beginning their clinical training by holding a wealth of theoretical knowledge through their coursework, and it became the responsibility of the supervisors to help them transfer this knowledge from books to clinical

practice. Facilitating this transition by exploring certain topics in supervision and linking them to clinical cases was an important facet of the supervision process.

Other supervisors preferred to focus on teaching what they deemed to be foundational skills, or those skills that were considered at the core of all therapeutic techniques or theoretical orientations. Ethics was an important foundational skill that was discussed and one that was viewed as critical at all stages of training and independent practice. Involving supervisees in ethical decision-making and exploring the challenges surrounding ethical practice was an essential part of supervision, as expressed by one supervisor:

> I always look for teachable moments. For example, teaching foundational skills like ethics or human interactions is really important, and I always try to teach those more broad skills. You know, let's look at this idea of disclosure and let's talk about it in terms of ethics. Ethics isn't about what you do but how to be, and so we discuss all that, I make sure to talk about all that. I see those foundational things as being the essence of supervision.

This particular supervisor went beyond simply teaching techniques or skills to focus on the groundwork of clinical expertise and explored how ethics could impact all forms of therapeutic contact. It was helpful to adopt such an overarching framework at times in order to engage the supervisee in broader discussions of the foundational skills so essential to the clinical process. Supervisees also indicated finding this broader approach helpful, and discussed how these conversations allowed them to think beyond the immediate client and stretch their case conceptualization abilities.

Overall, having supervisors adopt a stance that more directly exhibited them as teachers or role models was considered very helpful to supervisees. Observing supervisors at work, listening to their stories, or being directed to seek out further information were all ways in which supervisors were able to engage their trainees and further their clinical expertise. Often, this vicarious learning was greatly appreciated by trainees who were able to benefit from someone else's expertise and knowledge. Adopting the more didactic role of teacher and role model proved to expand supervisees' skill repertoire and further their clinical competence.

Supervisor vulnerability. This category consisted of nine incidents, five described by supervisors and four by supervisees. It encompassed supervisors making themselves vulnerable to supervisees by being open about their own shortcomings. The supervisor, even when an expert, displayed humble behaviours about his/her knowledge and demonstrated that there is always more knowledge that one can acquire. Further, supervisors shared past experiences that exemplified the difficulties they themselves had experienced with clients in an effort to demonstrate to the supervisee that being perfect is not the goal. This self-disclosure on the part of the supervisor was done sparingly but helped normalize difficult situations for the supervisee. Overall, these supervisor behaviours helped students overcome difficulties they were experiencing and assisted them in feeling more competent about their abilities as psychologists-in-training.

Supervisees talked about being appreciative of their supervisors not acting like experts and instead displaying humble and vulnerable behaviours. These

behaviours were described as decreasing the inherent power discrepancies in the supervisory relationship and allowing supervisees to feel they were more of a collaborative equal. Further, having a humble supervisor helped exemplify that learning is a life-long journey, and encouraged supervisees to continue their motivational quest for knowledge into the future. As one supervisee stated:

> I don't know if my supervisor does this consciously or not, but the fact that she's very vulnerable has impacted me a lot [...] So she's at the end of her career yet she's always vulnerable, she's always learning, asking what she could be doing differently, what perspectives she might be missing. [...] I don't get the sense from her that she knows everything or that she's the best therapist ever. She's very humble. She could easily hide a lot of those vulnerabilities but she doesn't.

Vulnerability on the part of supervisors was particularly helpful when a rupture was experienced in the supervisory relationship:

> I experienced a conflict with my supervisor, and I told her the effect she was having on me, that I feel unsafe bringing client stuff here. I was really surprised by the reaction. The supervisor actually started crying. And then disclosed to me that she had been having a significant personal life issue, and that I reminded her of a certain person in her past. And that that brought up a lot of anger and defensiveness in her, which I was shocked to hear. But then there was a huge amount of relief, and after that our supervision was exemplary, it was fantastic after that.[...] She chose to be

vulnerable and she did make a choice to be vulnerable with me

emotionally, and in other ways, rather than defensive.

This experience was very positive for the supervisee, who expressed feeling pride

for having discussed the issue in the first place, and was appreciative of his

supervisor's reaction. The supervisor chose to make herself vulnerable and

disclosed personal information to the supervisee, thus repairing the relationship

and evoking feelings of respect from the supervisee. As reflected on by other

participants, revealing personal aspects of themselves, being open about their

weaknesses and areas for growth, and sharing vulnerabilities greatly assisted

supervisees' development and sense of competence. When used judiciously self-

disclosure was extremely effective in not only strengthening the working alliance

but also offering the supervisee a glimpse into how best to use ones' personal

resources to solve a conflict. As one supervisor remarked:

> The relationship is the most important, in order to create that safe space
>
> for the supervisee. I think you have to bring a bit of yourself into the
>
> supervision as well, you have to be vulnerable as a supervisor. I do
>
> disclose a lot of my own foibles and quirks and that this isn't a perfect
>
> process and that there isn't only one way of doing things.

Another supervisor described how normalizing it could be to show vulnerability

in front of supervisees, and how it allowed supervisees to feel increased comfort

about their lack of knowledge:

> My supervisee was working with a very difficult family, and I was
>
> watching her work and felt I had to go in and help her out. And I got stuck

in it just like she did! And as we debriefed later she told me how much

better it felt for her that I had gotten stuck too. She felt that since I'd

gotten stuck in it too it was the system, not us! She felt more confident and

safer as a result of that.

This supervisor found herself struggling with the same issues that her supervisee

was having difficulties with. Sharing this sense of "stuckness" with her supervisee

helped them both connect on a more meaningful level and also demonstrated to

the supervisee that challenges will always be present regardless of years of

experience. Further, it appeared that the supervisee benefited from observing her

supervisor encounter such a challenge as it diminished her sense of frustration for

not being able to effectively work with the client.

Overall, the incidents in this category reflected supervisory behaviours

that exposed them as vulnerable and humble clinicians. Stepping away from the

role of expert and presenting themselves as constant, imperfect learners

normalized many situations for supervisees and highlighted the challenges to be

encountered regardless of years of experience. When used judiciously, these self-

disclosures strengthened the working alliance and helped validate supervisees'

struggles. These vulnerable behaviours were perhaps the least talked about within

the supervisory context, but were nonetheless just as important to creating a

positive supervisory experience as all the incidents that had come before it.

Summary of helpful behaviours. Overall, the above categories described

the many incidents shared by supervisors and supervisees that were considered

helpful to the supervisory process. These included behaviours that were deemed

supportive, normalizing, validating, encouraging, empowering, as well as behaviours that increased collaboration, introspection, self-awareness, and decreased the hierarchy so inherent in supervisory relationships. The incidents that hosted these behaviours positively impacted supervisees' sense of competence and helped them develop a deeper understanding of the intricacies of therapy.

These incidents contributed to the development and maintenance of the supervisory working alliance, something that was considered central and necessary to ensure the effectiveness of supervision. The stronger the supervisory alliance, the more likely it was that supervisees felt safe to discuss problems, thus decreasing the possibility of an alliance rupture. However, it was inevitable for problems to arise in supervision and for both supervisors and supervisees to act in ways that could be considered detrimental to the process. Below, the hindering behaviours shared by my participants are covered, including how these worked to negatively influence the important supervisory relationship, as well as negatively impact the competence of supervisees.

Hindering Behaviours

This category reflected all incidents that contributed to a negative supervisory experience and led to a perceived decreased sense of competence on the part of the supervisee. It mainly reflected supervisor behaviours that were perceived as hindering to the supervisee's development. These were grouped into the following categories: (1) feeling unsupported, (2) critical and attacking behaviours, and (3) conflicts with feedback and evaluation. What these incidents

mainly had in common is that they exemplified misunderstandings or negative

behaviours that typically caused the working alliance to rupture or disintegrate

completely. Further, these incidents were detrimental to both supervisees and

supervisors, as they decreased the effectiveness of supervision and stunted the

progress of supervisees. These incidents focused on the negative side of

supervision and on what occurred when the supervisory dyad fell apart, when

communication and respect were lacking, and significant differences existed

between supervisor and supervisee.

Similar to the helpful behaviours, there were commonalities across the

three categories and some overlap was noticed. However, the categories did have

distinct differences that were discussed and observed in the chosen quotes.

Further, it was noticed that supervisees tended to have a greater voice in the

discussion of these incidents. Perhaps this was because trainees felt more

comfortable sharing negative incidents and, in some ways, blaming their

supervisors for what they considered to be insufficient supervision. On their part,

supervisors did discuss challenging incidents but more often than not

acknowledged their contribution to the impasse.

Feeling unsupported. This category comprised 23 incidents with 18 of

these incidents offered by supervisees and five offered by supervisors. It

encompassed supervisor behaviours that led supervisees to feel unsupported

throughout their training. More specifically, this included the supervisee

observing the supervisor not being available when needed, lacking flexibility, not

being in tune with supervisees' needs, and allowing little space for supervisee

self-reflection. These behaviours were mainly observed through the eyes of the supervisees and greatly impact the perceived effectiveness of supervision. Those supervisors who did contribute incidents in this category discussed being aware of the negative impact of their unavailability and how some of their actions may have been unsupportive towards supervisees. Often, the safety of the supervisory relationship was put into question and supervisees discussed feeling as though they were not worthy of the supervisor's time or attention, and that their training was not being placed in high regard. In general, supervisees were made to feel that their supervisors were not invested in their learning and that supervision was more of a burden than a fruitful relationship meant to inspire and motivate trainees.

Some of the supervisees described frustration with supervisors being late for meetings, being disorganized and scattered, and not making time for them. This often resulted in supervisees losing faith in the supervisory process, and at times supervisees explained that having this kind of experience with their supervisors infringed on their sense of competence and ability to develop skills appropriately. As one supervisee expressed:

> When I was getting supervision my supervisor kept missing supervision. I'd get there and she'd be with somebody, and it was supposed to be our time. That really frustrated me and made me feel that she wasn't being very supportive of my learning process.

Another supervisee discussed his experience with a supervisor who he deemed disorganized and unprepared for supervision. This resulted in the supervisee feeling that he was not benefiting from these meetings:

> My supervisor was very disorganized, very scattered, frequently came late, sometimes 20 or 30 minutes later for our scheduled sessions. [...] I'm somebody who, if anything, is somewhat obsessive-compulsive about tidiness and order and logic and I'm someone whose very uncomfortable with disorganization. With this supervisor that made it really hard for me to feel respect for him, to feel that he was competent. It made me feel completely lost and definitely didn't help my competence.

Similar experiences were expressed by other supervisees, highlighting the damaging effects supervisors can have if their behaviour is perceived as being unsupportive.

Other incidents identified by supervisees within this category related to supervisors being perceived as very rigid in their own approaches and as neglecting to offer supervisees the opportunity to explore their own interests. These attitudes were regarded as very constricting and as stunting development and growth. Being inflexible in their training approaches and not encouraging self-exploration appeared to detract from the supervisees' learning experience, thus hindering the process and purpose of supervision. As one supervisee expressed:

> My supervisor refused to use our supervision time to talk about anything other than our client, and what was going on with the client and the

particular CBT intervention I should be doing with the client. There
wasn't any space created to allow me to reflect on my own experiences or
to have me think through anything or answer any questions about what I
should be doing [...] I feel like it bruised my sense of competence.

The above incident illustrated a situation where the supervisee felt that not only
was she being discouraged from pursuing her own thoughts and opinions, but that
her competence was diminishing as a result. This experience appeared to hinder
the supervisee's development and left her disappointed and frustrated with her
training. A lack of flexibility was also noted by other supervisees, who observed
this type of behaviour mainly when perceiving their supervisors as being too
directive. This contributed to supervisees feeling that their growth and
development was not an essential part of supervision. The supervisees then tended
to lose trust in the supervisor, felt judged and invalidated by the supervisor, and
felt that they were not bring treated as equals. Further, when supervisors provided
unhelpful, hurtful, or a complete lack of feedback, it decreased supervisees'
perceived ability to progress and learn from their mistakes.

Interestingly, sometimes it appeared that too little direction could be just
as harmful as too much direction. As stated by one supervisee:

Because I'm in a learning process, the feedback is given like this just isn't
good enough. That's the biggest thing. It's not like my supervisor is saying
that I could do better, or that there is still some area for growth and maybe
these areas have to be touched up and I have to think about this…instead

it's given in a way that just implies my work is straight out bad. To me

that's a huge difference, and it really impacts my competence.

It is evident that the supervisee felt he was being short-changed and that the

perceived lack of supervisor assistance and direction was hindering his

development as a psychologist-in-training. Another added:

I just remember a couple times after the group when I expected that we

might have supervision, where we talked about what happened in the

group, or talked about clients, or talked about my role or whatever. My

supervisor would just say, Oh how was that, and I would say, I thought it

was okay, and then he would say ok great, see you next week. I would

have wanted him to talk about what I did well or what I could improve on,

to get feedback I guess. Or even to talk about what he was planning on

doing with a client, at least I would have learned something.

These supervisees felt they were missing a significant part of supervision and that

as a result they would not be able to develop a sense of confidence as hoped.

Supervisors who offered no feedback at all left supervisees to develop their own

conclusion and reach their own insights, whether accurate or inaccurate.

The process of evaluations was another area where supervisees felt they

were at times being neglected. Some mentioned the enigmatic process of

evaluation and how some evaluations were perceived as unsupported by

behavioural observations or were viewed as completely inaccurate. As reflected

by one supervisee:

My supervisor never, not once, watched any of my clips that he'd asked for. At the time of the final evaluation he sat out in the waiting room and filled out the evaluation and submitted it, and that was it. To this day he's never watched a clip and I have no idea how I did on that evaluation. I don't feel he did an accurate evaluation in a lot of ways, since he had never seen me work!

This supervisee stressed her frustration about feeling that she was being evaluated without ever having been observed working with an actual client. She felt that she was not offered the most optimal supervision as her supervisor never directly watched her work, not reviewed any audio or videotapes. Along with being discouraging this was perceived as detrimental to both supervisees and clients, as never seeing the supervisee in action potentially meant a lost opportunity to correct inappropriate therapeutic behaviours.

Other supervisees expressed feeling as though their supervisors did not trust their skills and abilities. They perceived their supervisors as behaving in a judgmental manner towards them, thus creating an unsafe climate where supervisees did not feel comfortable taking risks or making mistakes. Overall, supervisees who reported negative experiences felt that their supervision experiences had left them with a sense of decreased competence that hindered rather than promoted their development as psychologists-in-training.

Supervisors also offered insight as to when they felt their actions were not as supportive as they could have been. For example, a few of the supervisors

interviewed expressed being aware of their unavailability and how this impacted

their supervisees:

> One of my supervisees said that during the time she was a student she
>
> found that it was difficult to ask for my time knowing how busy I was, and
>
> that she felt guilty about needing more time.

Other incidents described by supervisors involved either ethical or workplace

dilemmas where the supervisor felt caught in the middle of an uncomfortable

situation. Here, the supervisors remarked on the difficulty in choosing an

appropriate course of action and the challenge of providing support for their

supervisees. As one supervisor stated:

> This incident involved a dual relationship ethical issue. I think that what
>
> happened after this seemed to have an impact on relationship I had with
>
> the supervisee because I think she felt that I was either ethically fast and
>
> loose or that I was willing to make a compromise that she wasn't ready to
>
> make. It seemed that the relationship did change at that point. To me it
>
> seemed to move supervision from being a bit more casual and friendly to
>
> being a bit more structured and more a set time each week sort of thing. I
>
> think because I didn't give her immediate, unconditional support, that had
>
> a negative impact on the relationship.

Here, the supervisor was aware that the relationship with his supervisee changed

as a result of the incident, and felt that it was his lack of unconditional support

that was the culprit. Although he did not share the supervisee's thoughts on his

ethical behaviours he realized that their misunderstanding caused a rift in the

relationship. This appeared to introduce an element of formality to the supervisory alliance that had not previously been there, decreasing the comfort and safety felt by the supervisee. Another supervisor shared a similar experience, and expressed how his relationship with his supervisee changed negatively as a result of his behaviours. These types of situations clearly placed supervisors in difficult positions that were complicated to handle; at times, they led to ruptures or even complete disintegrations of the supervisory relationship.

Overall, this category highlighted situations that led supervisees to feel a lack of perceived support from their supervisors. This lack of support took several forms, which included viewing the supervisor as being judgmental, inflexible, rigid, directive, disorganized, uncommitted, unavailable, and inconsistent. These behaviours were negatively experienced by supervisees and often led them to undergo an impasse in both their competency development and in their relationship with their supervisors. These incidents, although negative, were often an inevitable part of supervision due to the misunderstanding and disagreements prevalent in any human relationship. However, for the most part these incidents did more harm than they otherwise might have because the disappointment experienced by supervisees was not discussed and the issues were often not resolved, reflecting poorly on the development of the trainees.

Critical and attacking behaviours. This category was comprised of nine incidents and was the only category in which all of the incidents were offered solely by supervisees. It encompassed supervisor behaviours that were perceived as being particularly critical and attacking to the supervisee. What separated these

incidents from the previous category was the degree to which supervisees

perceived themselves as being personally attacked by their supervisors. This

included supervisors perceived as shaming the supervisee, insulting the

supervisee's efforts, being hurtful, rude, abrasive, and insulting towards the

supervisee. These behaviours were much more impactful than those discussed in

the previous category and the consequences were more significant. The ruptures

in the supervisory alliance were experienced as more long-term and supervisees

often felt as though there was nothing that could be done to remediate the

impasse. Often, these critical and attacking behaviours were internalized as being

directed at who they were as a person, their beliefs, opinions, and values. Some of

the supervisees discussed these incidents as occurring without reason or

justification, and feeling as though there were no grounds evident for the ensuing

attack. Other expressed feeling as though their efforts were completely ignored

and attacked, thus decreasing their motivation to engage in any further

advancements of knowledge or skill.

> One supervisee shared:

> My supervisor and I were watching a video of me working with a client
> and implementing a certain technique. [...] My supervisor stopped the
> tape at that point and said, you know I don't know how committed you are
> to actually implementing this particular technique. Immediately I think
> what I felt was, I felt hurt. But at the time I felt angry, she was outright
> saying that I wasn't committed, which was untrue. [...] I felt vulnerable in
> showing myself on this videotape and that rather than her being kind about

it I felt that it was an attack. [...] It made me feel less effective, which

probably really affected how well I connected with clients.

This supervisee felt that his supervisor was completely out of tune with his

feelings and disregarded the effort and time he had put into learning a particular

technique. His words conveyed that he felt his vulnerability had been taken

advantage of and that his supervisor's response made him feel less competent

both in supervision and in his work with clients.

These perceived critical behaviours and negative comments were further

described as creating an unsafe environment for supervisees, who expressed

feeling vulnerable, unsafe, and highly judged. This negative atmosphere was not

conducive to learning and as such the development and competence of

supervisees suffered. As described by one supervisee:

My supervisor gave me some feedback at the final evaluation. I was

confused by it because I didn't understand how it related to myself as a

therapist. I felt like it was a criticism on my identity. I felt it was a

personal attack, especially because it couldn't get tied into any of my

therapeutic work. It was paternalistic, condescending comment about my

beliefs. It was very much that you're in the power and I'm not, and you're

talking down to me about the way I am as a woman. [...] I found it

extremely insulting.

This supervisee could not make the link between the supervisor's comments and

her clinical work, and reached the conclusion that he was using the process of

evaluation to attack certain aspects of her personality. She expressed feeling

demeaned and judged, more so than she would have had there been a link made to how these characteristics were negatively impacting her clinical work. The comments created confusion, frustration, and disappointment in the supervisory process.

Some supervisees also discussed feeling as though their supervisors were purposefully using tactics that were meant to induce shame. Shame was considered a more negative consequence than embarrassment as it typically involved an individual experiencing a criticism about their core personality. Rather than motivating them, shame-based tactics caused serious friction and breakdowns in the working alliance. As one supervisee expressed:

> My supervisor uses the shame-based motivation tactic, that's the best way I can describe it. I guess he thinks that by shaming me about my progress that is somehow going to motivate me to do better. The fact that he used that as a tactic as a supervisor made me feel so shamed. And shame-based motivation isn't actual motivation, it's the exact opposite of strength-based. I found that in the moment to be so upsetting. I felt that that I'm not good enough and that I have no idea what standard is good enough.

This supervisee was confused as to the reason of her supervisor's perceived attacks and felt as though his tactics were having the opposite effect than what he intended. She experienced an affront to her sense of identity and felt helpless and unable to improve. Others expressed the consequence of these critical behaviours – that of losing motivation and confidence in their abilities as psychologists-in-training.

As can be seen from the above incidents, this category encompassed perceived hindering events that caused supervisees to lose respect for their supervisors, confidence in their own abilities, and damaging effects on their sense of competence. They were perceived as being hurtful to their development and often led them to lose trust in their supervisor and question their own abilities as clinicians-in-training. These experiences were frequently experienced within the core of the individual and appeared to have long-lasting consequences. As such, they were deemed the most destructive and hindering to supervisees' development as psychologists-in-training.

Conflicts with feedback and evaluation. In contrast to the supervisees' reported experiences of critical and attacking behaviours, this category encompassed nine incidents and was the only category in which all incidents were offered solely by the supervisors. Incidents described focused mainly on disagreements between supervisors and supervisees regarding competence and ways to remediate areas were competence was considered diminished. Here, supervisors discussed how difficult it was to offer feedback to supervisees about their lack of skills, and the importance of having supervisees who were open and receptive to receiving this information. This category also related to breakdowns in the supervisory working alliance as a result of a misunderstanding or disagreement about knowledge and skills. At times, supervisees were perceived to be unable to openly accept constructive feedback from supervisors, thus decreasing their ability to learn and improve. The inflexibility on the part of supervisees appeared to have consequences on their work with clients, negatively

impacting their ability to effectively conduct therapy and, at its worse, causing harm to clients.

Due to the impact on clients, supervisors discussed the importance of highlighting these issues even if they feared they would cause a breakdown in the supervisory relationship. Supervisors expressed occasionally having to be very directive in order to minimize any potential negative consequences on clients. As one supervisor expressed:

> I know my supervisee didn't have much experience with kids or teens, but she seemed pretty keen. [...] So the session that stands out clearly, we were reviewing a recording and it was pretty evident that she was really struggling, and it was the first time I realized that this person was going to need a lot of support. So I was giving her some feedback and she got quite upset with me, said something like "I don't think I can work with you, this isn't going to work", stood up, and left my office. [...] There was a huge rupture in the relationship.

Some supervisees appeared to have significant difficulty accepting comments or suggestions that questioned their competence. They at times took out this defensiveness on the supervisor, initiating a rupture in the relationship. An inability to accept constructive criticism and take steps towards remediation did, at its worst, result in the termination of the supervisory relationship.

Challenges within the supervisory process also occurred when the supervisee exhibited disinterest in supervision by missing sessions and in other ways demonstrating a general indifference to the learning process. These actions

(or lack thereof) caused frustration and disappointment to supervisors, who at times had to go out of their way to provide supervisees with support and availability. As reported by one supervisor:

> There was a supervisee [...] He didn't show up for the first session, and I called him and he said,' oh I was busy'. And the second one he didn't show up either, and I called him again. And he cancelled the next one and came late for the one after that. And the next one I said now, the only discussion we can have today is there any basis you can bring forth for why I would not be justified to terminate our supervision. And we went back and reviewed and I said clearly I need to see you regularly around the work you're doing, and I fired him. That was the end of it. I said you need to get another supervisor.

This supervisor appeared to offer his trainee multiple opportunities to make up supervision time but in the end was frustrated with the supervisee's lack of commitment. Supervision was clearly viewed by supervisors as a necessary and required relationship that meant to benefit the supervisee and their clients. Thus, consistently missing sessions was not an action that was regarded as inconsequential. Another supervisor shared a similar experience:

> The supervisee didn't want to be there, that was pretty clear. [...] And I asked the supervisee what she wanted to work on, what's on your wish list, and if she had a really good supervisor what she would want them to do, and she said "oh nothing, I just want it to go okay" [...] So I gave her some suggestions on how to work with the client, and she completely

ignored my suggestions. [...] She was quite narcissistic and didn't really

get our role. She eventually left the practicum. We didn't have an

impactful relationship. I wasn't able to inspire her, I wasn't able to make

her receptive. I would have probably been very annoying to her.

This supervisor acknowledged that not having a strong relationship became

detrimental to the learning process and to the supervisee's willingness to accept

suggestions and follow through with them. This incident again highlighted the

importance of the working alliance, a willingness to learn, and the essentiality of a

contract established at the beginning of the supervisory relationship.

Other supervisors discussed how challenging it was to work with

supervisees who were unwilling to accept constructive criticism. This often

caused an impasse in the working alliance and made it progressively more

difficult for supervisors to feel comfortable sharing thoughts and suggestions.

Relationships became increasingly more strained and supervisors felt they lost

their effectiveness in providing supervisees with an avenue to develop

competence. As reflected by this supervisor:

It was with a PhD intern and I was giving her more formative evaluation,

half-way through the rotation, and it was not well received, to say the

least. And that became a pattern for the time that she was here. She was

quite defensive, not open or receptive to the constructive feedback, and

reacted quite negatively, actually. [...]It was almost a passive-aggressive

response, and it was frustrating because I certainly appreciate and

understand her position. At the same time there's the struggle of how to

help the supervisee work on her challenges, she wasn't receptive at all to
that. She withdrew, she didn't get defensive, but yeah it was more of a
withdrawal.

Supervision in this context became less helpful and lost its intended aim to
provide supervisees with room to grow and change into more effective clinicians.

Overall, this category exemplified difficulties that supervisors had with
trainees who appeared uncommitted to learning, inflexible, experienced difficulty
accepting constructive feedback, and were poorly invested in the supervision
process. Often these behaviours were evidenced in a supervisory climate that
lacked a strong working alliance, and the incidents typically caused further
ruptures in the relationship. Occasionally these ruptures could not be remediated
and both members chose to sever the relationship. Although this may not have
been an ideal outcome, at times it appeared best for supervisees to find another
match that fit more closely with their style and needs, and allowed supervisors to
adhere to their belief in the importance of providing sustainable and substantial
supervision.

Summary of hindering categories. Overall, the above categories
summarized the incidents that were considering hindering to the competency
development of supervisees. These included supervisors being perceived as
uncaring, inflexible, unsupportive, overly directive, judgmental, critical,
attacking, and unavailable. Further, incidents also portrayed difficulties
experienced by supervisors when they felt supervisees lacked competence but
were not open and accepting of feedback. Many of the incidents described in this

hindering category negatively impacted the supervisory working alliance, often creating a rift that was not remediated. These incidents stressed the importance of establishing a safe and open relationship with supervisors where difficulties could be openly discussed when as they arose. The incidents described above lacked this type of relationship, and as a result many problematic behaviours that arose were unable to be resolved effectively. This challenge further impacted the experience of both members of the supervisory dyad, creating at times frustration, anger, and disappointment.

Other

This category encompassed all stand-alone incidents; in other words, incidents that could not be grouped in a comprehensive and descriptive fashion. Eight incidents were included in this category, five described by supervisors and three by supervisees. Those described by supervisees reflected standing up for themselves when conflicts arose during the supervisory process, the benefits of having a colleague take part in supervision with them and the advantages of having another student to learn from. These were considered helpful incidents and, although they did not fit neatly into any of the other helpful categories that emerged, they were nonetheless important and interesting events. From these experiences it was garnered that when conflicts arose and supervisees were able to challenge their supervisor and discuss what had been upsetting for them, it was possible that a rupture could be either avoided or at least resolved. In this way, conflicts did not cause an insurmountable break in the working alliance but instead opened up grounds for deeper discussion and understanding. Supervisors

who discussed these incidents identified some commonalities that enabled them to challenge their supervisor and inquire about their differing views. Some offered that they had experienced negative relationships with past supervisors and because of these past learning experiences wanted to take part in changing the course of their current supervision. Other described initially not feeling their comments were being received with an open mind but found this changed as the discussion was prolonged. In all cases, supervisees identified feeling successful in their ability to openly challenge their supervisor and reach a mutual understanding.

Further, conducting triadic supervision (involving one supervisor and two supervisees) was occasionally described as beneficial to supervisees, particularly if they felt they could learn and grow from the experiences of their fellow trainee. Participants appreciated listening to how their colleagues handled various situations and watching the dynamics between the supervisor and the other student. They also described enjoying the three-way nature of the conversation and having an additional person to share insights and ideas. When challenges with supervisors arose, supervisees discussed feeling as though they had an ally in the other, and expressed this as supportive and encouraging. If the dynamic was collaborative and safe, supervisees agreed on the benefits of hearing about other students undergoing similar challenges.

The five incidents described by supervisors highlighted events where supervisors felt they did not handle challenging situations properly and became somewhat embarrassed by how they chose to deal with the problem. These

included workplace challenges that in some ways infringed upon the supervisees'

success, as well as one case of the supervisor overstepping his role and not

allowing the supervisee to independently cope with a challenging situation. In

these incidents supervisors shared a sense of wishing they had handled the

situation differently and felt that their actions were detrimental to the learning

process of supervisees. In some cases they felt their actions overstepped their role

as supervisors and although were done with good intentions, were not fruitful

learning opportunities for the trainees. Finally, incidents described supervisors

feeling they hindered the supervisee's development by hiding their emotional

reaction. In this case, supervisors regretted not being more candid and found that

their decision to retrain their gut reaction was, in hindsight, an unhelpful

experience for their supervisees. They described this as being due to the

information that could have been shared, but was not, regarding how they

perceived the supervisees' actions.

Summary

One hundred sixty four incidents were identified from the 25 interviews

conducted. The incidents were grouped into helpful and hindering categories, and

into further sub-categories that more clearly identified the themes that emerged

from the data. Taken together, these incidents represented the critical events

expressed by both supervisors and supervisees and provided a glimpse into the

experiences of both parties involved in the supervisory process. The incidents by

no means encompassed all the helpful and hindering behaviours possible within

any given supervisory relationship; however, they provide a beginning framework

for what influenced and detracted from the perceived competency development of supervisees.

It was possible to organize the majority of the incidents into categories that exemplified similarities across the experiences. However, it must be remembered that these are human experiences and as such, can vary significantly from one individual to another. This can be evidenced from the first category discussed, that of supportive behaviours. Although identified by the idea of involving an element of support, the incidents in this category were not all the same. The importance of being validated, the impact of normalizing and minimizing challenging experiences, and the helpfulness of having supervisors who were willing to spend hours discussing client cases were all evidenced in the incidents. Supervisors and supervisees alike discussed the importance of the supportive behaviours and the impact they had on the learning process so critical to supervision. The opposite category, that of unsupportive behaviours, provided other insights. Here, the incidents shared the commonality of being deemed unsupportive towards supervisees but ranged from experiences of supervisors being perceived as judgmental, overly rigid, and unavailable, to experiences of supervisors invalidating supervisees and causing them to feel uncared for and unsafe. Supervisors also discussed difficulties with their trainees not being receptive to their feedback and being perceived as resistant to the learning process. It is important to note, then, that although human experiences can be generally linked in ways that highlight similarities, no single event will be experienced in the same way by two individuals.

It is also important to note that the number of incidents included within each category did not impact the importance of that category. In other words, having five incidents versus 25 incidents in a category did not make the former less critical than the latter. What it did offer was an understanding that the category with a greater number of incidents was one more commonly shared among individuals. This did not make the category with fewer incidents any less important, but rather signified that it may be a more individualistic and unique experience that was not felt as frequently as others. Taken together, all of the incidents were identified as impacting the competency development of psychologists-in-training. In the next chapter these themes are further discussed and linked to available literature in order to situate the results in our current knowledge and understanding of the clinical supervision process.

Chapter 5: Discussion

The purpose of the current study was to explore the critical incidents occurring within supervision from the perspectives of supervisors and supervisees. This study was intended to be exploratory and descriptive and sought to increase our understanding of the factors that were helpful or hindering contributors to the clinical supervision process and the competency development of psychologists-in-training. The six helpful categories that emerged from the data were as follows: direct support, feedback (positive and constructive), empowerment and encouragement, process-based supervision, supervisor as teacher and role model, and supervisor vulnerability. The three hindering categories that emerged from the data were as follows: feeling unsupported, critical and attacking behaviours, and conflict with feedback and evaluation. Taken together these categories describe the different ways that supervision can assist or detract from the competency development of psychologists-in-training.

Broadly, the themes emerging from this study are consistent with what is discussed in the literature. For example, similar results were found in a study by Gazzola and Theriault (2007) who investigated the perspectives of masters-level counselling graduates on the kinds of supervisor behaviours that helped to broaden or narrow supervisee experiences. Broadening was defined as experiencing positive emotion that then lead to creative ways of thinking and acting. Narrowing was defined as experiencing negative emotions that lead to the limitation of an individual's choices and a discouragement to move beyond what was expected. These concepts can be conceived of as similar to the helpful and

hindering dividers used in the current study, and in fact the results share many similarities. More specifically, Gazzola and Theriault found supervisor actions contributing to broadening include being supportive, caring, non-judgmental, validating, empowering, available, a role model, flexible, and offering constructive feedback and challenges. Conversely, supervisor actions contributing to narrowing include being inflexible, disrespectful, insensitive, judgmental, critical, imposing, and providing inadequate, ambiguous, or insufficient feedback. Although these authors did not include supervisors in their study, these results are very similar to those in the current study and provide support for the kinds of behaviours that are deemed helpful and unhelpful within a supervisory context.

Another study that corroborates the general results of the current study is one conducted by Jacobsen and Tanggaard (2009) who interviewed novice student therapists regarding what they believed constitutes good and bad psychotherapy supervision. Participants discussed wanting their supervisors to do the following: be supportive and affirming, offer positive and constructive feedback, guidance, and modelling. A further study (Allen et al., 1986) examined doctoral students' evaluations of best and worst psychotherapy supervision experiences and found the following: highly valued supervisors were supportive and trustworthy, able to successfully bridge the gap between mentor and evaluator, and skilled at delivering effective feedback and collaborative evaluations. The worst supervisors displayed an absence of effective teaching and role modeling strategies, were perceived as unavailable, disinterested, authoritarian, and inflexible. Additional studies (Bucky et al., 2010; Shanfield et

al., 2001; Worthen & McNeill, 1996) corroborate the importance of a supportive relationship, flexibility, respect, and open communication within supervisory dyads.

Research focused on supervisors also appears to support the results of the current study. In one study, supervisors who were accepting of supervisees, showed support, praised supervisees, and encouraged supervisee self-awareness were rated by other supervisors as most effective (Shanfield et al., 2001). The importance of the supervisory working alliance and the trainees' willingness to build rapport has also been described as important by supervisors (Henderson et al., 1999). Further, providing the avenues for a trusting relationship that acknowledged trainees' personal and professional concerns has also viewed as ideal. Supervisors tend to prefer trainees who are able to ask for guidance when required, demonstrate a willingness to learn, are open to and accepting of feedback, and are able to implement ideas and suggestions to better address clients' welfare (Vespia, Heckman-Stone, & Delworth, 2002). The importance of addressing supervisees' reactions and responses to therapy and their clients has also been touted as an area important for supervisors (Henderson et al.). Trainees' personal growth, awareness, and emotional management have all been considered important by supervisors (Sprenkle & Wilkie, 1996; Watson, 1993), along with trainees' autonomy and confidence. Finally, a focus on evaluation through ongoing feedback and monitoring has also been deemed critical from the perspective of other supervisors (Morgan & Sprenkle, 2007).

These studies provide initial support for the findings of the current study and offer very similar perspectives of the events, behaviours, and attitudes that can help or hinder the supervisory experience. The great similarity between these results further support the meaningfulness of these experiences and demonstrates that across different projects, different methods, and different participants, similar results are obtained. It is clear that within the supervision process there are certain elements that must be focused on in order for the experience to be a positive one. Below, the results of the current study are discussed is greater detail and compared more closely with relevant literature to stress similarities and differences.

Model Fit

The argument of whether one model best defines the process and outcome of supervision is one that has received a significant amount of discussion (Morgan & Sprenkle, 2007). As of yet no single model has been demonstrated to stand out as superior and as a result, the interest has focused instead on examining the different facet of supervision that transcend and go beyond any particular model. Due to the intuitive appeal of developmental models, their reliance on the understanding of how learning and development occurs, and the structure they offer to the supervisory process, the framework of the current study was based on the IDM. Although the aim of this research was not to prove or disprove the tenants underlying the IDM, part of the study's purpose was to determine if in fact the IDM was the most accurate way of explaining the dynamics occurring within the supervisory process. This was done in the hopes of contributing to the

literature on supervision as a whole and on developmental models more specifically.

To briefly review, the IDM (Stoltenberg & McNeill, 2010) is based on lifespan developmental theory and posits that as supervisees progress through different stages on their path to competence they will require supervision environments that match their evolving needs. The IDM states that effective supervision is garnered through the matching of supervisory styles and methods to the developmental level of the trainee. As supervisees progress from level 1 to level 3 the areas of motivation, autonomy, and awareness will fluctuate and supervisors are encouraged to match the training environment to the particular level experienced by supervisees. Trainees are thought to move from requiring a high degree of structure and direction towards less structured and nondirective supervision (Stoltenberg & McNeill). This alignment between supervisors and supervisees is posited to best support the developmental trajectory with the end goal of competence attainment.

Following with the tenets of the IDM, one of the assumptions for the current study was that the types of critical incidents recounted by both supervisors and supervisees would be somewhat dependent on the level of training of supervisees. In other words, it was thought that the incidents described by supervisees would differ depending on their developmental level, and that the incidents offered by supervisors would differ depending on the developmental level of their supervisees. In following with this idea, the methodological design of the study was construed in a way to facilitate the recruitment of supervisees at

various stages in their training, and supervisors who worked with supervisees at various training stages. The resulting pool of participants successfully represented a range of supervisee training levels, from first year masters students to pre-doctoral interns.

As evidenced by the results, however, the IDM did not appear to be a helpful way of discussing the critical incidents that were brought forth by participants, as the broad range of incidents were not related to training level. Commonalities, more so than differences, amongst incidents were noted across levels to the point where it did not make sense to break down the incidents according to training level. For example, based on information provided by the IDM it would have been probable for incidents regarding support to be discussed by beginning-level trainees while incidents regarding self-reflection to be discussed by more advanced trainees. Instead, these categories were comprised of incidents that reflected all supervisee training levels. Just as some beginning masters-level participants shared the importance of being asked questions that encouraged self-exploration, participants at the pre-doctoral level expressed their appreciation for supervisors who demonstrated care, support, and empathic understanding. The categories that emerged thus cut across all supervisee developmental stages, and the decision was made to not include levels of training when reporting the incidents.

These results were unexpected and merit consideration. Although they in no way refute the IDM as a viable model for supervisors to follow, they do provide an alternative way of exploring what occurs in the supervision process.

Could it be that what supervisees consider important cuts across developmental

levels? Is it possible that there are key features within the process of supervision

that are either going to effectively help or hinder growth, regardless of whether

trainees are in their first week of the program, or nearing the completion? The

results of the current study provide evidence for the affirmative response to these

questions. Reviewing the categories that emerged from the incidents provides

some indication as to the experiences that are considered either beneficial or

detrimental to learning. It is suggested that these should be taken into

consideration regardless of trainee level. While the IDM posits that certain critical

features will change as supervisees gain competence – for example, supervisee

self-awareness, feelings of anxiety, autonomy, and requirements for specific

guidance – perhaps these features instead remain fixed as important requirements

throughout development.

      The results of the current study are supported by other researchers who

have also found a lack of support for developmental models of supervision (e.g.,

Allen et al., 1986; Jacobsen & Tanggaard, 2009) and have commented on the lack

of consistent empirical support (Bernard & Goodyear, 2009). It appears that often,

even when supervisors reportedly align themselves with a development model,

they tend to offer very similar supervision regardless of their trainee's level of

experience (Summerall et al., 1998). In others words, even those who identify

themselves as practicing differently depending on their supervisee's level of

development when studied closely actually tend to not do so. Instead, they share

many of their approaches across supervisee expertise, such as providing support,

encouragement, advice when required, and challenges as appropriate. This conclusion aligns well with the results of the current study, which as reported do not discriminate between developmental levels and indicate that supervisors behave similarly towards supervisees regardless of their level of training.

Broadly speaking, the results of this study can be interpreted as highlighting the more common elements that are considered critical above and beyond the supervisory model used. The supervisors involved directly in the current study (by being interviewed) and indirectly (by being discussed by supervisees who were interviewed) came from various theoretical orientations and adopted different models of supervision to work with clients. Many of the supervisors actually admitted to not following any specific model at all, and instead performing supervision by using similar approaches to those used when conducting therapy, and building on how they were supervised in the past. Giving this lack of consistency across the supervisors it is interesting that the incidents discussed could still be categorized in an effective way, giving increased credibility to the idea of common factors.

Although the common-factors approach has received increased scrutiny and appears to offer a comprehensive and logical way of viewing the supervisory process, it is unlikely that "it will emerge as the best way to supervise everyone under every situation" (Morgan & Sprenkle, 2007, p. 7). Human beings are complex individuals who will not all react similarly to every situation, nor require the same kinds of support and guidance. Further, supervisors are unlikely to drop their theoretical orientations or model approaches (if they have one) in favour of a

common-factors approach. However, at this stage of knowledge it may be beneficial for supervisors and supervisees to make themselves aware of the common factors that characterize effective supervision in hopes of providing a positive learning environment. This does not mean abandoning a favoured model but rather ensuring that the model incorporates the factors that have been identified as important to the supervision process. In this way psychologists-in-training are likely to obtain the most benefits from this important part of their education.

Where models are concerned, the results derived from this study point more strongly towards what have been classified as social-role models of supervision that do not prescribe to a specific counselling theory but instead are more descriptive in nature, providing a framework for the different roles that supervisors embody (Morgan & Sprenkle, 2007). In this way, they represent ways in which supervisors can assist supervisees master the required skills to effectively conduct therapy (Morgan & Sprenkle,). Although the results of the current study were not categorized in terms of supervisor roles, they can easily be regarded in a similar vein. As mentioned in the literature review, the most commonly-known social role models are those developed by Bernard (1979) and Holloway (1995).

To recapitulate, Holloway's (1995) model discusses five supervisor functions: (a) monitor and evaluate, (b) instruct and advise, (c) model, (d) consult, and (e) support and share, along with five supervisory foci: (a) counselling skills, (b) case conceptualization, (c) professional role, (d) emotional awareness, and (e)

self-evaluation. Bernard's (1979) discrimination model suggests that the supervisor embody three roles: that of teacher, counsellor, and consultant. The supervisor's functions are to help trainees obtain intervention skills (techniques and behaviours for optimal counselling), conceptualization skills (ability to understand the client's presenting problem and contributing factors), and personalization skills (ability to receive feedback from both the supervisor and the client, and be comfortable with one's own values, attitude, and feelings). Bernard posits that based on the situation, supervisors can help their trainees master these skills in various ways. Supervisees are encouraged to best optimize their experiences of supervision by working with supervisors to determine what role will best support their needs at any given moment. Supervisees can play a part in this process by sharing their needs with supervisors and expressing what kind of support would be most helpful. They can also optimize their experiences by adopting attitudes of openness and flexibility.

Social-role models offer a useful way to organize and make sense of the incidents that were discussed by the participants. More specifically, Holloway's model appears to be the one that provides the best fit and framework for the results of this study. Following the tenets posited by the above models, the categories that were developed as a result of the incidents cited can be delineated as roles that supervisors embody that either lead to effective or ineffective competency development in supervisees. Below, each category that emerged from the current study is discussed in depth and presented from a social-role perspective.

Support

The most frequently-discussed incidents in this study where those concerning perceived support (or lack thereof) from supervisors. Participants described many positive experiences that centered around supervisors showing concern, encouragement, validation, and empathy and the effect this had on supervisees' growth, motivation, and overall experience. A supportive presence allowed the supervision process to follow a safer and more comfortable trajectory, with supervisees feeling that their supervisors were invested in their development as psychologists-in-training. Exhibiting supportive behaviours further enabled supervisors to develop and sustain a strong working alliance with supervisees, allowing them to better resolve disagreements and clear up uncertainties. Conversely, lacking in these supportive characteristics resulted in supervisory experiences that were described as very negative and damaging to supervisee's development. Unsupportive behaviours coloured supervisees' experiences, making them less likely to feel comfortable sharing sensitive information and working through challenges. The unsupportive incidents that were described further detracted from the supervisory working alliance and hindered trainees' willingness to disclose information about their therapeutic struggles. Incidents that were described as personally critical and attacking inflicted even further damage, significantly detracting from supervisees' competency development and impacting their sense of self. Thus, from the participants' responses it appears that supervisors' supportive acts, tendencies, and behaviours can significantly work to enhance or harm the supervisory process.

These supportive behaviours offered by supervisors can be described in terms of a social role of supporter, including acts of encouragement and empowerment. When embodying this role, supervisors can offer supervisees a climate of safety, flexibility, and care that can contribute positively to their learning. Being a supportive presence offers supervisees the possibility of exploring, making mistakes, and discussing challenges with supervisors knowing they will be understood and validated. This role shares many similarities with Holloway's (1995) role of "support and share". In both cases the supervisor's role is that of making themselves available for supervisees, offering words of understanding when difficulties arise, and overall demonstrating their care, concern, and investment to supervisees. Supervisees can influence this relationship as well, through their receptiveness to their supervisor's actions and their expectations for supervision. Supervisees who are able to openly communicate with their supervisors and share their thoughts while being open to supervisors' comments are more likely to encourage supervisors to continue being supportive. On the other hand, when supervisors do not embody this role and lean instead towards unsupportive, critical, or attacking behaviours the well-being and learning of the supervisees suffers. If supervisors then stray even further into undesirable behaviours similar to those evident in the incidents deemed critical and attacking, the welfare of the supervisee endures an even more significant assault. Thus, what can be concluded is that if the supervisor embodies the role of a supporter, the supervisee benefits, and when they do no embody this role and/or choose even more critical and extreme behaviours, the supervisees suffer. It is

perhaps this role as supporter that is most important for the supervisor to embody, as it provides the essential foundation for further learning.

The importance of a supportive presence in the supervisory process is not a novel finding. Time and time again the literature has discussed and highlighted the pivotal importance of the supervisory relationship – an alliance that if characterized by positive, caring, and supportive behaviours is a vehicle for effective supervision (Bernard & Goodyear, 2004; Ladany, 2004; Shanfield et al., 2001). It is an often-cited finding that the quality of the supervisory alliance is strongly associated with supervisee satisfaction with supervision (Bernard & Goodyear, 2009). A supervisor who conveys an attitude of respect, empathy, validation, encouragement, and affirmation are able to develop a relationship and maintain a strong alliance with supervisees, allowing them to feel safe. Respect and warmth, flexibility, interest, engagement and encouragement all define a "good" supervisor (Watkins, 2011). This sense of safety is pivotal in a supervisee's training, as they must feel trusting enough to overstep their comfort zone and make mistakes if learning is to occur. Further, a good working relationship between supervisor and supervisee is predictive of how quickly problems will be resolved and how quickly supervisees will progress in their training (Bradley & Ladany, 2001) and increases the self-disclosures offered by supervisees (O'Donovan et al., 2011). Finally, research indicates that a supervisor's ability to foster a strong working alliance with their supervisee may translate to supervisees successfully negotiating a strong therapeutic alliance with

their clients (Tebes et al., 2011), which in turn can positively influence therapeutic outcome (O'Donovan et al.).

A category that emerged separate from the category espousing support was that of encouragement and empowerment. This category is discussed here as it shares many similarities with the behaviours deemed supportive. A separate category for these types of incidents was created in the results because in hearing the participants speak it appeared that there was something inherently distinctive about these events. They were heavily characterized by supervisor behaviours that helped supervisees feel proud of their skills, believe in their abilities, attempt to handle cases independently, and bolstered motivation and personal strength. The supervisees were often made to feel that their supervisors thought highly of their skills and actively sought out their ideas and opinions. Often, a more collaborative relationship developed as a result.

In the literature, the traits of encouragement and empowerment are often included in discussions of support and positive experiences. Studies and reviews often tout the importance of the supervisor being an encouraging figure in the trainee's professional like (e.g., Hart & Nance, 2003; Wheeler & Richards, 2007) and link this to the development of self-efficacy. Self-efficacy, or the belief that one has the ability to effectively carry out a task, has been connected to effective counselling action and as such is an important component of supervision (Larson & Daniels, 1998). It is easier for someone to believe in their own skills if others in their professional life (i.e. their supervisors) demonstrate confidence in them first; thus, supervisors who exhibit traits of encouragement and empowerment are

likely to increase trainees' self-efficacy, thus positively influencing their work with clients. It can lead supervisees to continuously challenge themselves and grow their skill set by taking on bigger challenges instead of staying in a zone that feels comfortable and safe. Greater learning is thus likely to occur, particularly if these challenges are embarked upon in a safe and trusting environment. This safe climate is paramount, as it allows supervisee to feel comfortable making mistakes, stretching their comfort zones, and taking risks without fear of negative repercussions from the supervisor. When the supervisor shows trust in the supervisee's work and judgment, it empowers the supervisee to do what feels right and to follow his/her emotional instincts.

Positive experiences lead to positive emotions which in turn build up personal resources and promote flexibility, creativity, and original thinking (Frederickson, 2001). Thus, welcoming supervisory experiences have a largely helpful impact on supervisees' development, as evidenced by the comments made by many participants of this study. However, negative experiences induce negative emotions which have the opposite effect and lead to a restricting of an individual's learning and growth (Gazzola & Theriault). Thus, when supervisors embody more the role of a non-supporter over the role of a supporter, supervisees described their experiences as stunting their learning and hindering their ability to change and grow. This was very clear in some of the incidents described by the participants in the current study, where supervisees talked about feeling personally attacked and criticized as a result of something they did (or did not do). These perceived attacks were not only about their lack of skill or knowledge, but

rather penetrated more deeply to the core of their personality, causing supervisees to feel that their supervisor was criticizing who they were as a person, not only as a clinician. These behaviours were regarded as extremely hindering to the learning environment and significantly detracted from supervisees' ability and willingness to effectively engage in the supervisory process.

Other literature supports findings from this study. For example, a study by Gazzola and Theriault (2007) found that supervisors who are inflexible, provide inadequate feedback, show a lack of sensitivity, and promote dysfunctional relational dynamics inhibit supervisee's ability to expand their skill-set and develop into maximally competent therapists. Inflexibility, as corroborated by results of this study, lead trainees to feel they have to conform to their supervisors' method of choice and their willingness to explore other methods of working. Interpersonal difficulties between supervisors and supervisees stemming from unsupportive supervisor behaviours can exert further negative consequences. Supervisee non-disclosure, or the withholding of important information during supervisory sessions, occurs more frequently when supervisors are regarded as judgmental and uncaring (Yourman & Farber, 1996); as satisfaction with supervisors increases, rate of non-disclosure decreases. A few of the incidents discussed by the participants in the current study support the difficulty in making oneself vulnerable to supervisors, particularly when supervisors have already established a climate of shaming or embarrassing the supervisee. If supervisees feel they will not only be not supported but will further be demeaned as a result of sharing information, they are much less likely to open up to their supervisors. Not

surprisingly, negative reactions to supervisors account for the material most frequently not discussed (Ladany, Hill, Corbett, & Nutt, 1996). As non-disclosure may lead to a lack of discussion of important clinical and interpersonal issues, it is wise for supervisors and supervisees alike to be aware of this possibility and engage in an open discussion at the start of supervision.

Attacking behaviours on the part of supervisors cause much stress, strain, discomfort, and unhappiness in supervisees, and can be very harmful. In fact, when supervision is experienced negatively by the supervisee a possible consequence is the erosion of supervisees' therapeutic skills (Brosan, Reynolds, & Moore, 2006). Gray and colleagues (2001) explored counter-productive events in supervision and found that when supervisors are critical, vindictive, demeaning, humiliating, and racist, sexist, or homophobic towards supervisees the consequences are extremely harmful. More specifically, trainees suffering under the hands of these supervisors report feeling shame, loss of self-confidence, and overall functional impairment, thus impacting not only their person but also their ability to work effectively with their clients (Gray et al.). A further study found that trainees who reported having experienced harmful supervision developed an increased frequency of health problems and were more likely to switch professions (Nelson & Friedlander, 2001). Sometimes it is administrative or role constraints that induce disagreements or conflicts between the supervisory dyad. As expressed by a few of the supervisors in the current study, a common experience was feeling torn between duties as an employee and duties as a supervisor. These administrative impediments have been cited by others (Veach,

2001) and reflect the constant struggle some supervisors have to navigate as they straddle the fine line between roles and responsibilities.

Incidents of being shamed were also discussed by supervisees. Being shamed by the supervisor was regarded as a considerable personal attack that, although perhaps meant to motivate supervisees, achieved everything but that. Although research indicates that supervisees "will inevitably experience some shame in supervision" (Talbot, 1995, p. 245) this shame is most often a result of the gap between the actual self and the ideal self, and the supervisees' reluctance to reveal their weaknesses to supervisors. This experience of shame, although also detrimental, is not as impactful as shame that is directly caused by supervisors' criticisms. Instead of inflicting feelings of shame, supervisors will best serve their trainees by being alert to their disguised shame, exploring the feeling of shame in supervisees, and modeling and encouraging supervisees to work through this emotion (Talbot). Of course, this can only be done in an atmosphere that is considered safe and supportive, thus reiterating the essentiality of a caring working alliance.

Some experience of conflict in supervision is inevitable and will occur regardless of the strong bond that is developed between supervisor and supervisee (Nelson, Barnes, Evans, & Triggiano, 2008), partly due to the evaluative nature of supervision, a facet that consistently underlies all that is undertaken. Conflict can even be regarded as useful, something that is necessary to clarify understanding and improve the working alliance. However, both members of the supervisory alliance must be willing and able to work through the challenges if conflict is to

have a positive impact on the process. This is much less likely to occur when the conflict is a result of supervisors offering critical and demeaning remarks to supervisees when their skills or behaviours do not match the supervisor's expectations. Exploring the benefits of supportive behaviours and the significant detrimental impact of unsupportive and attacking behaviours highlights the importance of working through conflict whenever possible. In most situations it is the responsibility of the supervisor to anticipate what impasses can occur, avoid them as much as possible, and plan for ways to address these conflicts when they will inevitable occur (Nelson & Friedlander, 2001). Unfortunately it appears that many supervisors likely receive little to no training in the successful management and resolution of conflict, leaving them to improvise when such impasses do occur (Nelson et al., 2008). As such, it can be helpful for supervisors and supervisees to discuss conflict management strategies at the start of supervision in an attempt to not only anticipate such problems but come to a mutually agreeable future-focused resolution. This discussion is also likely to promote a collaborative working relationship and help supervisees understand both their roles and responsibility in the resolution of disagreements (Veach, 2001). As remarked by a participant in the current study, standing up to his supervisor after a disagreement enabled a fruitful discussion and a constructive resolution of the conflict. This not only bolstered the supervisee's self-esteem but also strengthened the relationship he held with his supervisor and positively impacted subsequent supervisory experiences.

The role of the supervisor as a supportive presence in the supervisees'
training is thus not only important but essential. Regardless of the supervisees'
experience level, technical expertise, theoretical orientation, or context, support is
absolutely required. There is a significant amount of literature that provides
evidence for the types of supervisor behaviours that characterize good supervision
and the types of behaviours that characterize poor supervision. It is essential that
supervisors be aware of the impact their demeanour has on their trainees so as to
diminish the presence of unresolved conflicts. In this way, the supervisory process
is likely to benefit from a stronger working alliance and a greater impact on the
competency development of psychologists-in-training.

Feedback

The individualized approach of giving feedback was seen as a rich
component of supervision, with both members of the supervisory dyad
highlighting the importance and necessity of both positive and constructive
feedback. Receiving positive feedback often bolstered supervisees' beliefs in their
own abilities and provided a foundation for them to grow upon. Discussions with
supervisors regarding what had been well done and the progress that had been
made over time was expressed as a very positive and enriching experience. This
type of feedback was not only helpful but absolutely necessary: it provided
supervisees with the opportunity to gain confidence, continue to engage in
effective therapeutic behaviours, and build upon their foundation of knowledge.
Supervisors who were able to communicate specifically what supervisees were
doing well, how they were doing it well, what could be improved, and how their

skills had changed over time were regarded as supportive, encouraging, and challenging.

In addition to positive comments, participants also emphasized the value of constructive feedback. Although not considered as straightforward as positive feedback, constructive feedback was regarded as equally necessary to the learning process. Trainees are exactly that – in training – and as such require information about strengths and weakness, how to do things differently, and how to improve. Participants in this study, particularly supervisees, often remarked on the necessity of constructive feedback and how it could help improve skills and knowledge. Supervisees expressed frustration if constructive feedback was not received and even talked about losing faith in their supervisor if they only received positive comments about their skills without obtaining additional insights into how they could improve. Often, supervisees are aware of their lack of knowledge and skill and are not content with simply being told they are doing a good job. Supervisees themselves often request constructive feedback, as expressed by some of the incidents shared by the participants in the current study. Hearing about areas of weakness and how to improve on those weaknesses led supervisees to gain confidence and trust in supervisors. It is clear from the comments and incidents discussed that receiving constructive feedback is as important, if not more so, as receiving positive and supportive comments. Particularly for those students motivated and eager to improve, working with a supervisor who offers little to no constructive criticism can be a frustrating experience.

The importance of feedback and evaluation can also be described in terms of a social role. Here the role of the supervisor is to offer feedback and be an effective evaluator. This fits with one of the roles demarked by Holloway (1995), namely that of the supervisor as someone who monitors and evaluates. Clearly supervisors have the responsibility of ensuring that supervisees' competence is increasing over time and that their ability to conduct effective therapy is advancing. Supervisors must thus engage in a continuous process of feedback (both positive and constructive) that identifies areas of strength and areas of weakness, and offer suggestions for those skills requiring growth. Adopting this role also means grappling with conflicts within feedback and evaluation when they arise, and having discussions with supervisees regarding the delivery, quantity, and frequency of feedback.

The comments made by the participants in this study fit well with information garnered from the available research. Supervisors are gatekeepers of the psychology profession and must honour the responsibility of having to provide corrective feedback to trainees, to remediate problematic behaviour and improve competence (Green, 2011). The crucial importance of feedback within the supervisory process is frequently discussed in the literature, and the giving and receiving of feedback is central to the supervisory experience (O'Donovan et al., 2011). This is perhaps not surprising, as competency growth occurs most consistently when trainees are offered information regarding their level of skills and ways to improve. As stated by Chur-Hansen & McLean (2006) skill improvement cannot hope to be developed solely through practice, but rather

through practice that is coupled with effective feedback. It is clear, however, that effective feedback is neither easy to deliver nor obvious as to its components. There is more to feedback than simply filling out a form, and it requires a certain level of tact, clarity, knowledge, and timeliness. As corroborated by participants in the current study, the purpose of feedback is not only to praise and identify supervisee strengths but also to identify areas of improvement and strategies to navigate the road to improvement (Chur-Hanson & McLean).

However, providing effective, constructive feedback is not an easy task. Participants in the current study related how it was challenging to discuss competency concerns with supervisees, no matter how small. An often-expressed consequence of this was letting certain ineffective or even harmful supervisee behaviours continue beyond what they should have, thus potentially impacting the client. When these concerns were discussed the supervisees were often caught unaware and surprised, and sometimes this resulted in a deterioration of the supervisory alliance. It is clear that constructive feedback is not easy to give and can be a very delicate process. One reason offered by the literature on why it is difficult for supervisors to offer constructive feedback is the fact that often, giving feedback that in some ways criticizes the supervisee does not fit with the general personality of psychologists – who often pride themselves on being empathic, supportive, and understanding (O'Donovan et al., 2011). It can be difficult to balance this non-judgmental side of being a supervisor with the need to critically evaluate and comment on behaviour improvement. It has been suggested that supervisors resolve this tension by making unrealistically positive evaluations of

their supervisee's performance (Gonsalvez & Freestone, 2007). Further,

supervisors may hesitate to fail an incompetent supervisee or discuss remediation

strategies in order to avoid causing a rupture in the supervisory alliance

(O'Donovan et al.). This was evidenced in a few of the incidents reported in the

current study, where supervisors discussed knowing that their trainees were not

achieving expected competence but hesitating to offer suggestions for

remediation. The ability of supervisees' to be receptive to constructive feedback

can also influence its delivery. If supervisors have reason to believe that the

feedback will be received poorly, will be construed as criticism, and may cause

problems in the supervisory relationship, they may refrain from offering it. There

may also be an implicit assumption that giving critical feedback will lower

trainees' self-esteem, and that higher self-esteem is always preferable (Nicol &

Macfarlane-Dick, 2006). This assumption is likely to lead to negative feedback

being mainly or altogether avoided, or given in an unclear manner (Ladany,

2004). The consequence of this lack of feedback is felt not only in the immediate

supervisory relationship but more broadly (and arguably with greater impact) on

the welfare of the supervisees' clients, both present and future.

It is clear then that it is of paramount importance for supervisors to

communicate openly with supervisees regarding both effective and ineffective

behaviours, and to be proactive in sharing concerns with supervisees regarding

how and where they can improve. Doing so not only instills confidence in the

supervisor's judgment but is also likely to increase the supervisees' competence

and their ability to work effectively with clients. The balance between being

supportive and being challenging is one that is crucial yet difficult to achieve

(Bernard & Goodyear, 2004; Gazzola & Theriault, 2007; Hahn, 2001). Following

the guidelines offered by formative feedback can help direct supervisors how to

offer constructive criticism to supervisees. Giving continuous feedback, pointing

out areas of improvement, balancing what is good with what is not so good, and

offering suggestions for ways to improve are all effective possibilities (Chur-

Hansen & McLean, 2006). Feedback should be delivered in an ongoing and

timely manner, and trainees should be given the opportunity to respond to the

feedback and discuss the outcomes appropriately. Further, feedback is best

delivered soon after the learning task or behaviour has been completed and

whenever possible should be based on actual observed behaviour. Thus, it is

recommended that supervisors either sit in on supervisee's therapy sessions or at a

minimum review videotapes or audiotapes of supervisee's work. This can not

only assist them in garnering a much clearer picture of their supervisee's work,

but allows the feedback to become more detailed and linked to specific actions

that have been observed (directly or indirectly), giving supervisees a good idea of

what skills need improvement. This is likely to lead to a much more fruitful

learning experience for supervisees and will help them more quickly reach the

goal of independent practice. If this cannot be done, the feedback should be based

upon the descriptions offered by supervisees.

Naturally, supervision consists of two individuals, and supervisors should

not be regarded as solely responsible for the dynamics that occur. The manner in

which supervisees accept, request, and view feedback is just as important as how

it is delivered. It is likely to be significantly more difficult for supervisors to

deliver feedback – particularly constructive feedback – if the supervisee is

deemed to be rejecting or resistant of that feedback. When supervisees are

deemed to be not closed to feedback they are often described as resistant,

defensive, uncomfortable, not receptive, fragile, and immature (Hoffman, Hill,

Holmes, & Freitas, 2005). When feedback is delivered in this climate it is likely

to not have its desired effect and instead may negatively impact the supervisory

working alliance, making it even more difficult for subsequent feedback delivery.

Supervisees who adopt this attitude can be concerning for supervisors, as the

acceptance and incorporation of feedback is paramount to the development of

competency (Grant, Schofield, & Crawford, 2012). Displaying a rigid and

resistant attitude to suggestions for change can cause further worry given the

likelihood that the supervisee's client, by default, may also be impacted.

Supervisees thus have the responsibility to cultivate within themselves an open

attitude that conveys a willingness, eagerness, and interest in hearing and

incorporating feedback. This presentation is likely to indicate to supervisors that

they are committed to growth and development and are ready to take advantage of

the supervisory relationship as the appropriate avenue to pursue this goal

(Hoffman et al.).

It is not necessary for supervisors to adopt an "either my supervisee is

open or he/she is not" attitude when beginning the supervisory relationship. It can

be helpful to have a conversation with supervisees regarding expectations for

feedback early on, to set goals collaboratively and discuss mutual hopes. Further,

it can be important to have a discussion regarding how supervisees can best prepare for supervision. Supervisees who come prepared with case descriptions, specific questions, and areas of challenge can facilitate fruitful discussion. Developing an agreement that includes the trainee taking responsibility for listening to and incorporating feedback, and the feedback being delivered in a consistent, frequent, and timely manner, can reduce potential hiccups later on (Green, 2011). The use of standardized measurements such as self-rating scales and objective rating scales based on behavioural criteria can help reduce the anxiety surrounding how feedback will be presented (Urbani et al., 2002). Encouraging frequent discussion about the feedback and checking in with supervisees regarding their understanding and agreement with the feedback given can also be helpful. Asking trainees to contribute to the process of feedback by asking questions or stating their disagreement can lessen the experience of potential conflict as time goes on. Further, frequent check-ins regarding the experience of feedback can open the door for conversations around issues or concerns, decreasing the possibility of alliance ruptures.

Feedback is often regarded as even more intimating when it is presented within the context of evaluation. Participants in the current study made a natural link from feedback to evaluation and often discussed these facets similarly, viewing evaluation as inextricably tied to feedback. Participants who were pleased with their supervisor's approach in this regard cited having open discussions about the process of evaluation, feeling as though they had a say and could offer ideas on ways to evaluate, and being comfortable with the knowledge

that expectations were explicitly stated and followed. Those that were disappointed or frustrated with the process cited never talking about evaluation, not knowing how they were being evaluated, and feeling as though their mid or end-term evaluations were not based on actual observed work. Supervisors who were effective in giving feedback were also skilled in their evaluation practices and resulted in supervisees feeling they were being evaluated fairly and adequately.

The evaluation of supervisees is as essential aspect of being a supervisor, although not an easy one. Evaluation can often promote fear in supervisees, particularly if the process of how evaluation will be conducted has not been discussed (Haesler, 1993). One way to minimize uncertainty around the process of evaluation is the use of a supervision contract that clearly outlines expectations and evaluations procedures (O'Donovan et al., 2011). A contract is associated with lowered supervisee anxiety (Ellis, Ladany, Krengel, & Schult, 1996) and can contribute to supervisees feeling that they can be more open and honest about their concerns (Bahrick, Russell, & Salmi, 1991). As mentioned by some of the participants in the current study, presenting a contract fostered a discussion of the supervision experience and helped supervisees feel their opinions were being valued and incorporated. This enabled a more collaborative relationship that in and of itself facilitated the delivery and acceptance of feedback. Using standardized evaluation tools as opposed to self-made scales can also be effective, particularly with trainees who are underperforming (Bogo, Regehr, Power, and Regehr, 2007).

In sum, feedback is a critical aspect of supervision that can significantly benefit the trainee, positively affect the supervisory working alliance, and promote learning and development in the therapeutic realm. The usefulness of feedback will depend both on the supervisor's skills in offering comments and constructive criticisms as well as the supervisee's ability and willingness to understand and assimilate the feedback (Chur-Hansen & McLean, 2006). It is important to promote understanding in supervisees regarding their role in hearing and accepting feedback. When offered in a climate of trust and safety, effective feedback can empower trainees to perform at their best and use information obtained to improve their knowledge and skills. As the goal of supervision is to lead supervisees towards independent practice, it is important to directly involve trainees in the delivery and assimilation of feedback as well as in the development of accurate self-assessment (Nicol & Macfarlane-Dick, 2006). In this way, supervision is likely to offer the most impact to those learning to become effective clinicians, and offer helpful remediation processes to strengthen weaknesses.

Process-Based Supervision

The supervisor as adopting a role that encourages process-based exploration is one that is not discussed by either Holloway (1995) or Bernard (1979) in their respective social-role models. However, it was discussed extensively by the participants in the current study. An important aspect of supervision was observed as an avenue to discuss countertransference, biases, reactions, and otherwise process-based experiences of the therapist. Fostering self-reflection while focusing on the process of therapy helped deepen

supervisees' understanding of the varying dynamics involved and often broadened

their understanding of therapeutic dynamics. This allowed supervisees to better

observe the factors most prevalent to their own development, better equipping

them not only for the current training environment but for future independent

practice. Exploring one's own reactions as a therapist can be pivotal as so much

of what transpires in therapy is due to the interpersonal dynamics between

counsellor and client. A supervisor that is able to invite this type of exploration is

likely to significantly benefit not only the development of the therapist but the

impact on the client as well.

The emphasis on process is strongly supported by the literature. Studies

investigating the importance of self-reflection for novice and expert therapists

alike abound (e.g., Orchowski, Evangelista, & Probst, 2010; Shanfield et al.,

2001; Stahl et al., 2009). Exploring supervisee perceptions, values, and reactions

is as important as teaching specific skills and techniques (Nassif et al., 2010).

Reflectivity, defined as "the cyclical process whereby individuals engage in a

critical evaluation of their affective, cognitive, and behavioural experiences"

(Orchowski et al., 2010, p. 51) has been shown to foster insight into problem

solving and ethical decision making. Reflectivity is a process that needs to be

fostered and guided, and the supervisory environment is an excellent avenue for

that (Stahl et al., 2009). Exploring supervisee's thoughts, reactions, feelings, and

behaviours can lead to a better understanding of the therapy process and is likely

to enhance the skills of the therapist (Neufeldt, Karno, & Nelson, 1996).

Reviewing and discussing problematic therapy sessions with a supervisor can help

students develop a better understanding of the client, themselves, and the interactional process, and can pave the way for alternative clinical interventions (Moffett, 2009). It is no wonder, then, that supervisees in this study cited the ability to talk about their own reactions towards clients as a pivotal aspect of their training. Fostering a reflective attitude among supervisees is clearly a valuable and effective way to optimize the development of clinical skills. Additionally, it paves the way for lifelong learning and the consistent awareness of one's own actions and the effects on clients, skills that are critical regardless of the stage of experience (Orchowski et al., 2010). Self-reflection also enables the recognition of personal impairments and encourages therapists to look beyond content to the underlying process of therapy. If the ultimate goal of supervision is for each supervisee to learn how to effectively monitor himself or herself, then learning to reflect on one's work is a pivotal step in the process (Moffett, 2009).

Although empirical research has yet to determine the effectiveness of one specific intervention over another (Orchowski et al., 2010), there are multiple ways in which supervisors can foster self-reflection and process-based discussions with their trainees. As stated by some of the participants in this study, the simple act of asking questions about reactions and behaviours can enable supervisees to look inward and explore how their underlying biases are influencing their work with clients. Often named the Socratic Method (Overholser, 1991), these questions foster self-initiated discovery and pave the way for supervisees to find their own answers with little influence from the supervisors (Overholser). Questions encourage critical thinking and leave it up to the supervisee to express

his/her opinion, offer evidence for it, and decide whether to accept or reject it (Seeskin, 1987). Open-ended and nonjudgmental questions aimed at focusing on a particular experience and extracting the trainee's reactions (Colton & Sparks-Langer, 1993) allow them to take ownership of their experiences in a safe and supportive supervisory environment, and can have very positive effects on the course of therapy (Overholser). Further, it enhances the attainment of knowledge and skills by promoting reflection and self-discovery (Nassif, Schulenberg, Hutzell, & Rogina, 2010).

Other researchers have developed various models of self-reflection that although similar to the Socratic method, have their own unique characteristics. For example, Moffett (2009) discusses a model of directed self-reflection whereby the supervisor generates a list of specific questions that are often cited as problematic for trainees and at the beginning of supervision instructs the trainee to reflect on and respond to the questions without censoring their answers. Trainees are assured that their answers are private and that they need only discuss what they choose with their supervisor. Although this method relies on the trustworthiness of the supervisee to complete the task, it does lay the groundwork for what is expected in terms of reflecting on one's own work. A similar reflective model was developed by Ward and House (1998) and discusses the need for supervisors to focus on open-ended thematic observations to encourage a shift from content- to process-oriented conversations. These authors talk about the importance of fostering trainee tolerance for multiple hypotheses and highlight the

need for consistent self-assessment. Further, they cite the importance of trainees taking on increased ownership of their clinical decision-making.

Another way of introducing this type of supervisory instruction is to include it in a contract at the start of the supervisory relationship (Orchowski et al., 2010). This helps the trainee become aware of the expectations of their supervisor and can allow a smooth transition into discussing the importance of self-reflection and self-awareness (Orchowski et al.). Journaling is an additional way to engage in reflective practice and can promote critical thinking and professional growth (Billings & Kowalski, 2006). Journaling can be made into a more structured activity if necessary, or can be a flexible approach that is adopted by trainees when necessary. Of course, before supervisors can hope to instil these skills in their supervisees they must be effective reflective practitioners themselves (Orchowski et al.). It can be critical, then, for supervisors to model reflective practice for their trainees.

Interpersonal process recall (IPR; Kagan, 1980) has become a popular method for inducing self-reflection. Here, the supervisor and supervisee review a tape together and stop the tape when interesting dynamics are occurring. Then, the trainee is encouraged to answer questions about that portion of the tape and reflect on any observations and reactions both at that moment and during the therapy session. Although IPR is a lengthy and time-consuming process, it has been deemed an extremely productive and helpful supervision task (Bernard & Goodyear, 2009).

Regardless of what approach is taken, the emphasis on self-reflection and process-based discussions emphasizes that meaningful learning can only occur through the self-examination of biases, assumptions, behaviours, and patterns of interaction (Ward & House, 1998). This is supported by the findings of this study that emphasize, from the perspective of both supervisors and supervisees, the critical necessity of incorporating self-reflection throughout the supervision process. As with other supervisory interactions, fostering self-reflection can only occur in a climate that is considered safe, supportive, and encouraging (Orchowski et al., 2010). It is common for supervisees to experience anxiety and uncertainty particularly in the early stages of their training that is likely to prevent them from engaging in open self-reflection (Corcoran, Kruse, & Zariski, 2002). Thus, establishing a positive, supportive, and empathic environment is a critical and necessary step. The role of the supervisor as one who encourages and models acts of self-reflection, self-awareness, and examination of the process of therapy can be extremely beneficial to the competency development of psychologists-in-training.

Supervisor as Teacher and Role Model

Supervisors in the current study were described, or described themselves, as occasionally adopting behaviours regarded as directive and didactic. Through the critical incidents that emerged, both supervisors and supervisees discussed the importance and benefits of this more didactic form of supervision. Didactic approaches ranged from vicarious learning opportunities to watching supervisors in action to being told what to read or how to implement a particular technique.

Using examples from their own practice helped supervisees model similar behaviours and be more aware of how they could hope to handle a similar situation. Supervisees highlighted these incidents as allowing them to learn not only through theoretical concepts but through real stories and, at times, live observation.

The more hands-on role of teacher and role model is necessary throughout the training of supervisees and one that is discussed in the social-role model outlined by Holloway (1995). Holloway supports these more didactic behaviours of supervisors, discussing them as one of the five roles that are critical for supervisors to embody throughout their time with trainees and more specifically, as one of the predominant roles of supervision. Sharing insights, thoughts, and advice on how best to proceed with a client can be seen as having a significant effect on the development of competence. The role of teacher is one that may be taken upon in varying degrees by supervisors and may fluctuate depending on the supervisees' level of training (Stoltenberg & McNeill, 2010). For example, it is possible that early on in training supervisees may benefit more significantly from a supervisor who shares increasingly directive advice on methods to use and ideas for case conceptualization. As trainees grow and learn, it may be that more directive approaches become less necessary. In other cases, it may be that directive, didactic approaches are requested when working with particularly challenging clients. As was expressed by some participants in the current study, when difficulties arise with clients often supervisors are turned to for guidance and helpful strategies.

An overbearing focus on the role of teacher can, however, be stifling for supervisees. As described by some of the participants in the current study, supervisors who are overly directive and consistently in charge of sessions can cause trainees to feel undervalued and disempowered. This in turn can lessen their motivation to engage in independent thinking and analysis of client concerns, potentially hindering the journey to competence. As always, it is important to maintain an open dialogue with supervisees in order to maximize learning and growth (Gitterman, 2000). Collaborative dialogue with supervisees can help to determine learning style and preference for supervisory roles. Even if supervisees are not yet aware what would be most helpful to them or how they would like their supervisor to approach areas differently, speaking with supervisors about this can be helpful in initiating a clearer understanding. It is not necessary for supervisees to know exactly what they want and do not want; rather, it is important for them to feel comfortable sharing their thoughts and reactions so that together with their supervisor they can identify preferences and requirements. A climate of acceptance and support must be established for supervisees to be willing to share how they best learn and to feel safe making themselves vulnerable (Haesler, 1993). Open discussion, particularly at the beginning of the supervisory process, can help establish preferred ways of teaching and learning, thus ensuring a more effective development of competency.

Not all individuals have the same learning style, and it is important for supervisors to adopt their way of teaching to best suit the supervisees' manner of processing and assimilating information (Gitterman, 2000). To enhance learning

supervisors must adopt teaching methods that are responsive to their supervisees'
different styles, and be flexible enough to change their approach if it does not fit
well with their supervisee. Additionally, it is important for supervisees to
understand supervisors' motivation and reasoning and be flexible in how they
receive teachings from supervisors. Participants in the current study expressed
their appreciation for supervisors' flexibility in presenting information; some
benefitted from their supervisors telling them stories, others learned best by
watching their supervisors work, and still others learned best by discussing
suggested literature with their supervisors. It is these different approaches that
afford supervisees the best environment to build on and stretch their knowledge
and skills.

Of course, some trainees may not be aware of what they want or need
from their supervisors, particularly if they are at the beginning stages of their
development as psychologists (Stoltenberg & McNeill, 2012). Some of the
supervisees in the current study were very clear in their wishes regarding their
supervisors' behaviours, while others did not appear to express a preference.
When supervisees are unsure, it can be effective for supervisors to take on a more
directive role aimed at providing the skills, tools, and knowledge to embark on a
successful journey towards competence. It is important, however, to remember
that it is often not sufficient just to tell supervisees what they need to know.
Modelling these behaviours and attitudes of interest can better assist them
integrate the knowledge base and more effectively entrust that they will apply it to
their work with clients (Holloway & Aposhayn, 1994). It can be helpful for

supervisors to assist bridging the gap from theoretical knowledge to practical work and this can be done through a variety of strategies that place the supervisor in the role of teacher (Gitterman, 2000). Encouraging trainees to bring theoretical knowledge acquired in class to supervision sessions can facilitate role-plays and/or more detailed conversations regarding how to apply particular techniques to clinical work. Further, conveying knowledge to supervisees can lead to the ultimate goal of having trainees find their personal way of performing that best suits their style and orientation (Haesler, 1993).

When supervisors embody the more didactic role of teacher or role model it is inevitable that the power differential between the two individuals will be highlighted. A natural consequence of one member of the dyad being the "teacher" is that the other member will be the "student", and this shift can potentially stir up new relational dynamics. As expressed by some participants in the current study this dynamic does not necessarily translate to a negative experience, but it may require a shift in focus that may not otherwise be present. While some trainees may benefit from and even thrive under this dynamic – perhaps because it can be comfortably similar to their role as a student – others may find it detrimental to their training and development. If the latter is experienced, it can be helpful for supervisors to refrain from adopting the "teacher" role and shift towards becoming more of a role model: one who shares experiences and role-plays possible actions. As expressed by supervisors and supervisees alike in the current study, demonstrating ways of enacting an intervention or therapeutic technique can be extremely helpful and may not be

regarded as purely didactic. This form of mentoring can reveal ways to approach a specific client challenge and can build the repertoire of developing supervisees. It can also provide them a more hands-on approach to theoretical approaches read about in books or journal articles, thus cementing previously abstract concepts.

Supervisor Vulnerability

The supervisor's use of self is a topic that has only recently gained increased attention in the literature. It can be likened to the therapist's use of self in the counselling process, a topic that was first broached by Carl Rogers in his discussion on the importance of therapist genuineness and transparency (Rogers, 1961). Both sets of participants in the current study discussed the positive effects of supervisor vulnerability and supervisor self-disclosure. The supervisees who offered critical incidents within this category shared the impact it had on them to experience their supervisor display personal struggles, discuss clinical challenges, and generally behave in ways that minimized their upper hand in the supervisory hierarchy. These behaviours were immensely appreciated by supervisees because they helped reduced supervisee anxiety about making mistakes and increased the comfort they felt within the supervisory dyad. Hearing their supervisors express similar difficulties with clients helped minimize the uncertainty and tension experienced by supervisees. Supervisors who talked about showing vulnerability and self-disclosing to their trainees also appeared to appreciate the impact this had on the development of supervisee competence.

Although a newer topic in the literature, supervisor self-disclosure and vulnerability has been discussed in similar ways. Various researchers have talked

about the critical importance of supervisor self-disclosure in supervision and its positive effects on supervisees, the supervision relationship, and the supervisee's work with clients (Knight, 2012; Knox, Burkard, Edwards, Smith, & Schlosser, 2008; Knox, Edwards, Hess, & Hill, 2011). Studies investigating the opinions and reactions of both supervisors and supervisees on this topic confirm the beneficial impact of the supervisors' use of self, when used judiciously (Knox et al., 2011; Knox et al., 2008). Typically, supervisor disclosures that are deemed helpful focus on relevant clinical experiences that guide supervisees and normalize challenging work with client (Knox et al., 2011). The type of self-disclosures more frequently made relate to personal issues, clinical experiences, and specific struggles within the clinical context (Ladany & Lehrman-Waterman, 1999). For example, when trainees are seen struggling with difficult clinical situations it can be extremely effective for supervisors to share similar struggles in their past. Through these conversations supervisees are able to view their supervisors as more human. Similar to the critical incidents disclosed by participants of the current study, supervisors who choose to share information about their own struggles help increase supervisee's clinical competence. This in turn can help bolster and solidify the supervisory relationship, thus leading to an overall more effective supervisory experience (Knox et al., 2011).

As stated candidly by one supervisor in the current study, exhibiting personal vulnerabilities within the supervisory experience can exert a strong and beneficial effect on supervisees and decrease the hierarchy that is so present in these relationships. Findings from Ladany and Lehrman-Waterman (1999)

corroborate these thoughts, and suggest that in particular, sharing counselling struggles uniquely influences the emotional bond in this dyad. Sharing these challenges provides the trainee with vicarious learning experiences. However, above and beyond that is also the strong possibility that being open about clinical struggles places the supervisor in a vulnerable position, indicating not only that they trust the supervisee but that they wish to reduce the supervisee's anxiety by reducing the unrealistic portrayal of supervisors as error-free individuals (Ladany & Lehrman-Waterman). As corroborated by supervisees in the current study, viewing their supervisors as more human was beneficial on multiple levels and greatly increased the safety, security, and strength of the supervisory bond. Further, it facilitated honest discussions and encouraged supervisees to be more open and forthcoming about their own professional and personal struggles.

Not all disclosures are helpful, however. Supervisors must think carefully about the nature and reason of their disclosure to determine who will benefit from it and whether it may cause more harm than good. One supervisor in the current study reflected on how a personal disclosure made to a supervisee negatively affected their working relationship. Discussing very personal information that is not relevant to the supervisee's clinical work may cause supervisees to feel uncomfortable, thus impacting the supervisory relationship (Ladany & Lehrman-Waterman, 1999; Knox et al., 2011). Discussion of personal issues can also take away from time intended to be spent on supervision, and may benefit the supervisor's needs more so than the supervisee's needs (Gray, Ladany, Walker, & Ancis, 2001; Ladany & Lehrman-Waterman). It is important to use caution when

deciding what to share and to be aware of the problem of potentially overstepping boundaries and causing an impasse in the supervisory relationship (Knight, 2012). As always, supervisors must ride a delicate balance between what to disclose, how much to disclose, when to disclose, and how to disclose in order to maximize benefits and minimize harm (Knox et al., 2008).

Although it is clear that the supervisor's judicious use of self and ability to use self-disclosure and show vulnerability in an effective way can be extremely beneficial to supervisees, this is not a topic often discussed in supervision training or in supervision models (Knight, 2012). It is recommended that discussions of this nature be incorporated into supervisory training programs and models in order to encourage this practice and increase the benefits reaped by supervisees and in turn by their clients.

Differences between Supervisors and Supervisees

One of the research questions in the current study asked whether the critical incidents were described differently between supervisors and supervisees. The understanding inherent in this question was that the incidents described by these two groups had a likelihood of being discussed in distinct ways, and that noticeable differences would be observed. This was based on the fact that the two very different individuals in the supervisory dyad embodied distinct roles and would be likely to perceive experiences differently. However, for the majority of the incidents this did not appear to be the case. In fact, there was such a high degree of similarity between the incidents described by the two sets of participants that the decision was made to not group them separately during the

data analysis or when discussing the results. As such, the incidents were grouped by theme and although the number of incidents discussed by supervisors versus supervisees was reported and considered, this number did not have significant bearing on the presentation of the results.

The high degree of similarity between both members of the supervisory dyad is perhaps an extremely positive one. It lends support to the idea that experiences in supervision are regarded similarly by supervisors and supervisees. This can be perceived as beneficial because it alludes to the possibility that both parts of the dyad, although embodying very different roles, share similar thoughts and reactions to what transpires in the relationship. Agreeing on what incidents are critical towards the development of competence could mean that both supervisors and supervisees might strive to ensure those incidents occur (or do not occur) in the process. For example, the high agreement of the importance of supportive behaviours is a positive one, as it means that individuals in both roles understand, appreciate, and strive to facilitate the emergence of these behaviours. It would likely be very detrimental to the supervisory alliance and the development of competence of trainees if supervisors were not aware of supportive behaviours and did not highlight these as significant contributors to the learning process. In following with this example, it is also helpful to realize that both trainees and supervisors understand the benefits of effective feedback. Although some supervisors voiced the inherent difficulty in providing constructive feedback, they acknowledged the importance of doing so, just as supervisees voiced their request to receive it. These examples highlight the

benefits of the agreement across incidents that were observed, and bode well for the future of supervisory relationships and experiences. They appear to align nicely with previous work done by Bordin (1983) whose seminal research discussed the three most important factors in effective supervision as being an agreement about the goals of supervision, the tasks used to meet these goals, and a positive emotional bond. Although the current study did not specifically focus on tasks and goals, agreeing on what incidents influence development of competence can be regarded as similar and equally important.

There were two areas in the current study, however, where this sense of shared experience was missing. The category of critical and attacking behaviours included incidents expressed solely by supervisees, while the category of conflicts with feedback and evaluation encompassed incidents expressed solely by supervisors. Both of these categories have one element in common – that of an expressed conflictual experience that led to, in many instances, the deterioration of the supervisory relationship. What is interesting is the way in which these conflicts were expressed. When supervisees discussed the critical and attacking behaviours of their supervisors they removed themselves from the situation and focused on what their supervisor did or did not do. The blame was laid on supervisors for the way they behaved, and there was no information offered regarding how their own behaviours might have contributed to the dissolution of the relationship. In contrast, when supervisors discussed the incidents pertaining to conflicts with feedback and supervision there was typically an acknowledgment of both sides of the dyad and their contributions to the detrimental experience.

This might be due to the level of awareness of the situation or even the level of comfort in expressing these incidents. It could also be due to the fact that while supervisees where asked only to reflect on what their supervisor did, supervisors in the study were asked to reflect both on their part and their supervisees' part in the incidents discussed. It is possible that this wording of the questions may have elicited more information from supervisors and in hindsight, the same question should have been asked of the supervisee participants.

These two categories are not only interesting for what was discussed and who discussed it, but also for who did not participate in the discussion. For example, no supervisors endorsed any incidents that fit into the category of critical and attacking behaviours. This was not the case for the less severe category of unsupportive behaviours, where a number of supervisors acknowledged incidents where they were aware their behaviour was perceived as unsupportive and uncaring by their supervisees. However, none of the experiences discussed by supervisors fell into the category of personal attacks towards supervisees. It is of course possible that supervisors thought about these incidents but chose not to divulge them for fear of tainting their image. It is also possible that supervisors just did not have the awareness regarding if and when they displayed these behaviours. This latter explanation is perhaps the more chilling of the two, as it implies that supervisors may not be attentive to those behaviours that were described as the most detrimental to supervisees. A precursor to change is awareness, and if awareness is missing than change is unlikely (Nelson, Barnes, Evans, & Triggiano, 2008). Although that may be a hasty conclusion to draw

based on the results of the current study, it is a consideration worthy of attention.

Another potential explanation is that supervisees may have misinterpreted the

actions of their supervisors. In other words, supervisors may have meant for their

actions to be construed as constructive feedback or helpful information but were

taken as critical and attacking instead, due to supervisee factors out of their

control.

It is of course also interesting that supervisees did not discuss any

incidents related to the category of conflicts in feedback and supervision. Again,

similar understanding to that presented above can apply. It is possible that

supervisees experienced these incidents but did not share them in the interviews.

It is also possible that when these incidents occurred supervisees did not have an

awareness of how their own behaviour may have contributed to the experience,

and thus did not think to see those incidents as ones they may have helped

influence. To reiterate, the supervisory process consists of two individuals, both

of whom have a shared responsibility towards the course and outcome. A lack of

awareness on the supervisees' side can be just as harmful and can further

perpetuate misunderstandings.

A level of agreement between supervisors and supervisees is thus not only

helpful but perhaps necessary. Discussions of expectations and goals are more

easily arrived at when a strong alliance is in place; therefore, as discussed often

and repeatedly developing a good supervisory relationship continues to be the

most important element to consider and strive towards. If the alliance is stable,

contradictory perspectives can be discussed more openly and conflicts are likely

to be minimized and resolved more satisfactorily. As always, it is important for supervisors to maintain a collaborative, open, and ongoing discussion with their supervisees and to portray a flexible stance on the manner with which to conduct this process (Bernard & Goodyear, 2009).

Implication for Supervision Practice and Training

As evidenced by the results of this study and corroborated in the literature, supervision is a powerful process that has the potential to be both growth-promoting and growth-stunting (Ladany, 2004; Worthen & McNeill, 1996). The quality of supervision, particularly in the formative stages of training appears to have a longstanding effect on the professional development of psychologists-in-training (Gazzola & Theriault, 2007). Individuals internalize and continue to draw on their experiences in supervision long after their training is over, and thus supervisory experiences are considered meaningful, impactful, and long-lasting (Gazzola & Theriault). Supervision is not an easy task to excel at (O'Donovan, Halford, & Walters, 2011) and supervisors would benefit from being aware of the recommendations made in the literature towards best practices. What follows is a compilation of implications for supervision practice derived from the results of this study and supported by the literature. These implications are ordered in consideration to their perceived importance to the supervisory process.

Constructing a relationship. The supervisory relationship is the essential ingredient. The degree to which there is a good working relationship will predict the overall progress of the supervisee and how effectively problems will be resolved (Bernard & Goodyear, 2009; Holloway, 1995). Without a supportive,

safe, and trusting environment, the supervision experience will at its best, lack in impact, and at its worse, damage the well-being and development of the supervisee. Although the working alliance is made up of two individuals, both of whom have a responsibility to foster it, at the start of supervision the onus is on the supervisor to discuss the importance of a supportive environment and to enact the relationship skills that will help to solidify a report with supervisees. As mentioned previously these include being understanding, open, accepting, empathic, non-judgmental, and flexible. These behaviours will encourage supervisees to discuss their successes, failures, anxieties, and uncertainties about the therapeutic process, and are likely to lead to beneficial outcomes on the part of clients.

Once the relationship has been established it can be helpful to monitor the strength of the supervisory alliance on an on-going basis, either by discussing this openly with supervisees or by inviting written feedback from supervisees at the end of each supervision session (O'Donovan et al., 2011). Having these conversations can not only demonstrate care and concern for the supervisee but can also allow for a modification of the approach being taken in supervision. Encouraging these conversations can help broach and clear up potential problems before they escalate, thus lessening the potential of the supervisory relationship facing an impasse. If a rupture in the relationship is experienced, it is essential for both parties to do what is possible to remediate this rupture and prevent further disintegration. Realistically it is the supervisor who is most likely (and hopefully better equipped) to venture into this difficult territory and broach these issues with

the supervisee. As has been evidenced, if disagreements are left to linger they are likely to cause continuous harm and slowly tear away at the working alliance. This will not only decrease the enjoyment derived from supervision but more importantly detract from the learning that should be occurring throughout the supervisory process. At its end, this will impact the welfare of the clients. It is clear that without a strong supervisory relationship the competency development of supervisees will stall. As such, above all else it is imperative that the relationship be made a consistent priority at the beginning, middle, and end of the supervisory process.

Adaptation. Another important implication derived from these results is that supervisors are better off not merely following one model or another but rather adapting to each supervisee in order to create an optimal learning environment. The results of this study do not support a stringent focus on the developmental level of the supervisee. This does not imply that the developmental level should be ignored but rather that it should be one of many variables that should be considered when determining what supervision environment might work best for any given supervisee. Developmental level is only one piece of the puzzle and must be viewed in conjunction with other supervisee characteristics such as personality, the needs of a particular situation, the characteristics of the client, the environment, and the help requested by the supervisee.

As Worthen and McNeill (1996) aptly state, "there is no uniform formula that can be applied in supervision to ensure a good experience" (p. 33), and as others have similarly stated, there is no one comprehensive, universal agreed-

upon model of supervision (White & Russell, 1995). Exhibiting openness and curiosity regarding individual preferences and considering the unique needs and experience of each supervisee is likely to provide a good starting block for tailored supervising (Bucky et al., 2010). Offering a supervisory environment that is flexible, accepting, and tailored to individual differences increases the chances that supervisees will take the most they can out of their training (Jacobsen & Tanggaard, 2009). As it has, the field of supervision is likely to remain characterized by a high variability of models; however, it behooves supervisors to make an effort to determine what factors of each model are supported by research and incorporate these factors into their practice. Perhaps focusing in on the common factors across models that have been shown to provide effective supervisory environments can lead the field of supervision to more consistently prove helpful for those involved (Morgan & Sprenkle, 2007).

The roles of the supervisor are complex, varied, and will change depending on the needs and desires of the supervisee. As such, supervisors must be prepared to adopt more than one role and to negotiate different areas of focus depending on the needs of the situation. One size definitely does not fit all, and it will be problematic for supervisors to rigidly adopt one way of supervising without allowing for individual differences in supervisee expectations and requirements. One way to increase the communication and understanding of both parties is to clarify and negotiate the goals and tasks of supervision early on in the supervisory relationship (O'Donovan et al., 2011). Research consistently demonstrates that when tasks and goals are discussed early and openly the

supervisory experience is more positive and the supervisees feel included, accepted, and respected (Bernard & Goodyear, 2009). Setting a clear agenda for supervision also increases the likelihood that the time will be used effectively and that supervisee development will be maximized (O'Donovan et al.).

Similarly, the theoretical orientation of the supervisor does not appear to play a significant role in the effectiveness of the supervision experience. Similar to what is often discussed within the process of therapy it appears that it is less about the specific theory that guides the supervisor's work and more about the relationship and fit between the supervisor and supervisee. Research has demonstrated that there are a variety of procedures that can be effective in enhancing supervisee competence from focusing more broadly on the process of therapy to more specifically on skills, professional knowledge, and practice (O'Donovan et al., 2011).

The take away message here is that supervisors need to be adaptable and work with supervisees to provide an accommodating supervision experience, and that supervisees in turn need to be open to doing things differently. As mentioned, there should be an open and collaborative discussion surrounding the tasks and goals of supervision and how these will be achieved. Supervision is a process and it occurs within the confines of a relationship; thus, both individuals in this relationship must have a say in what occurs. Of course, supervisors have more experience and are thus likely to have a greater say in this discussion; however, supervisees must be encouraged to contribute their thoughts and needs in order for the experience to be effective.

Feedback. Supervisory behaviours that are most likely to seriously hinder competency development are those that are considered critical and attacking towards supervisees. Above all else, a supervisor should strive to significantly diminish these hindering behaviours. Not only are they liable to create an environment of mistrust and fear, but they can critically damage supervisees' motivation, sense of self, and expertise. As a result, the welfare of clients will suffer as well, decreasing the benefits of the therapeutic process. Supervisors should thus strive to focus on making their criticisms constructive and infused with suggestions for remediation and stay away from comments that attack the supervisees' personal character.

It is critical that supervisors monitor supervisees' work with clients directly, either through videotape review or live supervision. Although it is understood that, due to technological and time restraints this may not always be feasible, whenever possible supervisors should strive to do more than only hear about clients and their progress from the supervisee's review of their sessions. Supervisees are in training and thus are unlikely to have the expertise to recount the information necessary regarding session content and process. Relying solely on supervisee re-telling on incidents may detract from the support and advice that supervisors can offer, thus potentially taking away from the services that can be offered to clients. Further, supervisors can obtain a much clearer picture of the supervisee's clinical ability by observing their work either directly by sitting in sessions or indirectly through audio or videotape. In this way supervisors can

better hone in on the skills that require improvement and better assist supervisees in developing competency.

Directly observing supervisees' work can also facilitate the process of providing feedback, another essential aspect of supervision. Feedback that is timely, specific, frequent, and based on observable behaviours will be most effective in executing change. Supervisors who link their feedback to specific accounts of supervisee actions or address the issues immediately will provide their trainees with the most effective information possible. While maintaining an awareness of hurtful and degrading comments, supervisors should consistently strive to offer both positive and constructive feedback based on their observations of supervisees' skills. The supervisory relationship may benefit from a discussion at the outset of the process to discuss in detail the expectations around feedback and its delivery. This can mitigate potential future misunderstandings and lay the groundwork for what is to be expected throughout the training experience.

Supervisory Dyad. The majority of the writing regarding the results and discussion of this study has focused on the roles and responsibilities of supervisors. This is to be expected, as the supervisors are the ones mainly considered in charge of the supervisory process. However, the supervisory dyad is by definition composed of two people, both of whom have roles and responsibilities. The supervisees have to be willing to take ownership of their learning process. Although supervisors are those most likely to take control and be the leader in the supervisory relationship, supervisees must also contribute to the creation of an effective supervisory environment. For example, supervisees

should strive to be open, flexible, honest, and amenable to supervisor feedback. If they are unhappy with a supervision occurrence they ought to broach this with their supervisor in hopes of achieving a collaborative understanding. One of the main objectives of supervision is to offer trainees the opportunity to have their work critically examined so that suggestions for improvement can be given. Supervisees must be open to this feedback and expect that it will not always be positive. Constructive feedback is most productive when it is received in an environment that promotes discussion and follow-up. Supervisees should ask for constructive criticism if it is not being willingly offered and have the right to counter the feedback if they do not agree with it or understand it. Further, supervisees who come prepared to their supervision meetings are likely to make the best use of these sessions. Reviewing tapes beforehand, developing questions, and processing what they would like to discuss are all ways to prep for subsequent supervisory meetings.

Supervisees who view the supervisory experience as one that is likely to significantly contribute to their development are more likely to expend time and effort to ensure they get the most out of the experience. Engaging supervisees in a discussion at the beginning of the supervisory process to delineate roles and responsibilities can help ensure that supervision is maximally utilized. Further, such a conversation can help decrease the ambiguity and uncertainty surrounding the supervision process, calming supervisee nerves and laying out the groundwork for an effective experience that is more likely to increase competency for psychologists-in-training.

Supervisory training. Supervisors can benefit significantly from obtaining training in supervision. Contrary to popular belief, being an effective therapist does not translate to being an effective supervisor, and the roles of supervisors are both challenging and varied. Although some supervisors may be inherently excellent at what they do, most individuals will require training to better understand the underlying tenants of supervision and best hone their skills to provide the most effective learning experience for trainees. Fortunately many associations across the world now hold educational requirements for supervisors that are most often completed during graduate training in psychology. The training must include a variety of aspects of supervision, most importantly how to provide effective formative and summative feedback, how to conduct appropriate evaluations, how to resolve conflicts, and how to develop strong working alliances with supervisees. Further, training programs should focus on teaching future supervisors the many different supervision models available, the strengths and weaknesses of these models, and the common factors across the models. Supervisors should be encouraged to not bind themselves to one model but instead focus on the necessary conditions of supervision and ensure that whatever model they choose to work from incorporates the various aspects that lead to effective practice.

Having students undergo training in supervision while they themselves are in training would also likely impact their own experiences as supervisees, perhaps furthering the benefits they might derive from the process. For example, students who are concurrently under supervision and taking a course in how to supervise

are likely to more deeply understand the process and gain more from the experience. They may learn how to more effectively prepare for supervision meetings and how to approach challenging or uncomfortable topics. Being aware of their role in the process and how they can influence it both positively or negatively is likely to heighten their understanding and ability to undergo an effective supervisory experience. Thus, both members of the dyad would benefit from this type of training being implemented across training programs.

Researcher Reflections

Qualitative research techniques encourage researchers to reflect on and document their own process as they immerse themselves in the study (Creswell, 2007; Kvale & Brinkmann, 2009). Thus, at the beginning stages of this study I took the time to think about the knowledge, values, and biases that I was bringing to the current research project, and throughout the data collection and analysis phases I engaged in a continuous process of self-awareness through the use of memos and journal writing. I spent additional time at the completion of each participant interview to consider what had transpired throughout the interview, become aware of specific thoughts or reactions I had experienced, and any nonverbal behaviours that might shed added information to the transcripts. Throughout the data analysis stage I spent time going over the transcripts, thinking about the categorization scheme, considering re-working the themes, and spent considerable time fine-tuning the definitions of each category. This exercise of self-reflection offered the opportunity, both at the time of the interview and

later on in the research process, to integrate my own experiences with the data I gathered.

The critical incident technique specifies the collection of – as implied by the name – critical incidents. These incidents are defined as specific, isolated events that are considered important to the task that is being researched. Although this method allows for the collection of vital information in an effective way, it also poses some challenges. More specifically, it can be difficult for participants to consider their experiences in isolated, separated events with a beginning, middle, and an end. Being aware of this potential challenge I made sure to inform participants ahead of time that they would be asked to describe specific, isolated critical events. I also offered sample questions prior to the interview to make participants aware of the type of questions that would be asked and how to best prepare for them. Even given this preparation, however, some participants still experienced difficulty thinking in the isolated, selective terms prescribed by the critical incident technique. Instead, some offered experiences that occurred over time, without a delineated beginning, middle, and end. For example, one participant's description of an incident considered helpful to her competency development as a psychologist-in-training was an amalgamation of things her supervisor had done over time that taken together were regarded as extremely beneficial. Even when asked to consider a specific example this participant was not able to elaborate on one that had a delineated beginning, middle, and end. It is interesting to note that this occurred more with the participants who were supervisors versus those who were supervisees. This may be due to the fact that

many of the supervisors had worked with a multitude of students over the years and thus may have found it more challenging to recall isolated events with specific individuals. Although students often also go through a number of supervisors during their training it is likely that the positive and negative events stood out in their minds more clearly as a result of the personal impact the events had, as well as how recent the event was.

The issue of context was also important to consider. Most of the data was gathered in Edmonton, Alberta, with most of the supervisees having undergone their training at the University of Alberta. As such, it is possible that the nature of the critical incidents was influenced by this context. For example, it is possible that if the data had been gathered in a more culturally diverse city, incidents concerning multiculturalism would have arisen. Similarly, it is possible that the supervisory experience would have been construed somewhat differently had the participants been sampled from elsewhere. However, it is also of note that the themes arising from my study have been described by other researchers as well, again lending support to the importance and criticality of the incidents. As such, the issue of context is important to consider but does not detract from the importance of the information gathered.

The general incidents were written down and much time was spent considering whether or not to include them in the results of the study. Because in some ways these "incidents" did not follow the exact definition first provided by Flanagan (1954) it was thought that perhaps they should be removed from the data analysis. However, removing them would have taken away from the

information provided by participants and would not have stayed true to the data that was gathered. Further, a review of the literature on the critical incident method revealed that other researchers had encountered similar problems and had chosen to resolve this issue is various ways (Butterfiled et al., 2005). I felt that by removing the information offered in this way would have been doing a considerable disservice to the knowledge I could provide through the results that emerged, and I chose to follow the suggestions offered by Norman and colleagues (1992). They agreed that these more extensive descriptions of experiences should nonetheless be included in the analysis as they are deemed to offer important information that was experienced as critical by the person describing it. Although they are not 'critical incidents' by Flanagan's definition, they clearly offer valuable information and are thus worthy of inclusion.

The process of data analysis brought forth additional points to consider. Within qualitative research data analysis is inherently subjective and open to multiple interpretations, making it both an enjoyable and challenging task. It is exactly this approach of meaning-making and subjective interpretations that that make qualitative results so interesting and closely tied to human experiences (Creswell, 2007). This places the researcher at the center of the data analysis process with all its challenges and responsibilities. Of course, although subjectivity is a major factor, checks and balances are critical to ensure that the data analysis process has followed pre-determined steps and can be logically explained. This does not mean, however, that two researchers analysing the same set of data will end up with an identical representation of results; in other words, it

means that there are multiple ways in which the data can be interpreted and explained.

To analyze the data from the current study I chose to follow the procedure suggested by Woolsey (1986) and Butterfield and colleagues (2009) as their recommendations have received support in the literature. In following their suggestions for credibility checks I had two independent judges re-code a number of the incidents to determine consistency. The consistency index was fairly high (both above the 80% suggested rate) indicating that the manner in which I chose to separate and sort the incidents into categories made sense not only to myself but to others as well. It was challenging at times to determine where to place particular incidents as there was often overlap in the expression of experiences and the main ingredients that made the events critical. The analysis procedure required frequent sorting and re-sorting of the incidents, re-reading the transcripts, looking at significant quotes, and trying to best separate experiences based on their main components. Human experiences are not well-defined or clear-cut and simple. They are, more often than not, an enmeshment of thoughts, behaviours, emotions, interactions, and experiences that incorporate different perspectives and outcomes depending on a multitude of variables. My job was to sort these in order to represent the experiences of the participants in a way that stayed true to their stories, captured their meaning, and presented them in a meaningful way to the reader. This was not an easy task and the final presentation of results should in no way be regarded as the only possible interpretation.

A further consideration and reflection pertains to the participants themselves. Purposeful sampling was used to recruit participants for this study. This strategy is common across qualitative research due to the necessity of recruiting individuals who have experienced the phenomenon being studied (Creswell, 2007). Self-selection is a positive occurrence as it allows the researcher to interview participants who can offer insights on the topic of interest. However, self-selection also breeds a specific type of individual, of which certain assumptions can be made. For example, the individuals who chose to participate in the study are likely to be those who view supervision as an important professional activity and one that warrants further research. Additionally they are likely to be motivated and willing to devote time to participate in such a study, thus furthering their interested and investment into the process of supervision. Although none of these characteristics are negative or detract from the purpose and findings of the study they do imply that the sample of individuals selected by a group consisting of motivated individuals invested in supervision. This makes for an ideal sample for the purposes of my inquiry, but also suggests that the results of the study should be interpreted within the context of this population.

The inherent aspect of qualitative research – the in-depth exploration of the experiences of a small group of participants and the provision of rich accounts accessing their subjective experiences – is also related to the above comments and is another aspect of consideration. Both qualitative and quantitative research approaches provide invaluable information, albeit in different ways. The goal of qualitative research is to explore and understand participants' unique experiences;

although this provides rich and detailed information, it does not allow for the

same kind of generalizations as can be derived from quantitative work. The

findings from this study are thus best regarded as offering important contributions

to the current state of knowledge in the field of supervision. They have the ability

to offer detailed insights into a specific area of practice but cannot be generalized

across all individuals acting as supervisors and supervisees. This does not detract

from the implications of the findings, but is a point that should be considered

when exploring impacts and conclusion derived from the research.

     The participants in this study appeared quite willing to share and elaborate

on their experiences. The supervisors and supervisees that I interviewed seemed

comfortable offering detailed information regarding the different incidents they

offered. However, the incidents brought forth by the twenty-five participants

interviewed should by no means be interpreted as encompassing all the significant

events transpiring over the course of their supervision experiences. It is possible

that participants may have chosen to omit sharing particular incidents due to

personal or professional reasons. In particular, the greater amount of positive

versus negative incidents speaks to the possibility that participants may have

withheld more challenging experiences. The desire to make oneself appear good

and virtuous is common across all research paradigms and although must be taken

into account, is not to be used to undermine the data obtained. It is possible that

participants may have shared a greater degree of negative experiences had data

been gathered in a less identifiable manner, such as through written

questionnaires. Questionnaires may have provided participants the opportunity to

disclose information they may not have wished to discuss in a face-to-face, recorded interview. However, obtaining responses in this manner would likely have compromised the detail and comprehensiveness of the information gathered. Further, it was my impression that participants were fairly forthcoming throughout the interviews; in fact, I left each interview surprised and grateful at the level of detail that most were willing to share. Nonetheless, it is possible that the participants recalled incidents they were not comfortable sharing, particularly in such a personal interview manner. As such, it is important to regard these results as only a glimpse into the incidents considered critical by the supervisors and supervisees interviewed.

Some further reflections about the incidents are warranted. Although all of the incidents discussed and the resulting categories that were created were all found to have supporting evidence from the literature, some points of interest do stand out. First, it is interesting that none of the incidents were in any way linked to amount of knowledge, both for supervisors and supervisees. In other words, neither sets of participants discussed any incidents that related specifically to level of knowledge or lack of knowledge of the other person in the dyad. Supervisees did not bring up incidents praising their supervisees for their vast field of knowledge, nor did they highlight incidents resulting from their supervisor's lack of expertise. Similarly, supervisors did not comment on their supervisees' intelligence, understanding, or lack thereof, at least not as the principal component of the incident. Given that expertise and ability to link knowledge to practice is a critical aspect of supervision and one that is essential in the

supervisor (who is often regarded as the expert) it is surprising that the incident did not reflect this. One possible explanation is that all individuals who participated felt that the other member of the dyad (whether supervisor or supervisee) held an acceptable level of knowledge that thus did not impact their experiences. It is possible that if that level of knowledge was not up to standard, particularly on the side of supervisors, that it would have emerged as a significant issue and one that would have been discussed. Perhaps as long as supervisors have a certain level of knowledge it does not become an issue, but as soon as that level of expertise dips below the standard, it poses a challenge. It is also possible that it may not be so much about the amount of knowledge possessed by supervisors but instead how supervisors use this knowledge, how they choose to interact with supervisees, and how they develop an effective working alliance. This hypothesis is supported not only by the vast amount of supervision literature touting the importance of the supervisory alliance above and beyond any skills or knowledge, but is also paralleled by research in the therapeutic context which espouses the essentiality of the therapeutic alliance beyond techniques or knowledge.

An additional note about the incidents relates to how they were discussed differently by supervisors and supervisees. Specifically, the incidents offered by supervisors were deemed less clear than those discussed by supervisees. Supervisees were often able to cite specific example, clearly articulate what occurred in the incident, and make a direct link to how the incident impacted their sense of competence as psychologists-in-training. This was likely an easy task for

them as they were being asked to reflect and comment on how the event impacted their own sense of competence. Supervisors, on the other hand, were asked to discuss how they thought these incidents were critical for their trainees and how these incidents would have impacted their trainees' sense of competence. Asking them to consider the impact of an event on a person other than themselves could be regarded as more challenging and ambiguous. At times, supervisors spoke very confidently about the impact they felt a certain incident had on their trainee, but often they would admit that they were just offering a good guess. Having to consider the significance from a third person perspective was a challenge and one that never had a clear answer. Further, it was difficult for some supervisors to distinguish what they felt were critical incidents for themselves and which were critical incidents for their supervisees. Even with further discussion and clarification some supervisors talked more at length about how an incident was significant for them versus the impact it had on their trainee. Albeit experiencing this challenge and being a point of interest, all of the incidents were still able to be categorized effectively.

Future Directions

The amount of research in the area of supervision has grown exponentially in the last decade. This proliferation has led to the development of ethical and practice standards that have benefitted supervisors, supervisees, and clients. To build a case that supervision is an effective instructional method for the teaching of therapy and that it has direct positive impact on the client, research questions must continue to build and expand on current findings. This has happened on a

consistent basis and must continue to occur if the field of clinical supervision is to reach deep understanding. However, the one area that has frequently remained untouched is perhaps the most important one to tackle. The critical test of whether supervision is effective is the impact that it has on client outcomes, and unfortunately it is this area has been neglected (O'Donovan et al., 2011). This is likely due to the difficulty in effectively carrying out a study that demonstrates cause and effect, as well as perhaps the pervasive assumption that supervision is effective and requires no demonstration as proof (Bambling et al., 2006; Bernard & Goodyear, 2009). The few studies that have emerged on this topic have provided tentative confirmation that the clients of therapists who receive supervision have more positive outcomes in therapy. It is important for these tenuous links to be more established in the literature and for this topic to become a more prominent avenue of exploration. In fact, it would benefit the field immensely if many of the future studies being conducted focused specifically on solidifying the link between supervision and client outcomes.

Another important topic of consideration is continuing to define the aspects of supervision that determine counsellor competence. The field has made great gains in defining supervision competencies and outlining how these can be achieved (Falender et al., 2004) but determining what threshold makes a therapist "competent" is still discussed in vague, uncertain, and inconsistent terms. Building on the work done by researchers such as Falender and colleagues and further outlining the skills and knowledge required to obtain competence can serve to further clarify this ambiguous area. Additionally, investigating how

supervisors can best instil these skills and knowledge to their supervisees is also a fruitful area, as it is within this dynamic that the most growth and development occurs. Deepening our understanding of the optimal way to impart specific information to trainees can help them more quickly achieve competence and better assist their clients, which as mentioned is the true end goal of supervision.

Lastly, future research would benefit from placing greater attention on the role of the supervisee in clinical supervision. Much of the literature thus far has focused on the supervisor as the individual most implicated in the process. Although this type of research is important and has led to important advances, the supervisee also forms a significant part of the dyad and greatly contributes (or detracts from) the effectiveness of the supervisory experience. Such research would increase our understanding of the roles and responsibilities of supervisees and how they can best thrive in the clinical learning environment. This information could supplement training programs and better prepare students for their role as trainees as well as how they could better prepare for supervision. Increasing awareness would likely reduce role ambiguity and role uncertainty, thus facilitating a more fruitful supervision process and road to competency development.

Concluding Thoughts

This study focused on the helpful and hindering critical incidents that contribute to the competency development of psychologists-in-training. The incidents that arose provide a comprehensive understanding of those behaviours and attitudes that play important roles in the supervisory process. Although not

supportive of the IDM, the results are bolstered by the literature and offer further evidence of the challenges inherent in supervision and how important it is for both supervisors and supervisees to take responsibility of their actions and work together to produce an effective supervision experience. As the importance of graduate training in psychology continues to make headway, the necessity of a positive supervision experience is magnified. It is critical that researchers and practitioners alike continue to focus on this important process and maintain an interest in the many facets of supervision and how best these can be channelled. This will not only benefits supervisees but will contribute to the overall betterment of the profession, thus helping society at large.

References

Abbass, A., Arthey, S., Elliot, J., Fedak, T., Noweweiski, D., Markovski, J., & Nowoweiski, S. (2011). Web-conference supervision for advanced psychotherapy training: A practical guide. *Psychotherapy, 48,* 109-118. doi: 10.1037/a0022427

Allen, G.J., Szollos, S.J., & Williams, B.E. (1986). Doctoral students' comparative evaluations of best and worst psychotherapy supervision. *Professional Psychology: Research and Practice, 17,* 91-99. doi:10.1037/0735-7028.17.2.91

American Psychological Association (2006, October). *APA Task Force on the Assessment of Competence in Professional Psychology* (Final Report). Washington, DC. Retrieved from https://www.apa.org/education/grad/competency-revised.pdf

Anderson, J.R. (2005). *Cognitive psychology and its implications* (6th ed.). New York: Worth.

Anderson, S.A., Schlossberg, M., & Rigazio-DiGilio, S. (2000). Family therapy trainees' evaluation of their best and worst supervision experiences. *Journal of Marital and Family Therapy, 26,* 79-91. doi: 10.1111/j.1752-0606.2000.tb00278.x

Andersson, B.E., & Nilsson, S.G. (1964). Studies in the reliability and validity of the critical incident technique. *Journal of Applied Psychology, 48,* 398-403. doi:10.1037/h0042025

Ashby, R., Stoltenberg, C., & Kleine, P. (2010). A qualitative examination of the IDM. In C. D. Stoltenberg and B.W. McNeill's *IDM supervision: An integrative developmental model for supervising counselors and therapists* (pp. 231-261). New York: Routledge.

Aten, J.D., Madson, M.B., & Kruse, S.J. (2008). The supervision genogram: A tool for preparing supervisors-in-training. *Psychotherapy: Theory, Research, Practice, Training, 45,* 111-116. doi:10/1037/0033-3204.45.1.111

Bahrick, A.S., Russel., R.K., & Salmi, S.W. (1991). Role induction for counsellor trainees: Effects on the supervisory working alliance. *Dissertation Abstracts International, 51* (3-b)*,* 1484 (abstract # 1991-51645).

Baird, B.N. (2011). *The internship practicum, and field placement handbook: A guide for the helping professions* (6th ed.). Upper Saddle River, NJ: Pearson Education.

Bambling, M., King, R., Raue, P., Schweitzer, R., & Lambert, W., (2006). Clinical supervision: Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression. *Psychotherapy Research, 16,* 317-331. doi: 10.1080/10503300500268524

Barnett, J.E. (2007). In search of the effective supervisor. *Professional Psychology: Research and Practice, 38,* 268-272. Retrieved from http://ovidsp.tx.ovid.com

Barnett, J.E., Erickson, J.A. C., Goodyear, R.K., Lichtenberg, J.W. (2007). Commentaries on the ethical and effective practice of clinical supervision.

Professional Psychology: Research and Practice, 38, 268-275.

doi:10.1037/0735-7028.38.3.268

Bear, T.M., & Kivlighan, D.M. Jr. (1994). Single-subject examination of the

process of supervision of beginning and advanced supervisee.

Professional Psychology: Research and Practice, 25, 450-457.

doi:10.1037/0735-7028.25.4.450

Bedi, R.P., Davis, M.D., & Williams, M. (2005). Critical incidents in the

formation of the therapeutic alliance from the clients perspective.

Psychotherapy: Theory, Research, Practice, Training, 42, 311-323.

doi:10.1037/0033-3204.42.3.311

Beinart, H. (2004). Models of supervision and the supervisory relationship and

their evidence base. In I. Fleming & L. Steen (Eds.) *Supervision and*

clinical psychology: Theory, practice, and perspectives (pp. 36-50). New

York: Brunner-Routledge.

Bernard, J.M. (1992). The challenge of psychotherapy-based supervision: Making

the pieces fit. *Counselor Education and Supervision, 31,* 232-237.

Retrieved from http://ovidsp.tx.ovid.com

Bernard, J.M. (2005). Tracing the development of clinical supervision. *The*

Clinical Supervisor, 24, 3-21. doi:10.1300/J001v24n01_02

Bernard J.M., & Goodyear, R.K. (2004). *Fundamentals of clinical supervision*

(3rd ed.). Boston: Allyn and Bacon.

Bernard J.M., & Goodyear, R.K. (2009). *Fundamentals of clinical supervision* (4th

ed.). Upper Saddle River, NJ: Pearson Education.

Bienstock, J.L., Katz, N.T., Cox, S.M., Hueppchen, N., Erickson, S., & Puschech,

    E.E. (2007). To the point: Medical education reviews – providing

    feedback. *American Journal of Obstetrics & Gynecology,* 508-513.

Billings, D., & Kowalski, K. (2006). Journaling: A strategy for developing

    reflective practitioners. *The Journal of Continuing Education in Nursing,*

    37, 104-105.

Bogo, M., Regehr, C., Power, R., & Regehr, G. (2007). When values collide:

    Field instructors' experience of providing feedback and devaluating

    competence. *The Clinical Supervisor, 26,* 99-117.

    doi:10.1300/J001v26n01_08

Bordin, E.S. (1983). A working alliance model of supervision. *Psychotherapy:*

    Theory, Research, and Practice, 16, 252-260.

Bradbury-Jones, C., Tranter, S. (2008). Inconsistent use of the critical incident

    technique in nursing research. *Journal of Advanced Nursing, 64,* 399-407.

    doi:10.1111/j.1365-2648.2008.04811.x

Bradley, L.J., & Gould, L.J. (2001). Psychotherapy-based models of counselor

    supervision. In L.J. Bradley & N. Ladany (Eds.), *Counselor supervision:*

    Principles, process, and practice (3rd ed., pp.147-180). Philadelphia:

    Brunner-Routledge.

Bradley, L.J., & Ladany, N. (Eds.). (2001). *Counselor supervision: Principles,*

    process, and practice (3rd ed.). Philadelphia: Brunner-Routledge.

Branch, W.T., & Paranjape, A. (2002). Feedback and reflection: Teaching

methods for clinical settings. *Academic Medicine, 77,* 1185-1188.

doi:10.1097/00001888-200212000-00005

Briggs, K., Fournier, D.G., & Hendrix, C.C. (1999). Evaluating trainees' skill

development: The family therapy skills checklist. *Contemporary Family

Therapy, 21,* 353-371. doi:10.1023/A:1021912432341

Britton, P.J., Goodman, J.M., & Rak, C.F. (2002). Presenting workshops on

supervision: A didactic-experiential format. *Counselor Education &

Supervision, 42,* 31-42. doi:10.1002/j.1556-6978.2002.tb01301.x

Brookfield, S. (1990). Using critical incidents to explore assumptions. In J

Mezirow and Associates (ed). *Fostering Critical Reflection in Adulthood:

A Guide to Transformative and Emancipatory Learning.* San Francisco,

CA: Jossey-Bass Inc.; 177-193.

Brosan, L., Reynolds, S., & Moore, R.G. (2006). Factors associated with

competence in cognitive therapists. *Behavioural and Cognitive

Psychotherapy, 35,* 179-190. doi: 10.1017/S1352465806003304

Bruce, E.J., & Austin, M.J. (2000). Social work supervision: Assessing the past

and mapping the future. *The Clinical Supervisor, 19,* 85-107.

doi:10.1300/J001v19n02_05

Bucky, S.F., Marques, S., Daly, J., Alley, J., & Karp, A. (2010). Supervision

characteristics related to the supervisory working alliance as rated by

doctoral-level supervisees. *The Clinical Supervisor, 29,* 149-163.

doi:10.1080/07325223.2010.519270

Butterfield, L.D., Borgen, W.A., Amundson, N.E., & Maglio, A.T. (2005). Fifty

   years of the critical incident technique: 1954-2004 and beyond.

   Qualitative Research, 5, 475-497. doi:10.1177/1468794105056924

Butterfield, L.D., Borgen, W.A., Maglio, A.T., & Amundson, N.E. (2009). Using

   the enhanced critical incident technique in counselling psychology

   research. *Canadian Journal of Counselling, 43,* 265-282. Retrieved from

   http://ovidsp.tx.ovid.com

Butterworth, T., Bell, L., Jackson, C., & Pajnkihar, M. (2008). Wicked spell or

   magic bullet? A review of the clinical supervision literature 2001-2007.

   Nurse Education Today, 28, 264-272. Retrieved from

   http://ovidsp.tx.ovid.com

Campbell, J.M. (2000). *Becoming an effective supervisor: A workbook for

   counselors and psychotherapists.* Philadelphia, PA: Accelerated

   Development.

Canadian Psychological Association. (2002). *Accreditation standards and

   procedures for doctoral programmes and internships in professional

   psychology.* Ottawa, ON: Canadian Psychological Association. Retrieved

   from http://www.cpa.ca/education/accreditation

Canadian Psychological Association. (2009). *Ethical guidelines for supervision in

   psychology: Teaching, research, practice, and administration.* Ottawa,

   ON: Canadian Psychological Association. Retrieved from

   http://www.cpa.ca/aboutcpa/committees/ethics/ethicalguidelinesforsupervi

   sioninpsychology

Carroll, M. (2007). *Counselling supervision: Theory, skills and practice.* London:

    Sage.

Chur-Hansen, A., & McLean, S. (2006). On being a supervisor: The importance

    of feedback and how to give it. *Teaching, Training, and Further*

    Education, 14, 67-71. doi: 10.1111/j.1440-1665.2006.02248.x

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and*

story in

    qualitative research. San Francisco, CA: Jossey-Bass.

Colton, A.B., & Sparks-Langer, G.M. (1993). A conceptual framework to guide

    the development of teacher reflection and decision making. *Journal of*

    Teacher Education, 44, 45-54.

Corcoran, K.B., Kruse, S.D., & Zariski, J.J. (2002). Doctoral student perceptions

    of learning to be reflective practitioners. *Academic Exchange Quarterly, 6,*

    25-30.

Corey, G. (2001a). *The art of integrate counselling.* Pacific Grove, CA:

    Brooks/Cole.

Cox, K., Bergen, A., Norman, I. (1993). Exploring consumer views of care

    provided by the Mcmillan nurse using the critical incident technique.

    Journal of Advanced Nursing, 18, 408-415.

Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among*

    five approaches (2nd Ed.). Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (3rd ed.). Upper Saddle River, NJ: Pearson Education.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process.* London: Thousand Oaks, CA: Sage Publications.

Davenport, D.S. (1992). Ethical and legal problems with client-centered supervision. *Counselor Education and Supervision, 31,* 227-231. Retrieved from https://ovidsp.tx.ovid.com

Derek, M. (2009). *Evidence-based clinical supervision: Principles and practice.* Hoboken, NJ: Wiley-Blackwell.

De Stefano, J., D'luso, N., Blake, E., Fitzpatrick, M., Drapeau, M., & Chamodraka, M. (2007). Trainees' experience of impasses in counselling and the impact of group supervision on their resolution: A pilot study. *Counselling and Psychotherapy Research, 7,* 43-47. doi: 10.1080/14733140601140378

Dollarhide, C.T., & Miller, G.M. (2006). Supervision for preparation and practice of school counsellors: Pathways to excellence. *Counselor Education and Supervision, 45,* 242-252. doi:10.1002/j.1556-6978.2006.tb00001.x

Dow, D.M., Hart, G.M., & Nance, D.W. (2009). Supervision styles and topics discussed in supervision. *The Clinical Supervisor, 28,* 36-46. doi:10.1080/07325220902832515

Eisner, E.W. (2003). On the art and science of qualitative research in psychology. In P.M. Camic, J.E. Rhodes, & L. Yardley (Eds.), *Qualitative research in*

psychology: Expanding perspectives in methodology and design (pp 17-29). Washington, DC: American Psychological Association.

Ekstein, R., & Wallerstein, R.S. (1972). *The teaching and learning of psychotherapy* (2nd ed.). New York: International University Press.

Ellis, M..V. (2010). Bridging the science and practice of clinical supervision: Some discoveries, some misconceptions. *The Clinical Supervisor, 29,* 95-116. doi:10.1080/07325221003741910

Ellis, M.V., & Ladany, N. (1997). Inferences concerning supervisee and clients in clinical supervision: An integrative review. In C.E. Watkins (Ed.), *Handbook of Psychotherapy Supervision* (pp. 447-508). New York: Wiley.

Ellis, M.V., Ladany, N., Krengel, M., & Schult, D. (1996). Clinical supervision research from 1981 to 1993: A methodological critique. *Journal of Counseling Psychology, 43,* 35-50. doi:10.1037/0022-0167.43.1.35

Erlandson, D.A., Harris, E.L., Skipper, B.L., & Allen, S.D. (1993). *Doing naturalistic enquiry: A guide to methods.* New York, NY: Sage.

Falender, C.A. (2010). Relationship and accountability: Tensions in feminist supervision. *Women & Therapy, 33,* 22-41. doi:10.1080/02703140903404697

Falender, C.A., Cornish, J.A.E., Goodyear, R., Hatcher, R., Kaslow, N.J., Leventhal, G., et al. (2004). Defining competencies in psychology supervision: A consensus statement. *Journal of Clinical Psychology, 60,* 771-785. doi:10.1002/jclp.20013

Falender, C.A., & Shafranske, E.P. (2004). *Clinical supervision: A competency-based approach.* Washington, DC: American Psychological Association.

Falender, C.A., & Shafranske, E.P. (2007). Competence in competency-based supervision practice: Construct and application. *Professional Psychology: Research and Practice, 38,* 232-240. doi:10.1037/0735-7028.38.3.232

Falender, C.A., & Shafranske, E.P. (2010). Psychotherapy-based supervision models in an emerging competency-based era: A commentary. *Psychotherapy Theory, Research, Practice, Training, 47,* 45-50. doi: 10.1037/a0018873

Flanagan, J.C. (1954). The critical incident technique. *Psychological Bulletin, 51,* 327-358. doi:10.1037/h0061470

Flemons, D.G., Green, S.K., & Rambo, A.H. (1996). Evaluating therapists' practices in a postmodern world: A discussion and a scheme. *Family Process, 35,* 43-56. doi:10.1111/j.1545-5300.1996.00043.x

Frawley-O'Dea, M.G., & Sarnat, J.E. (2001). *The supervisory relationships: A contemporary psychodynamic approach.* New York: Guilford Press.

Fredrickson, B.L. (2001). The role of positive emotions in positive psychology: the broaden-and-build theory of positive emotions. *American Psychologist, 56,* 218-226. doi:10.1037/0003-066X.56.3.218

Freeman, E.M. (1985). The importance of feedback in clinical supervision: Implications for direct practices. *The Clinical Supervisor, 3,* 5-26. doi:10.1300/J001v03n01_02

Gazzola, N., Theriault, A. (2007). Super- (and not-so-super-) vision of counsellors-in-training: Supervisee perspectives on broadening and narrowing processes. *British Journal of Guidance & Counselling, 35,* 189-204. doi:10.1080/0369880701256601

Gonzalvez, C., & Freestone, J. (2007). Field supervisors' assessments of trainee performance: As they reliable and valid? *Australian Psychologist, 42,* 23-32. doi:10.1080/00050060600827615

Goodyear, R.K. (2007). Toward an effective signature pedagogy for psychology: Comments supporting the case for competent supervisors. *Professional Psychology: Research and Practice, 38,* 273-274. Retrieved from https://ovidsp.tx.ovid.com

Goodyear, R., Wertheimer, A., Cypers, S., & Rosemond, M. (2003). Refining the map of the counselor development journey: Response to Ronnestad and Skovholt. *Journal of Career Development, 30,* 73-80. doi:10.1023/A:1025129725828

Grafanaki, S. (2010). Counsellors in the making: Research on counselling training and formative experiences of trainee counsellors. *Counselling and Psychotherapy Research, 10,* 81-82. doi:10.1080/14733141003751655

Grant, J., Schofield, M.J., & Crawford, S. (2012). Managing difficulties in supervision: Supervisors' perspectives. *Journal of Counseling Psychology, 59,* 528-541. doi:10.1037/a0030000

Gray, L.A., Ladany, N., Walker, J.A., & Ancis, J.R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counselling Psychology, 48,* 371-383. doi:10.1037//0022-0167.48.4.371

Green, H.J. (2011). Skills training and self-esteem: Educational and clinical perspectives on giving feedback to clinical trainees. *Behaviour Change, 28,* 87-96. doi:10.1375/bech.28.2.87

Hadjistavropoulos, H., Kehler, M., & Hadjistavropoulos, T. (2010). Training graduate students to be clinical supervisors: A survey of Canadian professional psychology programmes. *Canadian Psychology, 51,* 206-212. doi:10.1037/a0020197

Haesler, L. (1993). Adequate distance in the relationship between supervisor and supervisee: The position of the supervisor between 'teacher' and 'analyst'. *International Journal of Psycho-Analysis, 74,* 547-555.

Hahn, W.K. (2001). The experience of shame in psychotherapy supervision. *Psychotherapy, 38,* 272-282. doi: 10.1037/0033-3204.38.3.272

Hart, G.M., & Nance, D. (2003). Styles of counselor supervision as perceived by supervisors and supervisees. *Counselor Education & Supervision, 43,* 146-158. doi:10.1002/j.1556-6978.2003.tb01838.x

Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical supervision in the helping professions: A practical guide.* Pacific Grove, CA: Brooks/Cole-Thomson Learning.

Heckman-Stone, C. (2003). Trainee preference for feedback and evaluation in clinical supervision. *The Clinical Supervisor, 22,* 21-33. doi:10.1300/J001v22n01_03.

Heinrichs, K.D., MacKnee, C., Auton-Cuff, F., & Domene, J.F. (2009). Factors affecting sexual-self esteem among young adult women in long-term heterosexual relationships. *The Canadian Journal of Human Sexuality, 18,* 183-199. Retrieved from http://ovidsp.tx.ovid.com/sp-3.4.1b/ovidweb.cgi

Henderson, C.E., Cawyer, C.S., & Watkins, C.E., Jr. (1999). A comparison of student and supervisor perceptions of effective practicum supervision. *The Clinical Supervisor, 18,* 47-74. doi: 10.1300/J001v18n01_04

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

Holloway, E.L. (1992). Supervision: A way of teaching and learning. InS. D. Brown & R.W. Lent (Eds.), *Handbook of counseling psychology* (2nd ed., pp. 177-214). New York: John Wiley & Sons.

Holloway, E.L. (1995). *Clinical supervision: A systems approach.* Thousand Oaks, CA: Sage.

Holloway, E.L., & Aposhyan, H.W. (1994). The supervisor as teacher, model, and mentor for careers and psychotherapy. *Journal of Career Assessment, 2,* 191-197. doi:10.1177/106907279400200206

Holloway, E.L., & Neufeldt, S.A. (1995). Supervision: Its contributions to treatment efficacy. *Journal of Consulting and Clinical Psychology, 63,* 207-213. doi:10.1037/0022-006X.63.2.207

Huhra, R.L. Yamokoski-Maynhart, C.A., & Prieto, L.R. (2008). Reviewing videotape in supervision: A developmental approach. *Journal of Counseling & Development, 86,* 412-418. doi:10.1002/j.1556-6678.2008.tb00529.x

Ivey, A.E., Ivey, M.B., & Simek-Morgan, L. (1993). *Counseling and psychotherapy: A multicultural perspective* (3rd ed.). Needham Heights, MA: Allyn & Bacon.

Jacobs, D., David, P., & Meyer, D.J. (1995). *The supervisory encounter: A guide for teachers of psychotherapy and psychoanalysis.* New Haven, CT: Yale University Press.

Jacobsen, C.H., & Tanggaard, L. (2009). Beginning therapists' experiences of what constitutes good and bad psychotherapy supervision: With a special focus on individual difference. *Nordic Psychology, 61,* 59-84. doi:10.1027/1901-2276.61.3.59

Kagan, N. (1980). Influencing human interaction – Eighteen years with IPR. In A.K. Hess (Ed.), *Psychotherapy supervision: Theory, research, and practice* (pp. 262-283). New York: Wiley.

Kaslow, N.J. (2004). Competencies in professional psychology. *American Psychologist, 59,* 774-781. doi:10.1037/0003-066X.59.8.774

Kivlighan, D.M., Angelone, E.O., & Swafford, K.G. (1991). Live supervision in individual psychotherapy: Effects on therapist's intention use and client's evaluation of session effect and working alliance. *Journal of Counselling Psychology, 22,* 489-495. doi:10.1037/0735-7028.22.6.489

Knight, C. (2012). Therapeutic use of self: Theoretical and evidence-based considerations for clinical practice and supervision. *The Clinical Supervisor, 31,* 1-24. doi:10.1080/07325223.2012.676370

Knox, S., Burkard, A.W., Edwards, L.M., Smith, J.J., & Schlosser, L.Z., (2008). Supervisors' reports of the effects of supervisor self-disclosure on supervisees. *Psychotherapy Research, 18,* 543-559. doi:10.1080/10503300801982781

Knox, S., Edwards, L.M., Hess, S.A., & Hill, C.E. (2011). Supervisor self-disclosure: Supervisee's experiences and perspectives. *Psychotherapy, 48,* 336-341. doi:10.1037/a0022067

Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing.* Thousand Oaks, CA: SAGE Publications, Inc.

Ladany, N. (2004). Psychotherapy supervision: What lies beneath. *Psychotherapy Research, 14,* 1-19. doi:10.1093/ptr/kph001

Ladany, N., Hill, C.E., Corbett, M.M., & Nutt, E.A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology, 43,* 10-24. doi: 10.1037/0022-0167.43.1.10

Ladany, N. & Lehrman-Waterman, D. (1999). The content and frequency of

   supervisor self-disclosures and their relationship to supervisor style and

   the supervisory working alliance. *Counselor Education and Supervision,*

   38, 143-160. doi: 10.1002/j.1556-6978.1999.tb00567.x

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

   Psychotherapy supervisor ethical practices. *The Counseling Psychologist,*

   27, 443-475. doi: 10.1177/0011000099273008

Ladany, N., Marotta, S., & Muse-Burke, J.L. (2001). Counselor experience

   related to complexity of case conceptualization and supervision

   preference. *Counselor Education and Supervision, 40,* 203-219.

   doi:10.1002/j.1556-6978.2001.tb01253.x

Lambers, E. (2000). Supervision in person-centered therapy: Facilitating

   congruence. In E. Mearns & B. Thorne (Eds.), *Person-centered therapy*

   today: New frontiers in theory and practice (pp. 196-211). London: Sage.

Larson, L.M., & Daniels, J.A. (1998). Review of the counselling self-efficacy

   literature. *The Counseling Psychologist, 26,* 179-219.

   doi:10.1177/0011000098262001

Lawson, G., Hein, S.F., & Stuart, C.L. (2009). A qualitative investigation of

   supervisees' experience of triadic supervision. *Journal of Counseling &*

   Development, 87, 449-457. doi: 10.1002/j.1556-6678.2009.tb00129.x

Magolda, P., & Weems, L. (2002). Doing harm: An unintended consequence of

   qualitative inquiry? *Journal of College Student Development, 43,* 490-507.

   Retrieved from http://ovidsp.tx.ovid.com

Marshall, C., & Rossman, G.B. (2006). *Designing Qualitative Research.* (4th ed.). Thousand Oaks, CA: Sage Publications.

Mastoras, S.M., & Andrews, J.J.W. (2011). The supervisee experience of group supervision: Implications for research and practice. *Training and Education in Professional Psychology, 5,* 102-111. doi:10.1037/a0023567

McLeod, J. (2000). *Qualitative research in counselling psychology.* London: Sage.

Milne, D. (2009). *Evidence-based clinical supervision: Principles and practice.* West Sussex, United Kingdom: BPS Blackwell.

Milne, D.L., & James, I.A. (2002). The observed impact of training on competence in clinical supervision. *British Journal of Clinical Psychology, 41,* 55-72. doi:10.1348/014466502163796

Mitchell, G.J. (2001). A qualitative study exploring how qualified mental health nurses deal with incidents that conflict with their accountability. *Journal of Psychiatric and Mental Health Nursing, 8,* 241-248. doi:10.1046/j.1365-2850.2001.00385.x

Moffett, L.A. (2009). Directed self-reflection protocols in supervision. *Training and Education in Professional Psychology, 3,* 78-83. doi:10.1037/a0014384

Morgan, M.M., & Sprenkle, D.H. (2007). Toward a common-factors approach to supervision. *Journal of Marital and Family Therapy, 33,* 1-17. doi:10.1111/j.1752-0606.2007.00001.x

Nelson, M.L., Barnes, K.L., Evans, A.L., & Triggiano, P.J. (2008). Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psyychology, 55,* 172-184. doi:10.1037/0022-0167.55.2.172

Nassif, C., Schulenberg, S.E., Hutzell, R.R., & Rogina, J.M. (2010). Clinical supervision and logotherapy: Discovering meaning in the supervisory relationship. *Journal of Contemplative Psychotherapy, 40,* 21-29. doi:10.1007/s10879-009-9111-y

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

Nelson, M.L., Gizara, S., Hope, A., Weitzman, L., Phelps, R., Steward, R., Adkins, S., Norton, J., et al. (2006). A feminist multicultural perspective on supervision. *Journal of Multicultural Counseling and Development, 34,* 105-115. doi: 10.1002/j.2161-1912.2006.tb00031.x

Neufeldt, S.A., Karno, M.P., & Nelson, M.L. (1996). A qualitative study of experts' conceptualization of supervisee reflectivity. *Journal of Counseling Psychology, 43,* 3-9. doi:10.1037/0022-0167.43.1.3

Nicol, D.J., & Macfarlane-Dick, D. (2006). Formative assessment and self-regulated learning: A model and seven principles of good feedback practice. *Studies in Higher Education, 31,* 199-218. doi:10.1080/03075070600572090

Norcross, J.C., & Newman, C.F. (1992). Psychotherapy intergrationL Setting the context. In J.C. Norcross & M.R. Goldfriend (Eds.), *Handbook of psychotherapy integration* (pp. 3-45_. New York: Basic Books.

Norman, I.J., Redfern, S.J., Tomalin, D.A., & Oliver, S. (1992). Developing Flanagan's critical incidents technique to elicit indicators of high and low quality nursing care from patients and their nurses. *Journal of Advanced Nursing, 17,* 590-600. Retrieved from http://ovidsp.tx.ovid.com/sp-3.4.1b/ovidweb.cgi

O'Donovan, A., Halford, W.K., & Walters, B. (2011). Towards best practice supervision of clinical psychology trainees. *Australian Psychologist, 46,* 101-112. doi:10.1111/j.1742-9544.2011.00033.x

Olson, M.M., Russell, C.S., & White, M.B. (2001). Technological implications for clinical supervision and practice. *The Clinical Supervisor, 20,* 201-215. doi:10.1300/J001v20n02_15

Ooijen, E.V. (2003). *Clinical supervision made easy.* Philadelphia: Elsevier Science Limited.

Orchowski, L., Evangelista, N.M., & Probst, D.R. (2010). Enhancing supervisee reflectivity in clinical supervision: A case study illustration. *Psychotherapy Theory, Research, Practice, Training, 47,* 51-67. doi:10.1037/a0018844

Overholser, J.C. (1991). The Socratic method as a technique in psychotherapy supervision. *Professional Psychology: Research and Practice, 22,* 68-74. doi:10.1037/0735-7028.22.1.68

Patterson, C.H. (1997). Client-centered supervision. In C. Watkins Jr. (Ed.),

    Handbook of psychotherapy supervision (pp. 134-146). New York: Wiley.

Peake, T., Nussbaum, B., & Tindell, S. (2002). Clinical and counselling

    supervision references: Trends and needs. *Psychotherapy:*

    Theory/Research/Practice/Training, 39, 197-202. doi:10.1037/0033-

    3204.39.1.114

Porter, N., & Vasquez, M. (1997). Covision: Feminist supervision, process, and

    collaboration. In J. Worell & N. G. Johnson (Eds.), *Shaping the future of*

    feminist psychology (pp. 155-171. Washington, DC: American

    Psychological Association.

Prouty, A. (2001). Experiencing feminist family therapy supervision. *Journal of*

    Feminist Family Therapy, 12, 171-203. doi:10.1300/J086v12n04_01

Prouty, A.M., Thomas, V., Johnson, S., & Long, J.K. (2001). Methods of feminist

    family therapy supervision. *Journal of Marital and Family Therapy, 27,*

    85-97. doi:10.1111/j.1752-0606.2001.tb01141.x

Rademacher, R., Simpson, D., & Marcdante, M. (2010). Critical incidents as a

    technique for teaching professionalism. *Medical Teacher, 32,* 244-249.

    doi:10.3109/01421590903197001

Reese, R.J., Aldarondo, F., Anderson, C.R., Lee, S.J., Miller, T.W., & Burton, D.

    (2009). Telehealth in clinical supervision: A comparison of supervision

    formats. *Journal of Telemedicine and Telecare, 15,* 356-361.

    doi:10.1258/jtt.2009.090401

Rings, J.A., Genuchi, M.C., Hall, M.D., Angelo, M.A., Cornish, J.A. (2009). Is there consensus among predoctoral internship training directors regarding clinical supervision competencies? A descriptive analysis. *Training and Education in Professional Psychology, 3,* 140-147. doi:10.1037/a0015054

Riva, M.T., & Erickson, J.C. (2008). Group supervision practices at psychology predoctoral internship programs: 15 years later. *Training and Education in Professional Psychology, 2,* 18-25. doi:10.1037/1931-3918.2.1.18

Rogers, C.R. (1958). The characteristics of a helping relationship. *Personnel and Guidance Journal, 37,* 6-16. Retrieved from http://ovidsp.tx.ovid.com/sp-3.4.1b/ovidweb.cgi

Rogers, C.R. (1961). *On becoming a person.* London: Constable.

Ronnestad, M.H., & Ladany, N. (2006). The impact of psychotherapy training: Introduction to the special section. *Psychotherapy Research, 16,* 261-267. doi:10.1080/10503300600612241

Ronnestad, M.H., & Orlinsky, D.E. (2005). Clinical implications: Training, supervision, and practice. In D.E. Orlinsky & M.H. Ronnestad *How psychotherapists develop: A study of therapeutic work and professional growth* (pp. 181-201). Washington: American Psychological Association.

Ronnestad, M.H., & Skovholt, T.M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30,* 5-44. doi:10.1023/A:1025173508081

Sadler, D.R. (2009). Grade integrity and representation of academic achievement. *Studies in Higher Education, 34,* 807-826.

Sarnat, J. (1998). Rethinking the role of regressive experience in psychoanalytic supervision. *Journal of the American Academy of Psychoanalysis, 26,* 529-544. Retrieved from http://ovidsp.tx.ovid.com/sp-3.4.1b/ovidweb.cgi

Seeskin, K. (1987). *Dialogue and discovery: A study in Socratic method.* Albany: State University of New York Press.

Shanfield, S.B., Hetherly, V.V., Matthews, K.L. (2001). Excellent supervision: The residents' perspective. *Journal of Psychotherapy Practice and Research, 10,* 23-27. Retrieved from http://ovidsp.tx.ovid.com/sp-3.4.1b/ovidweb.cgi

Sharoff, L. (2008). Critique of the critical incident technique. *Journal of Research in Nursing, 13,* 301-309.

Skovholt, T.M., & Ronnestad, M.H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30,* 45-58. doi:10.1023/A:1025125624919

Smith, H.D. (1984). Moment-to-moment counselling process feedback using a dual-channel audiotape recording. *Counselor Education and Supervision, 23,* 346-349. doi: 10.1002/j.1556-6978.1984.tb00624.x

Sprenkle, D.H. (1999). Toward a general model of family therapy supervision: Comment on Roberts, Winek, and Mulgrew. *Contemporary Family Therapy, 21,* 309-315. doi: 10.1023/A:1021956214595

Sprenkle, D.H., & Wilkie, S.G. (1996). Supervision and training. In F.P. Piercy, D.H. Sprenkle, & J.L. Wetchler (Eds.), *Family Therapy Sourcebook* (2nd ed., pp. 350-391). New York: Guilford Press.

Stahl, J.V., Hill, C.E., Jacobs, T., Kleinman, S., Isenberg, D., & Stern, A. (2009). When the shoe is on the other foot: A qualitative study of intern-level trainees' perceived learning from clients. *Psychotherapy Theory, Research, Practice, Training, 46,* 376-389. doi: 10.1037/a0017000

Stinchfield, T.A., Hill, N.R., & Kleist, D.M. (2007). The reflective model of triadic supervision: Defining an emerging modality. *Counselor Education & Supervision, 46,* 172-183. doi:10.1002/j.1556-6978.2007.tb00023.x

Stoltenberg, C.D. (2005). Enhancing professional competence through developmental approaches to supervision. *American Psychologist, 60*, 857-864. doi:10.1037/0003-066X.60.8.85

Stoltenberg, C.D., & McNeill, B.W. (2010). *IDM supervision: An integrative developmental model for supervising counselors and therapists.* (3rd ed.). New York, NY: Routledge.

Stoltenberg, C.D., McNeill, B.W., & Crethar, H.C. (1994). Changes in supervision as counselors gain experience: A review. *Professional Psychology: Research and Practice, 25,* 416-449. doi:10.1037/0735-7028.25.4.416

Stoltenberg, C.D., McNeill, B.W., & Delworth, U. (1998). *IDM supervision: An integrated developmental model of supervising counselors and therapists.* San Francisco, CA: Jossey-Bass.

Storm, C.L., Todd, T.C., Sprenkle, D.H., & Morgan, M.M. (2001). Gaps between MFT supervision assumptions and common practice: Suggested best practices. *Journal of Marital & Family Therapy, 27,* 227-230. doi:10.1111/j.1752-0606.2001.tb01159.x

Sumerall, S.W., Barke, C.R., Timmons, P.L., Oehlert, M.E., Lopez, S.J., & Trent, D.D. (1998). The adaptive counselling and therapy model and supervision of mental health care. *The Clinical Supervisor, 17,* 171-176. doi:10.1300/J001v17n02_11

Talbot, N.L. (1995). Unearthing shame in the supervisory experience. *American Journal of Psychotherapy, 49,*338-349. Retrieved from www.ovidsp.tx.ovid.com.

Tebes, J.K., Matlin, S.L., Migdole, S.J., Farkas, M.S., Money, R.W., Shulman, L., & Hoge, M.A. (2011). Providing competency training to clinical supervisors through an interactional supervision approach. *Research on Social Work Practice, 21,* 190-199. doi:10.1177/1049731510385827

Thomas, J.T. (2010). *The ethics of supervision and consultation: Practical guidance for mental health professionals.* Washington, DC: American Psychological Association.

Todd, T.C., & Storm, C.L. (Eds.). (1997). *The complete supervisor: Context, philosophy and pragmatics.* Needham Heights, MA: Allyn and Bacon.

Urbani, S., Smith, M.R., Maddux, C.D., Smaby, M.H., Torres-Rivera, E., & Crews, J. (2002). Skills-based training and counselling self-efficacy.

Counselor Education and Supervision, 42, 92-106. doi:10.1002/j.1556-6978.2002.tb01802.x

Vallance, K. (2004). Exploring counsellor perceptions of the impact of counselling supervision on clients. *British Journal of Guidance and Counselling, 32,* 559-574. doi:10.1080/03069880412331303330

Veach, P.M. (2001). Conflict and counterproductivity in supervision – when relationships are less than ideal: Comment on Nelson and Friedlander (2001) and Gray et al. (2001). *Journal of Counseling Psychology, 48,* 396-400. doi:10.1037//0022-0167.48.4.396

Vespia, K.M., Heckman-Stone, C., & Delworth, U. (2002). Describing and facilitating effective supervision behaviour in counselling trainees. *Psychotherapy: Theory, Research, Practice, Training, 39,* 56-65. doi:10.1037/0033-3204.39.1.56

Watkins, C.E., Jr. (1995). Psychotherapy supervisor and supervisee: Developmental models and research nine years later. *Clinical Psychology Review, 7,* 647-680. doi:10.1016/0272-7358(95)00038-Q

Watkins, C.E., Jr. (1995). Psychotherapy supervision in the 1990s: Some observations and reflections. *American Journal of Psychotherapy, 49,* 568-581. Retrieved from http://ovidsp.tx.ovid.com/sp-3.4.1b/ovidweb.cgi

Watkins, C.E., Jr. (1997). Some concluding thoughts about psychotherapy supervision. In C.E. Watkins Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 44-62). New York: Wiley.

Watkins, C.E., Jr. (2011). Psychotherapy supervision since 1909: Some friendly

observations about its first century. *Journal of Contemporary*

Psychotherapy, 41, 57-67. doi:10.1007/s10879-010-9152-2

Watson, M.F. (1993). Supervising the person of the therapist: Issues, challenges

and dilemmas. *Contemporary Family Therapy, 15,* 21-31. doi:

10.1007/BF00903485

Westberg, J., & Jason, H. (1993). Providing constructive feedback. In J. Westberg

& H. Jason (Eds.)., *Collaborative clinical education: The foundation of*

effective health care (pp. 297-318). New York: Springer Publishing.

Wheeler, S., & Richards, K. (2007). The impact of clinical supervision on

counsellors and therapists, their practice and their clients. A systematic

review of the literature. *Counselling and Psychotherapy Research, 7,* 54-

65. doi:10.1080/14733140601185274

Whisenhunt, B.J., Romans, J.S.C., Boswell, D.L., & Carlozzi, A.F. (1997).

Counseling students' perceptions of supervisory modalities. *The Clinical*

Supervisor, 15, 79-90. doi:10.1300/J001v15n02_06

White, M.B., & Russell, C.S. (1995). The essential elements of supervisory

systems: A modified Delphi study. *Journal of Marital and Family*

Therapy, 21, 33-53. doi:10.1111/j.1752-0606.1995.tb00137.x

Whiting, P.P., Bradley, L.J., & Planny, K.J. (2001). Supervision-based

developmental models of counselor supervision. In L.J. Bradley & N.

Ladany (Eds.), *Counselor supervision: Principles, Process and Practice*

(pp. 125-146). Philadelphia, PA: Brunner-Rutledge.

Woolsey, L.K. (1986). The critical incident technique: An innovative qualitative

method of research. *Canadian Journal of Counselling, 20,* 242-254.

Retrieved from http://ovidsp.tx.ovid.com/sp-3.4.1b/ovidweb.cgi

Worthen, V., & McNeill, B.W. (1996). A phenomenological investigation of

"good" supervision events. *Journal of Counseling Psychology, 43,* 25-34.

doi:10.1037/0022-0167.43.1.25

Yourman, D.B., & Farber, B.A. (1996). Nondisclosure and distortion in

psychotherapy supervision. *Psychotherapy: Theory, Research, Practice,*

Training, 33, 567-575. doi:10.1037/0033-3204.33.4.567

Appendix A

Recruitment Poster – Supervisee

Are you a Counselling or Clinical Psychology graduate student?

- Are you in enrolled in a full-time, in-person masters- or doctoral-level program?
- Have you completed at least one supervised clinical practicum experience?

Participate in a study on clinical supervision!

Contact Chiara Papile at papile@ualberta.ca

(780) 566-2462

(Supervisor Dr. Robin Everall can be reached at robin.everall@ualberta.ca)

Recruitment Poster - Supervisor

Are you a clinical supervisor?

- Have you supervised or do you currently supervise counselling or clinical psych students completing their masters or doctoral degree?

- Do you have at least two years of experience supervising graduate students' clinical practicums?

Participate in a study on clinical supervision!

Contact Chiara Papile at papile@ualberta.ca

(780) 566-2462

(Supervisor Dr. Robin Everall can be reached at robin.everall@ualberta.ca)

Appendix B

UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Information Letter - Supervisee

Project Title: Two sides to the coin: An exploration of helpful and hindering supervision events contributing to psychologist competence

Principal Researcher: Chiara Papile, M.A.
Research Supervisor: Dr. Robin Everall

To Research Participant:

I am writing to offer you the opportunity to participate in a research project entitled "Two sides to the coin: An exploration of helpful and hindering supervision events contributing to psychologist competence". The purpose of this research is to explore the critical incidents (significant events) occurring during your experiences in supervision that you believe helped and hindered your sense of competence as a psychologist-in-training. This information can provide further knowledge regarding effective supervisory practices in order to benefit students training to become professional psychologists. I am doing this research as the dissertation component of my doctorate in Counselling Psychology at the University of Alberta.

For the purpose of this study I am recruiting individuals who:

a) Are enrolled in an in-person, full-time masters or doctoral degree in clinical or counselling psychology,

and

b) Have completed at least one supervised clinical practicum experience.

A description of what your participation in this study would entail and the precautions that will be taken to protect your privacy are described below.

If I decide to participate, I understand that:

1. I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.

2. I will participate in one face-to-face interview that will be audio-recorded. If a face-to-face interview is not possible, then a video chat interview (i.e.,

skype) or telephone interview will be conducted. The topic of the interview will be on my experiences as a supervisee.

3. All of my information that is collected (for example transcripts and audio-recordings of my interviews) will be labelled with a pseudonym. All of the tapes, transcriptions, and research documents from the study will be secured in a locked filing cabinet for five years following the completion of the research project. After this time they will be destroyed. This is all done to ensure my privacy, confidentiality, and anonymity.

4. The findings from this study will be compiled into a dissertation, as well as they may be presented at conferences and reported in academic journals. However, none of my identifying information, including my name or identifying characteristics, will be used in any presentations or publications of the results.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) for studies of emergent design at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Coordinator of the REB 1 at (780) 492-2614.

My participation in this study is completely voluntary, and I am free to withdraw my participation at any time. I have the right to opt out of this study without prejudice, and any of my collected data will not be included in the study.

If you choose to be involved in this study, please contact me at (780) 566-2462 or email me at papile@ualberta.ca to indicate your interest. Also, if you have any questions or would like more information, please contact me or my research supervisor.

Principal Researcher: **Supervising Researcher:**
Chiara Papile   Dr. Robin Everall

Department of Educational Psychology   Department of Educational
                  Psychology
University of Alberta   University of Alberta
(780) 566-2462   (780) 492-1163
papile@ualberta.ca   robin.everall@ualberta.ca

Thank you for considering participation in this study.

Sincerely,

_____

Chiara Papile, M.A.
Doctoral Candidate, Department of Educational Psychology
University of Alberta

UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Information Letter - Supervisor

Project Title: Two sides to the coin: An exploration of helpful and hindering supervision events contributing to psychologist competence

Principal Researcher: Chiara Papile, M.A.
Research Supervisor: Dr. Robin Everall

To Research Participant:

I am writing to offer you the opportunity to participate in a research project entitled "Two sides to the coin: An exploration of helpful and hindering supervision events contributing to psychologist competence". The purpose of this research is to explore the critical incidents (significant events) occurring in supervision that you believe helped and hindered your supervisee's sense of competence as a psychologist. This information can provide further knowledge regarding effective supervisory practices in order to benefit supervisors and students. I am doing this research as the dissertation component of my doctorate in Counselling Psychology at the University of Alberta.

For the purpose of this study I am recruiting individuals who:

 a) Have supervised, or are currently supervising masters- or doctoral-level students enrolled in a full-time, in-person clinical or counselling psychology program,

and

b) Have had a minimum of two years experience supervising masters- or doctoral-level clinical or counselling psychology students.

A description of what your participation in this study would entail and the precautions that will be taken to protect your privacy are described below.

If I decide to participate, I understand that:

1. I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.

2. I will participate in one face-to-face interview that will be audio-recorded. If a face-to-face interview is not possible, then a video chat interview (i.e.,

skype) or telephone interview will be conducted. The topic of the interview will be on my experiences as a supervisor.

3. All of my information that is collected (for example transcripts and audio-recordings of my interviews) will be labelled with a pseudonym. All of the tapes, transcriptions, and research documents from the study will be secured in a locked filing cabinet for five years following the completion of the research project. After this time they will be destroyed. This is all done to ensure my privacy, confidentiality, and anonymity.

4. The findings from this study will be compiled into a dissertation, as well as they may be presented at conferences and reported in academic journals. However, none of my identifying information, including my name or identifying characteristics, will be used in any presentations or publications of the results.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) for studies of emergent design at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Coordinator of the REB 1 at (780) 492-2614.

My participation in this study is completely voluntary, and I am free to withdraw my participation at any time. I have the right to opt out of this study without prejudice, and any of my collected data will not be included in the study.

If you choose to be involved in this study, please contact me at (780) 566-2462 or email me at papile@ualberta.ca to indicate your interest. Also, if you have any questions or would like more information, please contact me or my research supervisor.

Principal Researcher: **Supervising Researcher:**
Chiara Papile   Dr. Robin Everall
Department of Educational Psychology   Department of Educational
                    Psychology
University of Alberta   University of Alberta
(780) 566-2462   (780) 492-1163
papile@ualberta.ca   robin.everall@ualberta.ca

Thank you for considering participating in this study.

Sincerely,

Chiara Papile, M.A.
Doctoral Candidate, Department of Educational Psychology
University of Alberta

Appendix C

Participant Screening and Demographic Form - Supervisee

<u>Eligibility criteria</u>

- Degree you are currently working towards (clinical or counselling psychology):

- Is this an in-person, full-time program?

- Throughout your clinical or counselling graduate degree, have you completed at

least one supervised practicum experience with real clients?

<u>Descriptive information</u>

- Gender:

- Age:

- University:

- Department:

- Previous degrees:

- Practicum experience:

- Supervision obtained in current degree:

- Supervision experience in past degree and/or during work or volunteer

experiences:

Participant Screening and Demographic Form - Supervisor

Eligibility criteria

- Do you have a masters or doctoral degree in clinical or counselling psychology?

- Have you supervised or are you currently supervising the clinical practicum of a

masters- or doctoral-level clinical or counselling student?

- Do you have at least two years of experience supervising the clinical practicum

of graduate clinical or counselling students?

Descriptive information

- Gender:

- Age:

- Educational history:

- Counselling work experience:

- Current or past supervision involvement:

- Have you had any formal training in the area of supervision?

Appendix D

UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Consent Form - Supervisee

Project Title: Two sides to the coin: An exploration of helpful and hindering supervision events contributing to psychologist competence.

Principal Researcher: Chiara Papile, M.A.
Research Supervisor: Dr. Robin Everall

This study is for completion of the principal researcher's Doctorate of Counselling Psychology.

Thank you for your interest in participating in this study. The purpose of this research is to explore the critical incidents (significant events) occurring in supervision that you believe helped and hindered your sense of competence as a psychologist. This information can provide further knowledge regarding effective supervisory practices in order to benefit students and supervisors.

A description of your participation in this study and the precautions that will be taken to protect your privacy are described below.

My participation in this study will involve the following:

1. I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.

2. I will participate in one interview that will be audio-recorded and transcribed. If a face-to-face interview is not possible, a video (i.e., skype) or telephone interview will be conducted.

My privacy will be maintained in this study by the following procedures:

3. All of my information that is collected (for example transcripts and recordings of my interviews) will be labelled with a pseudonym. In addition, all of the recordings, transcriptions, and research documents from the study will be secured in a locked filing cabinet for five years following the completion of the research project. After this time they will be destroyed. This is all done to ensure my privacy, confidentiality, and anonymity.

4. The findings from this study will be compiled into a thesis, as well as they may be presented at conferences and reported in academic journals. However, none of my identifying information, including my name or identifying characteristics, will be used in any presentations or publications of the results.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) for studies of emergent design at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Coordinator of the REB 1 at (780) 492-2614.

My participation in this study is completely voluntary, and I am free to withdraw my participation at any time. I have the right to opt out of this study without prejudice, and any of my collected data will not be included in the study.

Having read and understood all of the above, I _____ agree to participate freely and voluntarily in this study.

_____   _____
Signature of Participant   Date

_____   _____
Signature of Researcher as Witness   Date

Two copies of this consent form will be provided. One is to be kept by you for your records, and the other is to be returned to the researcher.

If you have any questions or concerns about this research, please contact:

Principal Researcher:	**Supervising Researcher:**
Chiara Papile, M.A.	Dr. Robin Everall
Department of Educational Psychology	Department of Educational Psychology
University of Alberta	University of Alberta
(780) 566-2462	(780) 492-1163
papile@ualberta.ca	robin.everall@ualberta.ca

UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Consent Form – Supervisor

Project Title: Two sides to the coin: An exploration of helpful and hindering supervision events contributing to psychologist competence.

Principal Researcher: Chiara Papile, M.A.
Research Supervisor: Dr. Robin Everall

This study is for completion of the principal researcher's Doctorate of Counselling Psychology.

Thank you for your interest in participating in this study. The purpose of this research is to explore the critical incidents (significant events) occurring in supervision that you believe helped and hindered your supervisee's sense of competence as a psychologist. This information can provide further knowledge regarding effective supervisory practices in order to benefit supervisors and students.

A description of your participation in this study and the precautions that will be taken to protect your privacy are described below.

My participation in this study will involve the following:

1. I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.

2. I will participate in one interview that will be audio-recorded and transcribed. If a face-to-face interview is not possible, a video (i.e., skype) or telephone interview will be conducted.

My privacy will be maintained in this study by the following procedures:

3. All of my information that is collected (for example transcripts and recordings of my interviews) will be labelled with a pseudonym. In addition, all of the recordings, transcriptions, and research documents from the study will be secured in a locked filing cabinet for five years following the completion of the research project. After this time they will be destroyed. This is all done to ensure my privacy, confidentiality, and anonymity.

4. The findings from this study will be compiled into a thesis, as well as they may be presented at conferences and reported in academic journals.

However, none of my identifying information, including my name or identifying characteristics, will be used in any presentations or publications of the results.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) for studies of emergent design at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Coordinator of the REB 1 at (780) 492-2614.

My participation in this study is completely voluntary, and I am free to withdraw my participation at any time. I have the right to opt out of this study without prejudice, and any of my collected data will not be included in the study.

Having read and understood all of the above, I _____ agree to participate freely and voluntarily in this study.

_____   _____

Signature of Participant   Date

_____   _____

Signature of Researcher as Witness   Date

Two copies of this consent form will be provided. One is to be kept by you for your records, and the other is to be returned to the researcher.

If you have any questions or concerns about this research, please contact:

Principal Researcher: **Supervising Researcher:**
Chiara Papile, M.A.   Dr. Robin Everall
Department of Educational Psychology   Department of Educational
                        Psychology
University of Alberta   University of Alberta
 (780) 566-2462   (780) 492-1163
papile@ualberta.ca   robin.everall@ualberta.ca

Appendix E

Interview Guide - Supervisee

Note: These guiding interview questions are for the interviewer only and are intended to be open ended. They will be read out to the participant and will mainly be used to elicit participant accounts of significant events in the supervisory process. Follow-up questions will be asked to obtain more detail and allow for personal experiences to be shared fully.

Thank you for agreeing to meet with me. I very much appreciate you sharing your experiences to further my research.

Before we get started on the interview, I would like to have you look over and sign the consent form, which is a requirement for all studies conducted at the University of Alberta. Although you have already seen this as I sent it over email (or fax or regular mail), I'd like to go over it with you right now to make sure the content is clear, and to answer any questions that you may have.

Go over consent form out loud, and have participant sign. Answer all questions.

I would like to tell you a little bit about myself before we start the interview. As I already mentioned when we first spoke on the phone, I am a doctoral student in counselling psychology at the University of Alberta. I am interested in the topic of supervision due to my own experiences as both a supervisor and supervisee. I am conducting this study as a requirement for my degree. Through the results of this study I hope to provide information for both students and supervisors as to how to have the most effective supervisory experience possible.

Our interview today will be focused on critical incidents, also explained as significant events, occurring throughout your supervisory experiences that you believe significantly helped and hindered your sense of competence as a psychologist.

If a masters student: I will ask you to think back to all your supervisory experiences since the start of your masters degree. If you have had more than one supervisor, you may discuss events occurring with any (or all) of them.

If a doctoral student: I will ask you to think back to all your supervisory experiences since the start of your graduate degree. This means that you can think back to experiences you had during your masters degree as well; however, I will ask you to identify whether the incident occurred during your doctoral or masters degree. If you have had more than one supervisor, you may discuss events occurring with any (or all) of them.

By critical incidents I mean isolated significant events in your supervisory process that in some way influenced your sense of competence as a psychologist, either by helping or hindering your effectiveness. These could also be seen as significant turning points. These can be both positive or negative incidents. I am most interested in specific behaviours and other observable events, and these can be things that either you or your supervisor did, things that you did together, or something else that happened. You are free to think back on things that happened today, yesterday, weeks, or months ago, as long as the event occurred during your graduate degree in clinical or counselling psychology.

By psychologist competence I mean possessing the required skill, knowledge, or capacity to engage in therapeutic work such as case conceptualizing, displaying empathy, building rapport, treatment planning, employing a theoretical orientation, understanding and implementing ethical requirements, and providing diagnoses. Of course there are other areas of psychologist competence as well; you are not restricted to those I just mentioned.

Please describe each critical incident completely and in as much detail as possible. I will likely ask you some follow-up questions to ensure I get a clear idea of each event and the impact it had on your effectiveness as a counsellor.

Do you have any questions?

The interview will likely take 1.5 hour to 2 hours, and, as I mentioned previously, will be audiotaped. This is done so that later I can listen to the tape and ensure I captured your responses properly. Throughout the interview I will also take notes regarding the events you are describing. At the completion of the interview I will briefly go over with you the critical incidents you've described and give you the opportunity to modify your responses. If at any time during the interview you require a break, please let me know. Also, remember that you are free to withdraw your participation at any time without penalty.

Okay, now let's get started. You can feel free to think about either helping of hindering critical incidents that occurred during supervision, and alternate between these. Again, I'm looking for specific behaviours and other observable incidents. I will ask you to describe the context of the incident and will ask you about what happened before, during, and after the incident, with a specific focus on actions, words, thoughts, and feelings that occurred.

1. Please describe any such critical incidents in your supervision experiences since the beginning of your graduate degree. Please provide a description of what happened.

2. What made this a significant incident for you?

3. How did it help or hinder your sense of competence as a psychologist?

After incidents have been described:

Thank you for sharing your experiences with me. What I'd like to do now is read out to you the critical incidents that I noted down as you were talking. For each one, I'd like you to tell me whether what I say reflects your experiences properly. You can feel free to make any adjustments.

Go through incidents.

Thank you for re-visiting those with me. This completes our interview today. Before we end off, do you have any last questions?

Thank you again for your help in contributing to my research. If any questions come up, please do not hesitate to contact me.

Interview Guide – Supervisor

Note: These guiding interview questions are for the interviewer only and are intended to be open ended. They will be read out to the participant and will mainly be used to elicit participant accounts of significant events in the supervisory process. Follow-up questions will be asked to obtain more detail and allow for personal experiences to be shared fully.

Thank you for agreeing to meet with me. I very much appreciate you sharing your experiences with me to further my research.

Before we get started on the interview, I would like to have you look over and sign the consent form, which is a requirement for all studies conducted at the University of Alberta. Although you have already seen this as I sent it over email (or fax, or regular mail), I'd like to go over it with you right now to make sure the content is clear, and to answer any questions that you may have.

Go over consent form out loud, and have participant sign. Answer all questions.

I would like to tell you a little bit about myself before we start the interview. As I already mentioned when we first spoke on the phone, I am a doctoral student in counselling psychology at the University of Alberta. I am interested in the topic of supervision due to my own experiences as both a supervisor and supervisee. I am conducting this study as a requirement for my degree. Through the results of this study I hope to provide information for both students and supervisors as to how to have the most effective supervisory experience possible.

Our interview today will be focused on critical incidents, also described as significant events, occurring throughout your supervisory experiences that you

believe have helped or hindered your supervisee's sense of competence as a psychologist. I will ask you to think back to all your experiences supervising either masters- or doctoral-level counselling or clinical psychology students.

By critical incidents I mean isolated significant events in the supervisory process that you believe in some way helped or hindered the competence of your supervisee as a psychologist. These can also be seen as significant turning points. These can be both positive or negative incidents. I am most interested in specific behaviours and other observable incidents, and these can be things that either you or your supervisee did, things that you did together, or something else that happened. You are free to think back on things that happened today, yesterday, weeks, months, or years ago. For each incident that you share, I will ask you indicate whether it occurred with a masters- or a doctoral-level student.

By psychologist competence I mean possessing the required skill, knowledge, or capacity to engage in therapeutic work such as case conceptualizing, displaying empathy, building rapport, treatment planning, employing a theoretical orientation, understanding and implementing ethical requirements, and providing diagnoses. Of course there are other areas of psychologist competence as well; you are not restricted to those I just mentioned.

Please describe each critical incident completely and in as much detail as possible. I will likely ask you some follow-up questions to ensure I get a clear idea of each incident and the impact it had on your supervisee's sense of competence as a psychologist.

Do you have any questions?

The interview will likely take 1.5 hour to 2 hours, and, as I mentioned previously, will be audiotaped. This is done so that later, I can listen to the tape and ensure I captured your responses properly. Throughout the interview I will also take notes regarding the critical incidents you are describing. At the completion of the interview I will briefly go over with you the incidents you've described and give you the opportunity to modify your responses. If at any time during the interview you require a break, please let me know. Also, remember that you are free to withdraw your participation at any time without penalty.

Okay, now let's get started. You can feel free to think about either helpful of hindering critical incidents, and alternate between these. Again, I'm looking for specific behaviours and other observable incidents. I will ask you to describe the context of the incident and will ask you about what happened before, during, and after the incident, with a specific focus on actions, words, thoughts, and feelings that occurred.

1. Please describe any such critical incident throughout your supervisory experiences. Please provide a thorough description of what happened.

2. What do you believe made this a significant incident for your supervisee?

3. What part did you play in the incident? What part did you supervisee play?

4. How do you believe this incident helped or hindered your supervisee's sense of competence as a psychologist?

After incidents have been described:

Thank you for sharing your experiences with me. What I'd like to do now is read out to you the critical incidents that I noted down as you were talking. For each one, I'd like you to tell me whether what I say reflects your experiences properly. You can feel free to make any adjustments.

Go through incidents.

Thank you for re-visiting those with me. This completes our interview today. Before we end off, do you have any last questions?

Thank you again for your help in contributing to my research. If any questions come up, please do not hesitate to contact me.

Appendix F

Transcriber Confidentiality Agreement

Project Title: Two sides to the coin: An exploration of helpful and hindering supervision events contributing to psychologist competence

Principal Researcher: Chiara Papile

Research Supervisor: Dr. Robin Everall

I agree to -

1.   keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, digital recordings, transcripts) with anyone other than the researcher, Chiara Papile, or research supervisor, Dr. Robin Everall.

2.   keep all research information in any form or format (e.g., disks, digital recordings, transcripts) secure while it is in my possession.

3.   return all research information in any form or format (e.g., disks, digital recordings, transcripts) to the researcher, Chiara Papile, or research supervisor, Dr. Robin Everall , when I have completed the transcription tasks.

4.   after consulting with the researcher, Chiara Papile, erase or destroy all research information in any form or format regarding this research project that is not returnable to the researcher, Chiara Papile (e.g., information stored on computer hard drive).

Signed:

_____   _____ _____
(Print Name)   (Signature)   (Date)