

Clinical Supervisors' Experience of Asking Supervisees for Feedback on Their  
Supervision: A Consensual Qualitative Research Study

by

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### Abstract

Clinical supervision is a critical part of training mental health professionals. Feedback has the potential to improve performance across professionals, including clinical supervisors. And, for supervisors, asking supervisees for feedback is an important part of clinical supervision due to its potential to improve supervisory alliances, supervision outcomes, and supervisors' expertise. Unfortunately, little is known about the process of supervisors asking for feedback from supervisees, as most studies relate only to supervisor-to-supervisee feedback – not supervisee-to-supervisor feedback. The purpose of this qualitative study is to develop an in-depth understanding of Canadian supervisors' experiences of asking supervisees for feedback. Using Consensual Qualitative Research (CQR), 11 supervisors were interviewed about their feedback-asking approach. Based on interview data, three factors, or reasons for asking for feedback, emerged: internal factors (e.g., motivation to become a better supervisor), external factors (e.g., communication with colleagues), and past experiences (e.g., prior training/professional development). Supervisors also mentioned several challenges, including the possibility of receiving negative feedback and power dynamics. For some supervisors, however, asking for feedback reportedly comes naturally. Additionally, supervisors reported several benefits of asking for feedback, including strengthening the supervisory relationship, enhancing professional growth, and increased efficacy regarding supervision skills. Moreover, supervisors reported using various feedback-asking methods, including diverse formats, frequencies, and techniques. Lastly, supervisors noted various methods of

facilitating supervisee-to-supervisor feedback, such as building strong supervisory relationships, communicating clear expectations from the get-go, modelling the feedback-asking process, being openminded, and having a growth mindset. The study's limitations, contributions to the literature, directions for future research, and implications for supervision practice are discussed.

*Keywords:* clinical supervision, feedback in supervision, supervisee-to-supervisor feedback, consensual qualitative research

## Preface

This dissertation is an original work by Houyuan Luo, M.A. It received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Reciprocal feedback in Clinical Practice: A Qualitative Multiple Case Study,” No. Pro00079713, April 16, 2018.

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## Glossary of Terms

*Clinical Supervision.* It is the signature pedagogy of mental health professions in which senior professionals foster junior members' professional development through support, education, and ensuring client welfare through evaluation and gatekeeping (Bernard & Goodyear, 2014).

*Collaborative Supervision.* The extent to which supervisors and supervisees mutually agree/work together on establishing processes and activities of clinical supervision (Rousmaniere & Ellis, 2013).

*Consensual Qualitative Research.* A distinct qualitative design influenced by grounded theory, comprehensive process analysis, interpretive phenomenological analysis, and feminist theories. It has eight components and three steps. A distinctive feature is the consensus process in which data analysis judges and auditors achieve agreement on coding analyses (Hill, 2012).

*Core Idea Abstraction.* The second major step in CQR data analysis. In this step, the analysis team constructs the summaries of data capturing the essence of participants' statements. The goal is to transform individual narratives into clear and understandable language enabling researchers to compare data across cases. Also, a team consensus approach is used for quality assurance (Hill, 2012).

*Cross-case Analysis.* The third major step in CQR data analysis. In this step, the analysis team identifies common themes within the domains identified in previous steps (Hill, 2012).

*Domain Coding.* The first major step in CQR data analysis. In this step, the

analysis team creates a list of meaningful and unique topics that emerged from the interview transcripts; it is highly inductive. Also, a team consensus approach is used for quality assurance (Hill, 2012).

*Feedback.* Information provided by an agent (e.g., teacher, peer, book, parent, self, experience) regarding aspects of one's performance or understanding (Hattie & Timperley, 2007)

*Qualitative Research.* Qualitative research begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems. A core focus is meaning individuals or groups ascribe to a social or human problem. Qualitative researchers take an emerging qualitative approach to inquiry, and collect data in natural settings that are sensitive to the people and places under study. Data analysis is both inductive and deductive and often identifies patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change (Creswell & Poth, 2017).

*Representativeness of Themes.* In traditional CQR designs, analysis teams determine the representativeness of themes by calculating frequencies for each domain based on the number of participants who report core ideas within categories and subcategories. When a category consists of data from all participants – or all but one participant – it is labelled *general*. Categories that consist of data from more than half of the participants – up to the *general* category cutoff are labelled *typical*. Categories that consist of data from at least two participants up to half of the

participants are labelled *variant* (Hill, 2012).

*Supervisee-to-supervisor feedback.* A potentially important supervisory practice, whereby supervisors ask supervisees for feedback about supervision-related processes and overall quality of supervision provided. Such feedback-asking practices can potentially benefit both parties and improve clinical competence. It is recommended by the American Psychological Association (2014) and the Canadian Psychological Association (2009).



## **Chapter 1**

### **Introduction**

#### **Statement of Purpose and Research Questions**

Clinical supervision is foundational to all mental health professions, including counselling psychologists, and is a signature pedagogy of the professions (Goodyear, 2014). Supervisors routinely provide supervisees with feedback on their clinical work. Feedback from supervisors is essential in improving supervisees' clinical competency. Similarly, for supervisors to improve their supervision competency, feedback from supervisees is necessary. Seeking feedback from supervisees about their experience of supervision is endorsed by national accrediting bodies, such as the American Psychological Association (APA, 2014) and the Canadian Psychological Association (CPA, 2009, 2018). Although there is evidence that some supervisors ask supervisees for feedback, we know very little about their processes for – and experience of – seeking and receiving supervisee feedback.

The purpose of this qualitative study is to develop an in-depth understanding of Canadian supervisors who explicitly collaborate with supervisees and regularly ask them for feedback on the quality of supervision provided experience asking supervisees for feedback. To guide the study, I proposed one overarching research question: How do those supervisors experience the process of asking for feedback from their supervisees? This question has four sub-questions: (1) What are the reasons those supervisors ask supervisees for feedback? (2) What is the process of asking for feedback like for those supervisors? (3) What are the perceived benefits of asking for

feedback from those supervisees? And (4) How do those supervisors implement, or practice, supervisee-to-supervisor feedback?

### **Significance of the Study**

**Importance of supervision.** Mental health practitioners learn to think and act like counsellors and psychologists, in part, through clinical supervision. Truscott and Crook (2013) noted that supervision helps mental health professionals maintain competence, stay abreast of their own personal changes, and stay abreast of advancements in the field. Furthermore, all licensing bodies, professional credentialing groups, and national accrediting bodies require clinical supervision. Orlinsky and Rønnestad (2005) reported that “practitioners at all experience levels, theoretical orientations, professions, and nationalities report that supervised client experience is highly important for their current career development” (p. 188). Supervision is clearly an important part of clinical training, licensure, and overall professional development.

**Importance of feedback in improving performance.** Broadly speaking, feedback is an important component of education and the learning process. Effective feedback answers three questions: Where am I going? How am I going? and Where to next (Hattie & Timperley, 2007). Feedback identifies goal-performance discrepancies for learners and calibrates the learning process (Hattie & Timperley, 2007). Then, when implemented and combined with other factors, such as reflection, guidance, and purposeful practice, feedback can improve performance.

Feedback has been recognized as one of the key factors in performance

improvement across many different professions (e.g., teachers, doctors, musicians, athletes, etc.) (Ericsson, 2009). Many reviews and meta-analyses have been conducted on feedback and performance, both inside and outside counselling psychology (Gabelica, Van den Bossche, Segers, & Gijssels, 2012; Hattie & Timperley, 2007; Hysong, 2009; Lambert, Whipple, & Kleinstäuber, 2018; Nevill, Atkinson, & Hughes, 2008). For example, in a seminal educational review, Hattie and Timperley (2007) reviewed more than 160 feedback-related studies. They found that the effect size of feedback varied significantly ( $range = -.14-1.24$ ). Some of the main factors that accounted for the variability include the direction of the feedback relative to performance on a task, forms of feedback, types of feedback, the difficulty of goals and tasks, and levels of threat to self-esteem. Gabelica, Van den Bossche, Segers, & Gijssels (2012) conducted a systematic review to examine the effectiveness of feedback in organizational settings. They reviewed 59 studies and reported that 23 studies found uniformly positive effects and 21 studies discovered mixed positive and negative effects. Some of the main factors that accounted for the mixed results include accuracy of feedback, frequency, timing, manners of delivery, and distribution.

Hysong (2009) conducted a meta-analysis to test the effectiveness of Audit and Feedback (A&F), which is a feedback-based strategy that healthcare providers utilize to improve the quality of care. They included 19 empirical studies and they found a modest and positive effect on quality outcomes ( $d = .40$ , 95% CI  $\pm .20$ ). Also, they identified factors that positively influenced the effectiveness of feedback, such as specificity, format, and frequency. Within applied clinical and counselling psychology,

Lambert, Whipple and Kleinstäuber (2018) conducted a meta-analysis of the effectiveness of the two most frequently studied routine outcome monitoring (ROM) practices in psychotherapy: The Partners for Change Outcome Management System (PCOMS, Duncan & Miller, 2008) and the Outcome Questionnaire System (OQ 45.2, Lambert, Kahler, et al., 2013). A total of 23 studies were included, and they found that two-thirds of the studies reported that ROM-assisted treatment was superior to Treatment-As-Usual (TAU) offered by the same practitioners. Specifically, studies using OQ 45.2 reported a small but statistically significant effect relative to TAU (SMD .14, 95% CI [.08, .20]) and studies using PCOMS reported a statistically significant and small-to-moderate benefit in comparison with the TAU (SMD .40, 95% CI [.29, .51]). And finally, in a historical review of 25 years of sport performance research in the *Journal of Sports Sciences*, Nevill, Atkinson, and Hughes (2008) noted that “the role of feedback is central in the performance improvement process, and by inference, so is the need for accuracy and prevision of such feedback” (p.418).

Taken together, it seems feedback has a mixed, though generally positive effect on improving performance. Some factors arguably have a positive influence on this effect, such as the direction of the feedback relative to performance on a task, forms of feedback, types of feedback, the difficulty of goals and tasks, levels of threat to self-esteem, specificity, frequency, accuracy, and precision. Given feedback’s prevalence in education, learning, and performance enhancement, it is an important part of clinical supervision.

**Importance of feedback in supervision.** Feedback, as a corrective or calibrating

agent, has a long history in applied psychology (Claiborn, Goodyear, & Horner, 2001).

It also has a long history in supervision. In supervision, feedback helps supervisees grow and develop, which is a primary function of supervision (Bernard & Goodyear, 2014). Another primary function is gatekeeping and ensuring supervisees have appropriate knowledge, skills, and ethics to function competently (Bernard & Goodyear, 2014; O'Donovan, Halford & Walters, 2011). Thus, supervisees need to practice under supervision to develop those professional abilities, and feedback is an important part of the supervision process (Bernard & Goodyear, 2014).

Broadly speaking, feedback is defined as “information provided by an agent (e.g., teacher, peer, book, parent, self, experience) regarding aspects of one’s performance or understanding” (Hattie & Timperley, 2007, p. 81), and it has different levels, features, and dimensions. Hattie and Timperley (2007), for example, identified four levels of feedback, including (1) feedback about a task or product (FT), (2) feedback about processes used to complete tasks or create products (FP), (3) feedback about self-regulation (FR), and (4) feedback about self (FS). FT refers to how well a task was accomplished or performed. FP refers to processes associated with completing a task. FR refers to how task performers monitor, direct, and regulate themselves toward goals. FS refers to feedback about task performers’ personal characteristics. These scholars argue that feedback levels are differentially effective, with FS being least effective, generally; FP and FR facilitating task mastery; and FT facilitating corrective behaviours when a performer is off base (Hattie & Timperley, 2007).

In addition to varying levels, there are also distinguishing features of feedback.

Claiborn and Goodyear (2005), for example, identified four features of feedback: descriptive, evaluative (positive and negative), emotionally disclosing, and interpretive. Descriptive feedback involves objective, nonjudgmental illustrations of behaviour. Evaluative feedback involves positive and negative assessment of one's behaviour relative to performance standards and criteria. Emotionally disclosing feedback involves the emotional response of receivers. Interpretive feedback involves bringing new perspectives to receivers. Claiborn and Goodyear (2005) argued that it is important to pay attention to the differentiation of multiple features of feedback, as it can influence its effectiveness. For example, when descriptive and evaluative feedback are delivered together, the former portion can be diminished due to the emotional impact of the latter portion.

Goodyear (2014) recently identified three important dimensions of feedback: specificity, valence, and formality. Specificity refers to feedback that is clear, direct, and based on established criteria. Valence refers to positive and negative feedback. Formality refers to formal feedback, informal feedback, summative feedback (i.e., final feedback for a training period) and formative feedback (i.e., ongoing feedback during a training period). Again, Goodyear (2014) pointed out that it is important to notice the difference in multiple dimensions of feedback. For example, negative feedback usually elicits negative emotions (e.g., disappointment, resentment, etc.), and it can negatively impact supervisory alliance. Thus, supervisors need to deliver this type of feedback strategically.

In supervision, these distinctions are important, as levels, features, and

dimensions can differentially affect supervisee development. For example, from the perspective of competency-based clinical supervision (Falender & Shafranske, 2007), feedback is mainly about performance outcomes; more specifically, about discrepancies between established ideals/skill thresholds and actual performance. Skillfully providing feedback based on supervisees' clinical circumstances can, perhaps, help supervisors be more effective.

**Conceptual considerations of feedback in supervision.** Over 30 years ago, Freeman (1985) suggested that feedback in supervision should be mutually occurring or reciprocal. She defined reciprocal feedback as

Feedback from the helper should indicate explicitly that if the message is not understood, the learner should ask for clarification. In addition, it should indicate that helper welcomes feedback from the learner about which of the helper's behaviours facilitated or blocked the learning process, and about the quality of their relationship as perceived by the learner. (p.10)

More recently, APA (2014) suggested that "a major supervisory responsibility is monitoring and providing feedback on supervisee performance. Also, supervisors seek feedback from their supervisees and others about the quality of the supervision they offer and incorporate that feedback to improve their supervisory competence" (pp.15-16). To reiterate, both Freeman (1985) and APA (2014) believe that supervisors should ask supervisees for feedback about their supervisory performance.

Rousmaniere and Ellis (2013) share this belief. They espouse collaborative clinical supervision, defined as "the extent to which the supervisor and supervisee(s) mutually

agree and work together on the processes and activities of clinical supervision” (p.301)

and feedback is an important component of the collaborative clinical supervision.

Hawkins and Shohet (2012) proposed a conceptualization of feedback called CORBS. C stands for Clear, suggesting supervisors give clear and unambiguous feedback. O stands for Owned, suggesting they give their opinion rather than a universal truth. R stands for Regular, suggesting they give feedback regularly rather than saving feedback for the end. B stands for Balanced, suggesting they include both positive and negative feedback elements. And S stands for Specific, suggesting that feedback be highly detailed and doable. Hughes (2012) subsequently added two elements to Hawkins and Shohet’s model: Mutual and Respectful. These scholars believe that supervisors learn during supervision as well, and supervisors need to model to supervisees that they are willing to receive feedback regularly. Thus, it is ‘mutually’ beneficial. Respectful refers to supervisors negotiating with supervisees about how and when to give feedback.

Circling back to Freeman’s (1985) notion of “reciprocal feedback,” supervisory feedback is not just unidirectional – exclusively from supervisors to supervisees. It is bidirectional, with supervisees also providing feedback to supervisors. The former is naturally expected in supervision, as it is one of the main mechanisms of helping supervisees grow (Bernard & Goodyear, 2014). The latter, however, is not particularly natural or necessarily expected. Therefore, when most scholars think of supervisory feedback, they think of supervisor-to-supervisee feedback. This dissertation study, however, focuses on the flipside, that is, supervisee-to-supervisee feedback.



**Importance of supervisee-to-supervisor feedback.** Supervisees can – and sometimes do – provide feedback to supervisors about their supervision. As noted earlier, professional organizations and accrediting bodies like APA and CPA encourage such practice. CPA’s (2009) guidelines state both supervisors and supervisees should “be open to and elicit feedback regarding issues” (p.6). These sentiments are also echoed in other professional organizational guidelines, such as the Association of State and Provincial Psychology Boards (2015) and the American Association for Marriage and Family Therapy (2007).

In addition to APA (2014) and CPA (2009) guidelines, supervisee-to-supervisor feedback is potentially important for ongoing supervisor development. Walfish, McAlister, O’Donnell, and Lambert’s (2012) study is relevant here. In their study, mental health providers tended to overestimate their competence (Walfish et al., 2012). Although their study does not involve supervisors, it is reasonable to extrapolate from it and extend their findings to supervision. It is quite possible that supervisors tend to overestimate their competence too. Theoretically, supervisors soliciting feedback from supervisees may lessen this effect.

Feedback also helps calibrate clinicians’ confidence levels. Years ago, Dawes (1994) observed, based on the studies at the time, that clinicians’ confidence tends to increase over time, though it does not necessarily correspond to increasing growth in ability (Dawes, 1994). To truly learn and grow, he believed that clinicians need “an accurate understanding of incorrect response and immediate and consistent feedback when errors are made” (p.111). Again, feedback is potentially important, even for

veteran supervisors.

Asking for feedback is important for yet another reason: studies have shown supervisees do not always disclose their true thoughts and feelings in supervision (Ladany et al., 1996; Mehr, Ladany & Caskie, 2010; Yourman & Farber, 1996). As a result, Mehr and colleagues (2010) suggested supervisors demonstrating both a willingness and ability to make changes in supervision by consistently communicating their desire to address issues related to supervision with supervisees. In other words, they should routinely ask supervisees for feedback.

Alas, there is considerable variability in how supervisors and supervisees view the supervision process. Studies have shown, for example, that supervisors and supervisees have different perceptions of (a) important supervisor behaviours, (b) good and bad supervisor characteristics, (c) factors that contribute to counselling ability, (d) relevant topics for supervision, and (e) important supervision events (Henry, Hart & Nance, 2004; Reichelt & Skjerve, 2002; Worthington & Roehlke, 1979; Worthington, 1984). If left unaddressed, these perceived differences can negatively affect supervision processes, such as the strength of the supervisory relationships and overall satisfaction with supervision (Britt & Gleaves, 2011). To help combat potential discrepancies, supervisors and supervisees can regularly exchange feedback (Beinart, 2014). Receiving regular feedback can also enhance supervisor expertise.

***Supervisors' expertise development.*** Many professionals engage in life-long learning, and supervisors are no exception (Falender et al., 2004). As an educational

activity, many researchers focus on supervisees' professional development as an outcome of supervision, but of course, supervisors themselves are learning, growing, and slowly developing expertise. Various empirical studies have found that supervisors may perceive feedback from supervisees as an effective way to know, for example, their strengths and weaknesses and improve their supervising abilities (Gazzola, De Stefano, Thériault & Audet, 2014; Milne, Sheikh, Pattison, & Wilkinson, 2011; Milne & James, 2002). Knowing one's strengths and weaknesses can help supervisors improve and get better at their craft. Decades of research have shown that feedback is an important part of developing expertise across many professional domains (Ericsson, 2018). Feedback can also potentially enhance outcomes of supervision and supervisory alliances.

***Potential benefits to supervision outcome and alliance.*** Feedback, in all its varieties, can potentially positively affect supervision outcomes and alliances. Supervision outcomes can include supervisees' client outcomes and supervisees' professional development. Although there are no known empirical studies that definitively demonstrate feedback's positive effects on clinical supervision, studies have consistently shown that soliciting feedback from clients improves working alliances and clinical outcomes in therapy (Boswell, Kraus, Miller, & Lambert, 2015; Lambert, 2007; Miller, Hubble, Chow, & Seidel, 2015). Extrapolating from these studies, it is reasonable to believe that feedback could similarly benefit supervisory alliances and outcomes (Beinart, 2014). In terms of the supervisory alliance, preliminary empirical studies, like Blue's (2017) recent study, have shown that both

supervisors and supervisees observed relational benefits of supervisee-to-supervisor feedback. Other studies found similar results (e.g., O'Donovan, Dyck, & Bain, 2001; Rousmaniere & Ellis, 2013).

Moreover, asking supervisees for feedback on their supervision experiences can, perhaps, facilitate supervisee disclosure. As noted earlier, researchers have found that supervisees often withhold important information from supervisors and one of the most important reasons of non-disclosure is poor supervisory alliance (Ladany, Hill, Corbett, & Nutt, 1996; Mehr, Ladany, & Caskie, 2010) and supervisory alliance can potentially be improved if supervisors ask feedback from supervisees. In order for supervisors to facilitate supervisee development, supervisees must disclose information about their clinical activities and experiences in supervision as much as possible (Bernard & Goodyear, 2014). Fortunately, there are many ways in which supervisees can provide feedback to their supervisors.

**Potential methods of supervisee-to-supervisor feedback.** One of the most common feedback methods is video review (Bernard & Goodyear, 2014). Supervisors could, for example, videotape supervisory sessions and ask supervisees to watch them and provide feedback. This type of feedback is often seen in so-called “supervision-of-supervision,” where supervisors are overtly supervised – perhaps as part of a graduate course – and get feedback on their development of supervision skills (Bernard & Goodyear, 2014).

Another feedback method involves objective measures, such as the Manchester Clinical Supervision Scale (MCSS-26; Winstanley & White, 2014) and Leeds

Alliance in Supervision (LASS; Wainwright, 2010). With objective measures, supervisors ask supervisees to fill them out; then, they review the results. In Feedback-Informed Supervision (cf. Maeschalck, Bargman, Miller, & Bertolino, 2012), supervisors use client-based process-outcome data in their supervision sessions. Similar strategies could be employed in supervision, where supervisors use measures like the MCSS-26 and LASS to inform their supervision and make supervisory changes based on supervisees' responses.

Another less formal feedback method involves written feedback (Farr, 1993). Supervisors can simply ask supervisees to write about their supervision experiences, perhaps about strategies and techniques that are working well and those that are not. They can also ask supervisees to answer a few open-ended questions about their experiences (Farr, 1993). And even less formally, supervisors can just ask supervisees verbally about their experiences (Farr, 1993).

There are, of course, pros and cons associated with these methods. Pros include convenience and ease-of-use, particularly regarding verbal and written feedback. That said, asking for feedback verbally puts pressure on supervisees, as it puts them on the spot, and they may feel compelled to respond. Written feedback, in contrast, allows supervisees time to reflect and answer later. Similarly, objective measures allow for more distance and, in many respects, more quantifiable data that can be tracked over time. From a con, or limitations, standpoint, most feedback methods are self-report, which can be problematic. Moreover, many offices do not have recording capabilities or easy access to objective measures. And as Blue (2017) found, some objective

measures limit the depth and breadth of information provided to supervisors.

Regardless of the method, the hierarchical nature of supervisory relationships likely affects supervisees' willingness to provide honest feedback to their supervisors.

All things considered, feedback is critically important in supervision practice, including supervisee-to-supervisor feedback (Bernard & Goodyear, 2014; Claiborn & Goodyear, 2005; Freeman, 1985; Goodyear, 2014; Hawkins & Shohet, 2012; Hattie & Timperley, 2007; Hughes, 2012; Rousmaniere & Ellis, 2013). It has the potential to enrich the teaching-learning process, strengthen supervisory alliances, and help supervisors develop competence and expertise (Blue, 2017; Gazzola, De Stefano, Thériault, & Audet, 2014; Rousmaniere & Ellis, 2013). As Goodyear (2014) noted, feedback is one of the major teaching and learning mechanisms. Although most supervision research focuses on supervisor-to-supervisee feedback, empirical attention should be given to supervisee-to-supervisor feedback, as well. To that end, I conducted a qualitative study of supervisors' experiences of asking supervisees for feedback.

### **Personal Interest in the Topic**

I have been supervised clinically since 2012, and during this time, I worked with ten different supervisors. Although my supervision experiences were generally positive, none of my supervisors asked me for feedback – not one. Truth-be-told, I was not aware supervisors could (or would) ask me for feedback. I thought their role was exclusively educative and evaluative, certainly not about “their” professional development. However, after discovering Progress Monitoring and

Feedback-Informed Therapy (Duncan, 2014), as well as Collaborative/Therapeutic Assessment (Finn, 2007), I began applying feedback-based interventions in my clinical work and routinely asked clients things like, “How am I doing? Am I on the right track?” “Are you getting what you need?” Almost immediately, I experienced many benefits of asking the client for feedback.

These positive experiences made me wonder: What if supervisors did the same thing with supervisees? What if they asked supervisees for feedback about their supervisory experiences? How would it affect supervision? The supervisory relationship? These were vexing and researchable questions; hence, my interest in the topic and current study.

### **The Current Study**

The current study explores how clinical supervisors who explicitly collaborate with supervisees and regularly ask them for feedback on the quality of supervision provided experience asking supervisees for feedback. To date, only a small fraction of empirical studies examined this topic directly. More research is needed, particularly exploratory studies like this one, as there is no overarching theory regarding supervisee-to-supervisor feedback and relatively little is known about its processes and outcomes. Moreover, relatively little is also known about supervisors’ experience of supervision, particularly when it comes to supervisee feedback. Most published studies focus on supervisee experiences and perspectives – not supervisor perspectives. Supervisors’ voices are missing, including Canadian supervisors.

Although one unpublished dissertation included participants from Canada (Blue,

2017), there is a limited understanding of Canadian supervisors' experiences. This omission is not an insignificant issue, as cross-national differences have been noted internationally (Goodyear et al., 2016; Son & Ellis, 2013). To address this gap in the literature, my study focuses on supervisee-to-supervisor feedback in a Canadian context from supervisors' perspectives. It also addresses another gap, namely, shortcomings in prior studies' data collection methods.

As Gelso's (1979) 'bubble hypothesis' states, all research is flawed. One of the most noticeable flaws in feedback-related supervision literature is data collection. This is not a blanket indictment of published research on the topic, it is, though, a notable limitation. For example, the data collection in many qualitative studies of supervisee-to supervisor feedback is watered-down, as some had only one open-ended qualitative question for participants to answer. Other studies asked about only a few aspects of feedback. And still, others lacked clear justification of design choice, based on research questions. To address this gap, I conducted 45-minute semi-structured interviews, asked participating supervisors about a range of feedback issues, and chose my design based on the research questions. By using a rigorous, well-established qualitative design, Consensual Qualitative Research (CQR; Hill, 2012), I hope to add meaningfully to the extant literature, which is reviewed in the next chapter.



## **Chapter 2**

### **Literature Review**

#### **Birds-Eye-View of Published Research**

To fully understand the scope of existing supervision research, I systematically searched and reviewed articles published between 1806 and 2019, using PsycINFO keywords “psychotherapy,” “supervision,” “clinical supervision” and “counselling.” In total, 5,308 articles were initially identified, of which 2,433 were empirical. These studies covered a broad range of supervision-related topics, the most popular being supervisory working alliance, multicultural issues in supervision, supervisee-supervisor development, and various sub-specialty topics. After carefully sifting through the literature, 27 empirical studies were identified and reviewed in this chapter, including ten related to supervision outcomes, five to the supervisory alliance, and 12 related directly to feedback in supervision. Of note, only four of these studies focused on my study’s core topic, namely, supervisors asking supervisees for feedback. Again, it is an understudied topic in the field.

Supervision outcome and alliance studies are included because, as noted in Chapter 1, supervisee-to-supervisor feedback potentially affects supervision-related outcomes and alliances, at least in theory. Seven of the ten outcome studies relate to client outcome, and three relate to supervisee development (e.g., increased supervisee efficacy, enhanced professional identity). All ten studies were published in the last 20 years. The five alliance studies relate to major supervision-related processes and outcomes, like supervisee disclosure, which can be affected by feedback-asking

behaviours. These studies were also published recently. I choose these 15 studies based on CPA's recommendations regarding high-quality research and overall "strength of evidence" (Dozois et al., 2014), and I believe they are reasonably good and representative examples. Finally, after briefly reviewing these studies, I critically review all 12 studies published on feedback in supervision, including a deep, study-by-study dissection of these highly relevant studies.

### **Client Outcome as a Supervision Outcome**

Since 2000, seven systematic reviews of the supervision "outcome" literature have been published (Alfonsson, Parling, Spannargard, Anderson, & Lundgren, 2018; Freitas, 2002; Milne & James, 2000; Milne, Reiser, Aylott, Dunkerley, Fitzpatrick, & Wharton, 2010; Reiser & Milne, 2014; Watkins, 2011; Wheeler & Richards, 2007). These reviews included a grand total of 70 individual studies, which were published between 1981 and 2016, and 1,312 supervisors, 2,931 supervisees, and 3,782 clients. Across reviews, researchers had difficulty directly linking supervision to positive client outcomes, which is a long-standing problem in the field (cf. Ellis & Ladany, 1997). They had no difficulty, however, linking supervision to positive supervisee development. On the whole, these reviews were well-conducted and provided important insights into the field. Additionally, they identified various strengths of individual studies (e.g., close attention to pertinent variables of interest, useful scale development), as well as weaknesses (e.g., correlational nature of most studies, lack of supervision-related process research).

As noted, researchers have long debated whether supervision contributes

positively to supervisees' client outcomes, and results of empirical studies are mixed. Some researchers found that supervision improved supervisees' client outcomes. For example, Bambling, King, Raue, Schweitzer, and Lambert (2006) conducted a randomized controlled study with 127 clients and 127 supervisees with or without supervision. They found that those who received supervision had better client outcomes. This study is one of the most rigorous randomized control studies of supervision's effect on supervisees' client outcomes.

Many naturalistic studies have also investigated this phenomenon. For example, Callahan, Almstrom, Swift, Borja, and Heath (2009) conducted a naturalistic study with data from 76 adult training clinic clients, 40 trainee therapists, and nine supervisors. They found that approximately 16% of the variance in outcome might be accounted for by supervision. In a similar naturalistic study, Wrape, Callahan, Ruggero, and Watkins (2015) analyzed archival data from 310 discharged clients of a training clinic who worked with 75 trainee clinicians under the supervision of 23 faculty supervisors. The authors found that supervision had a moderate effect on client outcomes (Cramer's  $V=.35$ ). In a qualitative study, Hill and colleagues (2016) utilized CQR to investigate 15 doctoral students in counselling psychology who were paired with 5-15 clinical supervisors during graduate school. The results showed that supervisees were highly satisfied with their supervisors and the supervisory alliance. Further, supervisees reported they perceived supervisors as helping facilitate change in their clients.

Other researchers, however, found that supervision contributes little to

supervisees' client outcome. For example, in a large-scale naturalistic study, Rousmaniere and colleagues (2016) collected data on 6,521 clients, 175 trainees, and 23 supervisors from a five-year archival dataset of psychotherapy outcomes. They found that supervisors explained only .04% of variance in client outcomes. Tanner, Gray, and Haaga (2012) also conducted a naturalistic study to examine the relationship between co-therapy supervision and client outcome. The results showed that the client retention rate and outcome improvement did not differ significantly between the two conditions. In another naturalistic study, Rieck, Callahan, and Watkins (2015) examined several relational and personal factors on the supervision process, including client outcome. The study included 13 supervising psychologists, 32 trainee clinicians, and 256 clients. The results showed that only supervisor Agreeableness was associated with significant variance ( $R^2=.50$ ) in client outcome change scores, while both supervisors' working alliance scores and the interaction term between supervisor Agreeableness and working alliance scores were not found to be significantly associated with client outcome. Alas, directly linking supervision to client outcomes is challenging and, it appears, existing links are relatively weak. Links are not weak, however, between supervision and supervisee development.

### **Supervisee Development as a Supervision Outcome**

Some researchers argue that supervisees' client outcome should not be the only outcome of supervision and that supervisees' professional development should also be included (Holloway, 1984; Vonk & Thyer, 1997). Studies in this area are much more consistent in demonstrating supervision's positive contribution to supervisees'

professional development, such as self-efficacy, skills acquisition, and professional identity. For example, Cashwell and Dooley (2001) investigated the effect of receiving supervision versus not receiving supervision on counsellors' self-efficacy. Thirty-three participants were included in this study; 11 were not receiving clinical supervision, and 22 were. They found that those receiving supervision reported significantly higher self-efficacy than those who were not. Rakovshik, McManus, Vazquez-Montes, Muse, and Ougrin (2016) conducted a randomized controlled study to investigate the effect of internet-based training, with and without supervision, on therapists' Cognitive Behavioral Therapy (CBT) skills in a clinical setting. They found that those who received supervision had significantly greater CBT skill acquisition. Worthen and McNeill (1996) used a phenomenological approach to explore the experience of "good" supervision events from the perspective of supervisees. Participants reported several outcomes of good supervision, including strengthened confidence, refined professional identity, increased therapeutic perception, expanded ability to conceptualize and intervene, and positive anticipation to reengage in the struggle.

In conclusion, supervision's contribution to client outcome is still unsettled, as studies show mixed results. Supervision's contribution to supervisee development, however, is notably positive and well documented. As Carroll (2010) noted, "the acid test of how effective supervision is is simple: What are you (the supervisee) doing differently that you were not doing before supervision (p.1)." Providing supervisees with constructive, skill-based feedback can indeed elicit different clinical behaviours,

which bodes well for passing Carroll's test. And as supervision-based progress monitoring and feedback-informed supervision develop further, we may learn about feedback's role in effective supervision. Until then, we must extrapolate from therapy-based studies (cf. Boswell, Kraus, Miller, & Lambert, 2015; Lambert, 2007; Miller, Hubble, Chow, & Seidel, 2015).

### **Supervisory Alliance**

As far as systematic reviews of the supervisory alliance go, three have been published to date (Beinart, 2014; Watkins, 2010, 2014). These reviews included a grand total of 48 individual studies, which were published between 1990 and 2013, and 1,002 supervisors and 4,891 supervisees. A consistent finding is that a significant positive correlation exists between the alliance and supervisee efficacy and well-being, supervisee self-disclosure, supervisee resilience, and satisfaction with supervision. And, it appears a significant negative correlation exists between alliance and conflict. The more supervisee-supervisor conflict, the weaker the alliance.

In a quantitative study, Ladany and Friedlander (1995) utilized an ex post facto design to investigate the relationship between supervisory alliance and counsellor trainees' role conflict and role ambiguity with 234 trainees. They found that the supervisory working alliance was significantly associated with trainees' perceptions of role conflict and role ambiguity. Quarto (2002) conducted a quantitative study to investigate the relationship between supervisory alliance and control and conflict from both supervisor and supervisee perspectives with a total of 72 supervisees and 74 supervisors. The results indicated that supervisory control and supervisory alliance

were positively associated, and supervisory alliance and supervisory conflict were negatively related.

In a quantitative study, Livni, Crowe, and Consalvez (2012) utilized repeated measures within groups and between groups design to study the effects of supervision modality and intensity on supervisory alliance and outcomes. Ten supervisors and 42 supervisees were included. The results showed that the supervisory alliance was strongly related to perceived supervision effectiveness in both the individual and group supervision conditions. Gunn and Pistole (2012) used a correlational design to investigate supervisees' attachment to their supervisor and disclosure in supervision, as mediated by the supervisory alliance. The sample included 480 trainees. They found that trainees' secure attachment to their supervisor and disclosure in supervision were fully mediated by the supervisory alliance.

In a mixed-methods study, Ladany, Mori, and Mehr (2013) investigated effective and ineffective supervisor skills, techniques, and behaviours from the perspective of 128 supervisees who worked with multiple supervisors. They found that the ability to develop and maintain a good supervisory alliance was one of the most effective supervisor behaviours, and it had an important influence on supervisee learning.

In conclusion, the positive association between the supervisory alliance and many supervision processes and outcome variables is well-established. The recognized importance of strong supervisory alliances is ubiquitous. As Goodyear (2014) noted, "the quality of that relationship will predict supervisees' perceptions of the extent to which their experience constitutes good supervision, or on the other extreme, harmful

supervision” (pp.83-84). And ‘the quality of that relationship’ can be affected by feedback, not only providing it but also asking for it (Bernart, 2014). As noted earlier, in therapy contexts, feedback enhances therapeutic relationships (Boswell, Kraus, Miller, & Lambert, 2015; Miller, Hubble, Chow, & Seidel, 2015). It is quite possible the same holds true in supervision (Blue, 2017; O’Donovan, Dyck, & Bain, 2001; Rousmaniere & Ellis, 2013).

Next, I review 12 studies related directly to my dissertation topic: feedback in supervision; and, more specifically, supervisee-to-supervisor feedback. To the best of my knowledge, these are the only studies published on this topic, having carefully reviewed the extant supervision literature, back-checked article reference lists, and conducted frequent up-to-the-minute literature searches and journal reviews.

### **Feedback in Supervision Studies**

**Supervisee-to-supervisor feedback.** Only four empirical studies have been conducted on my dissertation topic, that is, supervisors’ experience of asking supervisees for feedback. All four were exploratory/descriptive in nature and provided a preliminary picture of the process and experience. Foci include prevalence of supervisors asking for feedback (Blue, 2017; Rousmanier & Ellis, 2013), importance of asking for feedback (Blue, 2017; Gazzola, De Stefano, Thériault & Audet, 2014; O’Donovan, Dyck, and Bain, 2001), and advantages and disadvantages of using feedback measures and questionnaires (Blue, 2017). In terms of prevalence rates, results were mixed. For example, Rousmaniere and Ellis (2013) found that only 3.6% of supervisees reported that their supervisors routinely asked them for feedback. In



contrast, Blue (2017) found that 97.7% of supervisors solicited feedback from their supervisees.

As for the importance of asking for feedback, results consistently showed that both supervisors and supervisees value supervisee-to-supervisor feedback (Blue, 2017; Gazzola, De Stefano, Thériault & Audet, 2014; O'Donovan, Dyck, and Bain, 2001).

With respect to perceived advantages and disadvantages of using feedback measures and questionnaires, Blue (2017) found that the most commonly described benefits include: alerts the supervisor to the supervisee's needs and what should be covered in supervision, provides the supervisor with information that helps make needed adjustments to supervision and improve supervisory skills, facilitates supervision-related discussions, and serves as a starting point for meaningful conversations. The most commonly described disadvantages include: detracts from or damages the relationship, too formal, supervisees' reluctance to be honest, takes too much time/too much paperwork, and cuts conversations short or replaces dialogue.

In the next section, I dissect each of these four studies. In-depth analysis and critiquing of these studies are important, because they are the most closely related published studies in the supervision literature and can most directly inform my study.

**Critique of individual studies.** Rousmaniere and Ellis (2013) developed the Collaborative Supervision Behaviors Scale (CSBS) to investigate 252 supervisees in the U.S. about their perspectives of collaboration in the supervision session. They identified three types of collaboration: explicit collaborative supervision (ECS), implicit collaborative supervision (ICS), and non-collaborative supervision (NCS).

ECS refers to supervisors explicitly inviting or empowering supervisees to share their perspectives on supervision. ICS is characterized by supervisors being open and attentive to the supervisee but does not explicitly encourage supervisees to do so. Supervisors in NCS are not open to or may even discourage supervisees' voice in the process of supervision. Supervisee-to-supervisor feedback is an important component of the collaborative clinical supervision

The CSBS demonstrated solid reliability and structural validity and initial preliminary discriminant and convergent validity. The results showed that only 3.6% of the participants reported that their supervisors routinely invite, empower and facilitate them to choose to engage in clinical supervision explicitly and 33.7% of supervisors engaged in ICS, while 11% of the supervisees stated that their supervisors were not open or even discouraged their perspectives on the process and relationship of supervision. Additionally, a direct and moderate correlation was found between the supervisory alliance and collaborative supervision.

The study has, by far, the largest sample in the supervisee-to-supervisor feedback literature. Researchers did a great job of showing the prevalence of collaborative feedback in the U.S. They also developed a measure for future research. Major limitations are: 1) they did not investigate the perspectives of supervisors; 2) the sample was mostly comprised of doctoral students (68.7%) and students who identified CBT as their theoretical orientation (42.1%).

In a qualitative study, Gazzola, De Stefano, Thériault and Audet (2014) used CQR to investigate supervisor trainees' positive experience and its contribution to

their professional development. Participants were ten supervisor trainees. A semi-structured interview protocol was used to gather data and data was analyzed based on Hill (2012)'s recommendations.

The results showed that participants reported that feedback from counselling trainees could improve their effectiveness as a new supervisor, and it helped them realize their strengths and weaknesses. Also, obtaining feedback from supervisees was a good way to witness supervisees' growth.

The biggest strength is that this study used a positive psychology perspective to investigate supervisor-in-training during their very first supervision practicum. It provided an insight into how novice supervisors perceive positive aspects of supervision. Major limitations are: 1) the study only explored the perspective from supervisor-in-training, it would be interesting to see how their perceived improvement of effectiveness is viewed by their supervisees and supervisors, and 2) the researchers provided insufficient information about the interview protocol.

O'Donovan, Dyck, and Bain (2001) conducted a qualitative research study with 16 Australian graduate students. They inquired about trainees' perceptions of the importance of clinical training components. Those components include overall satisfaction, course design, clinical supervision, and professional issues. The interview was semi-structured and ranged from 45 minutes to three hours in duration.

The results showed that effective feedback is one of the good supervisor characteristics. Also, they considered feedback a two-way process, which refers to supervisors not only giving feedback but also seeking feedback.

This is one of the earliest empirical studies about supervisees' perspective on supervisee-to-supervisor feedback. It clearly demonstrated that supervisees want feedback to be mutual. Major limitations are: 1) the researchers did not present the excerpt of the participants' original statement so that readers cannot understand the context in which the theme was extracted; and, 2) the researchers did not specify the qualitative data analysis method and quality assurance methods.

In an unpublished doctoral dissertation, Blue (2017) did a mixed methods study utilizing the convergent design with 88 clinical supervisors. The sample consisted of 73.3% of female, 26.7% of male, 52.9% of American, 17.2% of Canadian, 14.9% of British, 8% of Australian, 6.9% of New Zealanders, 51.8% of the participants had a doctorate, and 48.8% of the participants had a master's degree. They sent a questionnaire to all participants inquiring about their supervisory practices around soliciting supervisees' feedback and their perspectives on potentially using feedback forms as a means of soliciting feedback. In their questionnaire, there are three components: basic demographics, supervisory practices, and perspectives on feedback forms. In terms of the supervisory practice quantitative questions, they asked the participants to indicate if they ask feedback from supervisees and their perceptions of the importance of asking for feedback on a scale from 1 to 10. In supervisory practice qualitative questions, researchers asked an open question, which required the participants to describe how they go about soliciting feedback in supervision. In terms of the perspectives on feedback forms quantitative questions, they asked the participants to indicate if they used feedback forms to ask feedback and the frequency

and likelihood of usage. In the qualitative part of perspectives on feedback forms, researchers asked participants about how they evaluated those forms (benefits and drawbacks). They applied ANOVA and t-tests to analyze the quantitative data and iterative coding process to analyze the qualitative data.

The results showed that 97.7% of the participants reported that they solicit feedback from their supervisees, and only 2.3% of them stated that they do not ask for feedback. Forty-eight percent of the participants described engaging in an ongoing verbal feedback process, 27% of them used an ongoing verbal feedback process as well as annual questionnaire, 11% of them reported using an ongoing verbal feedback process, and a bi-annual questionnaire, 8% of them stated using an ongoing verbal feedback process and a questionnaire more than twice per year and 4% of them described soliciting feedback only in the annual or bi-annual review session. In terms of the importance of asking for feedback, the mean score was 8.8, which means that it went beyond the midway point between “very important” (7.5) and “extremely important (10)” anchors on the question’s rating scale. In terms of the perspectives on feedback forms, the most commonly described benefits include: alerts the supervisor to the supervisee’s needs and what should be covered in supervision, provides the supervisor with information that helps to make adjustments to supervision and improve supervisory skills, and facilitate discussion and serves as starting point for conversations. The most commonly described drawbacks include: detracts from or damages the relationship, too formal, supervisees’ reluctance, to be honest, takes too much time/too much paperwork, and cuts conversations short or replaces dialogue.

The study is, by far, the most comprehensive empirical one looking at a broad picture of how supervisors practice supervisee-to-supervisor feedback due to mix-methods design. They also investigated this phenomenon from the international perspective, which is much needed in counselling psychology, generally, and in supervision, specifically. Major limitations are: 1) the sample size for the quantitative part is too small and distributed too imbalanced among countries where the participants lived in (e.g., only 17.2% of participants are Canadian); 2) the quantitative sampling process was not random; 3) the written answers to open-questions sacrificed the richness of qualitative data; 4) researchers did not justify the necessity of using mixed methods research and, 5) the researcher only focused on the use of feedback forms rather than general supervisee-to-supervisor feedback practice.

In addition to these four studies, eight other feedback-related studies were found. These studies relate to supervisor-to-supervisee feedback, which is the most typical view of “feedback” in supervision. I review them below.

**Supervisor-to-supervisee feedback.** Studies consistently show that supervisees value feedback from supervisors, because it helps supervisees grow and develop (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Phelps, 2013). Studies also show that supervisees have a preference regarding how supervisors should provide feedback. For example, supervisors should provide balanced positive and negative feedback that is accurate, immediate, frequent, specific, clear, and warm (Heckman-Stone, 2004; Phelps, 2013). Of note, supervisees reported that positive

feedback from supervisors increased their self-efficacy and decreased their anxiety, while negative feedback did not (Daniels & Larson, 2001).

Studies have also examined supervisor perspectives on providing feedback. Specifically, supervisors reported providing feedback on the process of supervision, supervisees' clinical behaviours, and personal and professional issues (Friedlander, Siegel, & Brenock, 1989; Hoffman, Hill, Holmes, & Freitas, 2005). Of note, supervisors find it is easier to discuss supervisees' clinical behaviours and harder to discuss their personal and professional issues (Hoffman, Hill, Holmes, & Freitas, 2005). Some researchers argued that supervisors should use supervisees' client feedback to inform their supervision. For example, two randomized-control studies showed better client outcomes when doing so (Grossl, Reese, Norsworthy, & Hopkins, 2014; Reese, et al., 2009).

Again, in-depth analysis and critique of these studies are important, and I do so below, diving deeply into each study.

**Critique of individual studies.** In a mixed-methods study with 40 supervisees, Heckman-Stone (2004) used the Evaluation Process within Supervision Inventory (EPSI) and four open-ended questions to investigate trainee preference regarding how supervisors give feedback and evaluate, as well as general characteristics of good and poor use of feedback and evaluation by supervisors. The quantitative data were analyzed by descriptive analysis, and the qualitative data were analyzed by content analysis.

The quantitative results showed that the ratings of the quality of the feedback

ranged from middle to high and the qualitative results revealed five themes: providing balanced feedback, accurate feedback based on direct observation, immediate and frequent feedback, a collaborative relationship in which goals and feedback are mutually agreed upon, a positive relationship, openness, clear and specific feedback, and suggestions for improvement. These results are consistent with the previously mentioned theoretical conceptualization (i.e., CORBS, Hawkins & Shohet, 2012).

The biggest strength of the study is that they provided a broad picture, from the supervisees' perspective, about providing feedback by using mix-methods design. They also provided evidence support for the CORBS framework (Hawkins & Shohet, 2012). The major limitations of this study are: 1) sample size is so small that it is hard to make any generalized inference, and 2) they only had four qualitative questions. Therefore, the information gathered was not rich enough.

In a qualitative study with 12 supervisees, Phelps (2013) inquired about their experience of receiving corrective feedback in clinical supervision. The initial interview questions include opening questions, corrective feedback event questions, and closing questions. The follow-up interview was conducted two weeks after the investigator reviewed notes and transcripts of the initial interview. The participants were asked to share any additional thoughts that may have come up after the initial interview and any unclear content. The data were analyzed based on consensual qualitative research strategies.

The results showed that participants value corrective feedback because they believe it can improve their clinical competency. Moreover, they think positive



corrective feedback has the following characteristics: warm, trusting, clear, nonjudgmental, specific, and timely.

The biggest strength of the study is the procedure. The researcher did a follow-up interview with the participants after reviewed the data of the first interview. It helps gain more insights for doing the second interview, which can collect more meaningful data. Major limitations are: 1) they only studied the perspectives of supervisees; 2) the sample is only consisting of predoctoral psychology interns; and, 3) the self-report nature of the interview process inevitably includes biases from both the researcher and the participants.

In a quantitative study with 151 trainees, Ladany, Lehrman-Waterman, Molinaro, and Wolgast (1999) investigated supervisors' adherence to the ethical guidelines from the perspectives of supervisees. They created the Supervisor Ethical Practices Questionnaire (SEPQ), which includes a list of the most common and salient supervisory guidelines, and they coded all narrative descriptions into 1 of 15 ethical guidelines by four judges. In addition to the open-ended questionnaire, they also created the Supervisor Ethical Behavior Scale (SEBS), which has 45 items. Additionally, they administered the Working Alliance Inventory-Trainee Version (WAI-T) and the Supervisee Satisfaction Questionnaire (SSQ).

The results revealed that one-third of the participants indicated that their supervisors did not provide adequate feedback about their clinical performance, which was a violation of the ethical guidelines. One of the statements was, "Supervisor gives little feedback." The results also suggested that supervisees' satisfaction with

supervision was negatively associated with supervisors' nonadherence to ethical practices.

This is one of the earliest empirical studies to investigate providing feedback. They approached the issue from an ethical perspective, which is unique as well. They also developed a new measure for future research. The major limitations are: 1) relatively small sample size; and, 2) researchers only investigated the perspectives of supervisees.

Although supervisees value balanced feedback (Heckman-Stone, 2004), studies have shown that different types of feedback have different effects on supervisees. In a quasi-experimental study, Daniels and Larson (2001) asked 45 supervisees to conduct a 10-minute mock counselling with a trained simulated client, the researchers observed from a two-way mirror or television monitor. Immediately after the mock session, the participants were asked to estimate their performance and completed the pre-test anxiety and self-efficacy measurements. Then the researcher gave them either positive or negative performance feedback. The positive and negative feedback was randomly assigned. After receiving the feedback, each participant completed the post-test anxiety and self-efficacy assessments. The data were analyzed by ANOVA.

The results showed that those who received positive feedback reported a significant increase in self-efficacy measurement and a significant decrease in anxiety assessment from pretest to posttest, while those who received negative feedback reported significant decreases in self-efficacy and a significant increase in anxiety measurement from pretest to posttest.

The major strength and limitation of this study are due to the same factor, namely, its research design. On the one hand, the quasi-experimental design clearly improved the study's internal validity and made the results more convincing than those from correlational studies. On the other hand, this design is not comparable to experimental design in terms of establishing a causal relationship between variables.

Some empirical studies addressed the feedback practices from the perspectives of supervisors. Friedlander, Siegel, and Brenock (1989) conducted a case study with a supervisor, a clinician, and a client to inquire about the process of supervision. The supervision session was coded with the Relational Communication Control Coding System (RCCCS) and the Interpersonal Communication Rating System (ICRS). Prior to the study, the supervisor needed to complete an assessment of supervision style, both the supervisor and the trainee completed a theoretical orientation questionnaire, and the client completed a mental health assessment battery.

The results showed that relatively few of the supervisor's comments included feedback, and the vast majority of feedback was given in the last two sessions. The content analysis of the 14 feedback statements revealed a predominance of interpersonal, global, positive feedback, mainly focusing on the trainee's behaviour with the client. Five of the feedback statements involved a supervisory relationship, and four statements were negative.

This is a strong study methodologically, as it used multiple coding systems to explore multiple perspectives on the counselling and supervision process. However, it is highly exploratory, requiring additional empirical scrutiny.

In a qualitative study, Hoffman, Hill, Holmes, and Freitas (2005) studied 15 supervisors' feedback practices with 15 predoctoral psychology interns in three different scenarios: situations in which supervisors readily or easily give important feedback to supervisees, situations in which supervisors find it difficult but do give important feedback, and situations in which supervisor does not give important feedback. Two rounds of interviews were conducted with each supervisor, and the data were analyzed based on CQR strategies.

The results showed that supervisors considered feedback about clinical problems an easy one and often directly provided them to supervisees. Supervisors tended to think that feedback about clinical, personal, and professional issues was difficult to give and often indirectly provided them. Feedback not given was about personal and professional concerns.

The biggest strength of the study is that they explored supervisors' perceptions in multiple scenarios. Therefore, it provided a relatively richer information about providing feedback. Major limitations are: 1) researchers did not investigate the perspectives of supervisees, and 2) the conclusion is highly explorative given the nature of the research methodology.

In terms of the supervisory feedback content, some researchers argued that supervisors should use supervisees' client feedback to inform their supervision. In a quasi-experimental study, Reese and colleagues (2009) randomly assigned 19 trainees and nine supervisors in feedback and no-feedback conditions. However, they could not randomly assign the other nine trainees due to practical issues. One-hundred and

one clients were randomly assigned to supervisees in each condition. They used the Partners for Change Outcome Management System (PCOMS; Duncan, 2012) as the outcome measure. In the feedback condition, supervisors discussed the results of PCOMS with their supervisees while in no-feedback condition supervisors did not.

The results showed that trainees' client outcomes in both groups improved significantly, but those in the feedback condition showed greater improvement. However, trainees in the feedback condition did not rate their supervisory alliance or satisfaction with the supervision differently. The relationship between trainee self-efficacy and outcome was stronger for those in the feedback condition than those in the no-feedback condition.

The strengths of the study are as follows. First, methodologically, the study utilized partial randomized controlled design; this design is helpful in demonstrating causal relationships. Second, it provided a unique perspective that, as routine process and outcome monitoring is becoming popular in psychotherapy, including it in the supervision session seems to be very reasonable. Major limitations are 1) small sample size; 2) inconsistent assignment of trainees; and 3) difficulty connecting the effects of supervision directly to client outcome.

Grossl, Reese, Norsworthy, and Hopkins (2014) conducted another study to extend Reese and colleagues (2009) by using larger sample size and isolating the specific effects of feedback in supervision. They randomly assigned 44 graduate trainees and 18 supervisors to two groups. In the first group, they reviewed the feedback data gathered using PCOMS with their supervisors every week. In another

group, they did not. A total of 138 clients participated in this study across an academic semester. Participants in both groups were administered supervisory working alliance inventories and supervisory satisfaction measures.

The results showed that those who used client feedback in supervision had higher satisfaction than those who did not. But no relationship was found between using client feedback and supervisory alliance. Also, they did not find any significant difference between supervisory conditions on client therapy outcomes. Moreover, client outcomes were similar across supervision conditions.

The biggest strength of the study is that it successfully completed the randomization procedure, so that its results are more convincing than that from the previous one. Major limitations are: 1) small sample size; 2) it was hard to make sure everyone followed the protocol; and 3) they only evaluated a semester of data with students who never used feedback with clients before.

### **Summary of Feedback Studies and Gaps in Literature**

Methodologically speaking, five of the twelve studies used quantitative methodologies, five used qualitative methodologies, and two used mixed methods. Of the five quantitative studies, three used quasi-experimental designs, one used a correlational design, and one developed a scale. Sample sizes varied across studies, ranging from  $n=28$  to  $n=252$ . Dependent variables, instruments, and data collection methods varied, too, including supervisee perspectives on collaboration and supervisor adherence to ethical guidelines measured by newly developed scales or established survey measures, trainee's self-efficacy and anxiety levels measured by

established research scales in a quasi-experiment, trainees' satisfaction with supervision, client outcome and trainee perspectives on the supervisory relationship measured by established research scales in quasi-experiments.

Of the five qualitative studies, four used multiple case study designs exploring trainees' perceptions of the importance of various clinical training components and supervisors' perceptions of providing – and asking for – feedback. One used a phenomenological design to explore supervisees' experience of receiving corrective feedback in clinical supervision. Two studies used mixed methods. One studied supervisees' perception of supervisors asking for feedback and the other studied supervisees' perception of supervisors giving feedback.

Taken together, these studies addressed the process of providing supervisory feedback from both perspectives: supervisors and supervisees, including characteristics of good supervisory feedback, preferences for types of feedback, feedback content, and effects of feedback on supervisees and their clients. Empirical evidence is, it seems, slowly accumulating regarding supervisor-based feedback processes and outcomes. To strengthen the literature base in this area, future quantitative studies could involve larger samples, more experimental and high-quality qualitative designs, and increased attention to multicultural issues.

As noted in chapter 1, there are, at this time, many notable gaps in the literature. For one, in terms of supervisee-to-supervisor feedback, empirical research is exceedingly limited; again, with only four studies published on this important topic (Blue, 2017; Gazzola, De Stefano, Theriault, & Audet, 2014; O'Donovan, Dyck, &

Bain, 2001; Rousmaniere & Ellis, 2013). Two of these studies surveyed the prevalence of asking for feedback, and their results were mixed. Small samples may partially account for those results. Additionally, Canadian supervisors were only a subset of participants surveyed in Blue's (2017) study, and it is difficult to make reliable and valid inferences from the alone study. Two studies focused on supervisor perspectives, or experiences, regarding asking supervisees for feedback. One study was mixed methods in nature. Of note, the qualitative strand of that study asked just one open-ended question about the feedback-asking process, and supervisors answered via computer. The richness of data was compromised collecting data this way. The qualitative study that explored supervisors' feedback-asking practices was notably narrow in scope, focusing solely on its perceived benefits. And, generally speaking, supervisor perspectives are sorely missing in the literature.

The study presented here takes into account gaps and methodological shortcomings mentioned above, in part, by focusing directly on an understudied topic in the field (supervisors' feedback-seeking practices), honing in on an understudied perspective (i.e., Canadian supervisors), collecting rich qualitative data through semi-structured interviews, focusing on multiple aspects of supervisee-to-supervisor feedback, and clearly reporting the rationale of selecting – and procedures associated with Consensual Qualitative Research (CQR; Hill, Thompson, & Williams, 1997; Hill, 2012). CQR designs are used commonly in counselling psychology research, generally, and supervision research, specifically, and are particularly useful in answering research questions like mine. As a reminder, the research questions are:



- (1) What are the reasons supervisors ask supervisees for feedback?
- (2) What is the process of asking feedback like for supervisors?
- (3) What are the perceived benefits of asking supervisees for feedback?
- (4) How do supervisors implement, or practice supervisee-to-supervisor feedback?

In the next chapter, I discuss qualitative research, CQR designs, and the study's methods.

## **Chapter 3**

### **Methods**

#### **Definition and Characteristics of Qualitative Research and CQR Designs**

A primary objective of qualitative research is “understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam & Tisdell, 2015, p.6). Merriam and Tisdell identified four characteristics of qualitative research: (1) focus on process, understanding, and meaning, (2) the researcher is the primary instrument of data collection and analysis, (3) the process is inductive, and (4) the product is richly descriptive. Specifically, qualitative researchers are interested in understanding participants’ experiences. Researchers use themselves as the primary instrument for data collection and analysis because the overarching goal of qualitative research is understanding human experience. However, human beings always interpret things through their own lenses, which is sometimes referred to as “bias.”

Qualitative researchers do not strive to eliminate their biases; rather, they are acutely aware of them and figure out what role they play in the process of data collection, analysis, and interpretation. Also, qualitative research is inductive and largely atheoretical. It is highly descriptive and “words and pictures rather than numbers are used to convey what the researcher has learned about a phenomenon (Merriam & Tisdell, 2015, p.17).” Creswell and Poth (2017) defined qualitative research as

Qualitative research begins with assumptions and the use of

interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change. (p.53)

In my study, I am interested in Canadian supervisors' perspectives and experiences of supervisee-to-supervisor feedback, and I used a Consensual Qualitative Research approach (CQR; Hill, 2012), which is extremely popular in counselling psychology research. For example, in the supervision literature alone, dozens and dozens of published studies used it.

### **Consensual Qualitative Research (CQR)**

CQR was originally developed by three Counselling Psychologists to study the process of counselling/psychotherapy (Hill, Thompson, & Williams, 1997; Hill, 2012). CQR is influenced by major qualitative research methods, such as grounded theory, comprehensive process analysis, interpretive phenomenological analysis, and feminist theories. There are eight components and three steps in CQR. Components include using open-ended questions to gather data, reliance on text, intensively studying a small number of cases, whole-part relationship, inductive data analysis process,

interpretations made by a research team of three to five researchers, one or two auditors check consensual interpretations, and the research team constantly checks raw data to evaluate their interpretations. CQR steps include dividing responses to open-ended questions into domains or topic areas, constructing core ideas for all the material within each domain for each case (within-case analysis), and developing categories that cut across cases (cross-case analysis) (Hill et al.1997; Hill, 2012).

A distinctive feature of CQR is the consensus process. Hill et al. (1997) argued that multiple perspectives increase the possibility of obtaining better understandings of participants' responses. The research team members have first to interpret the data independently and then come together to discuss their interpretations until they reach an agreement. Once the team has consensus, the interpretation is examined by the auditor. The auditor has three job responsibilities: (1) determining whether the raw data is in the correct domain, (2) ensuring all important ideas in the domain are sufficiently abstracted, and (3) the wording in the core ideas is concise and reflective of the raw data (Hill et al. 1997). The auditor gives comments back to the research team, and the team members must discuss them thoroughly. This process happens both in case analysis and cross-case analysis. Specific analysis steps are described later in this chapter.

### **Participants**

Participants were 11 clinical supervisors, all of whom were registered psychologists in their jurisdiction and obtained a Ph.D. in either counselling psychology or clinical psychology. Among the 11 participants, two practice in Ontario,

one practice in Manitoba and eight practice in Alberta. Four of them are women, and seven are men.

Regarding other demographics, I inquired about participants' years of registration as a psychologist and years of supervising students. The average number of years as a registered psychologist was 12.55 (*range*= 5-25 years, *SD*=7.69), and the average number of years as a clinical supervisor was 11.86 (*range*= 3.5-25 years, *SD*=7.23). No other demographic information was collected.

### **CQR Analysis Team and Auditor**

**Recruiting research team members.** All team members were recruited personally by the primary investigator. Criteria for selection included an interest in supervision research and qualitative research, basic training in qualitative research, and motivation to engage in team-based analyses. Four counselling psychology graduate students were recruited to analyze data. Three served as primary analysts and one auditor. Analysts included a 4<sup>th</sup>-year international doctoral student (who conducted all Participant interviews), a 3<sup>rd</sup>-year doctoral student, and a 1<sup>st</sup>-year doctoral student. There were two men and one woman. In terms of ethnicity, two of team members are Asian and the rest are Caucasian. All three analysts/judges had prior training and coursework in qualitative research. A 2<sup>nd</sup>-year doctoral student was recruited to be the auditor. In addition to prior training and coursework in qualitative research, he also conducted his Master's thesis using CQR. The theoretical orientations of team members are diverse, they include cognitive behavioral therapy, psychodynamic therapy, humanistic-existential therapy, and acceptance and

commitment therapy. All four team members signed a Research Team Confidentiality Agreement (Appendix A).

**Training research team members.** All team members read the principal investigator's research proposal and Hill's (2012) text on CQR and, before analyses began, had all their questions about CQR processes addressed. For example, some team members were initially confused about the difference between domains and categories because they seem similar. Also, team members did not initially understand the purpose of writing core ideas and how they contributed to cross-analysis. To clarify these misunderstandings, we had an in-person meeting and talked at length about nuances in CRQ analyses. We also talked at length about our expectations and biases.

### **Researcher-as-Instrument**

According to Hill's (2012) recommendations on conducting CQR, research team members (i.e., interviewer, analysts/judges, and auditor) needed to document their expectations and biases individually about the research topic. Expectations were defined by Hill et al. (1997) as "beliefs that researchers have formed based on reading the literature and thinking about and developing the research questions" (p.538). Biases were defined as "personal issues that make it difficult for researchers to respond objectively to the data" (p.539). Research team members documented and discussed the possible influence of their expectations and biases on the entire research process.

**Research team members' biases and expectations.** All team members agreed

that supervisors asking for feedback from supervisees is potentially powerful in creating a collaborative supervisory relationship. Two of the members were asked by their supervisors for feedback in supervision, and they reported positive effects on supervision processes, such as increased trust and sense of security, more disclosure, and collaboration. All team members also reported that it could be very difficult for supervisees to provide feedback, because, as a trainee, supervisees are not sure about whether or not the supervisors are serious, or sincere, about receiving feedback about their supervision practices. Team members also believed it could be difficult, or challenging, because supervisors might feel threatened asking for feedback. Additionally, team members believed that most supervisors do not ask for feedback. To help identify a supervisor who does, indeed, ask for feedback, I screened potential participants using a new measure of collaborative supervision.

### **Screening Measure**

A modified version of the Collaborative Behavior Supervision Scale (CSBS; Rousmaniere & Ellis, 2013; Appendix B) was used to select participants. The CSBS measures the degree, or extent, of collaboration between supervisors and supervisees and individual item stems focus on asking supervisees for feedback. Specifically, items include: “How often does your supervisor openly discuss how helpful supervision is for you?,” “How often does your supervisor openly discuss the supervisory relationship?,” “How often does your supervisor openly discuss what you are doing together in supervision?,” and “How often does your supervisor openly discuss with you how supervision is conducted?” Participants rate their experiences

on a 5-point Likert scale, ranging from “never” to “always.” Its total score demonstrates acceptable reliability and validity (Rousmanier & Ellis, 2013). All things considered, the CSBS is perhaps the best existing measure of supervisee-to-supervisor feedback. It was therefore used as a screening measure.

With permission from the scale’s developers, I reworded the CSBS to fit supervisor perspectives. After minor re-wording, the items used were “How often do you openly discuss how helpful supervision is for your supervisee?,” “How often do you openly discuss the supervisory relationship?,” “How often do you openly discuss what you are doing together in supervision?,” and “How often do you openly discuss with your supervisee how supervision is conducted?” The instructions were also reworded to “Please answer the following questions regarding your experience in supervision with your **current site supervisee** with whom you have individual supervision.”

Three types, or levels, of supervisor collaboration, are identified by CSBS total scores, which can range from 4-20. Specifically, scores of 9-20 suggest Explicit Collaborative Supervision (ECS). Scores of 5-8 suggest Implicit Collaborative supervision (ICS). And scores of 4 suggest Non-Collaborative Supervision (NCS). ECS refers to supervisors who invite and empower supervisees to share their perspectives on supervision. In essence, they readily ask them for feedback. ICS refers to supervisors who are open and attentive to supervisee perspectives but do not necessarily ask for feedback directly. NCS refers to supervisors who do not ask supervisees for feedback about their supervision.



The recommended cut-off score for identifying ECS is 16 and higher. In this study, participants' average ECS score was 15.54 ( $SD=1.5$ ; range=13-18). The internal consistency estimate (Cronbach's alpha) for the CSBS total score in this sample was 0.725. Again, this measure helped me identify and select participants who asked supervisees for feedback about their supervision. Supervisors who actively ask for feedback are hard to find, as less than 5% ask supervisees for feedback (Rousmaniere & Ellis, 2013). And it was indeed challenging finding supervisors to interview.

## **Procedures**

**Recruiting participants.** Participants were purposefully sampled (Coyne, 1997). Due to considerable recruitment challenges, I utilized two approaches. First, I sent a recruitment letter (Appendix C) to the research participants recruitment platform of the Canadian Psychological Association (CPA) and Psychologists' Association of Alberta (PAA). These organizations are professional homes for psychologists at national and provincial levels, respectively, and they are the primary recruitment platforms for psychology research. The CPA platform is available to about 6,000 members, and the PAA platform is available to about 2,600 members. My recruitment notice was displayed on their platform websites and also included in their monthly newsletters.

All communication between me and potential participants at the recruitment stage was through email. After people contacted me and expressed interest in participating, I sent them the consent form. After consenting to participate, I sent them the CSBS. At the end of the scale, respondents were asked if they were willing to be interviewed.

Those who said “yes,” left their email, and I scheduled a phone interview if they scored 13 or higher on CSBS. E-mail reminders were sent out three days before the day of the interview. With this approach, only three people contacted me, and all of them scored 13 or higher and were subsequently interviewed.

Because I needed more participants, I took an additional recruitment approach: snowball sampling. Specifically, I emailed colleagues (Appendix D), which included fellow graduate students and supervisors with whom I worked, and asked them to nominate supervisors that asked for feedback from supervisees at least once during supervision. Nominators (i.e. my colleagues) shared nominee (i.e. clinical supervisors/potential research participants) contact information with the researcher through email. All the communication about nominees’ identifying information and contact information was kept strictly confidential.

Once nominators sent nominees’ contact information to me, I sent a recruitment email (Appendix E) and consent form (Appendix F) to nominees. Once nominees consented to participate, I sent them the link to the CSBS. Based on this added recruitment step, 19 potential participants were identified. Of these potential participants, nine agreed to participate in the study, one declined, and nine did not respond at all. Eight of the nine supervisors scored 13 or higher on CSBS and were interviewed. The other did not and was not interviewed.

**Interview questions.** I developed initial interview questions based on the relevant empirical literature and the study’s research questions. This list was then revised and finalized based on my primary dissertation supervisor’s advice.

As shown in Table 1, interview questions include two sets of open-ended questions. The first set focused on supervision in general, and the second set focused on those supervisors' experience of asking for feedback. Specifically, I asked questions about why those supervisors ask supervisees for feedback, what the process is like for them, what the perceived benefits of doing so are, and how they do it. I also asked about supervisors' general experience of supervisee-to-supervisor feedback. The interview questions solely focused on overt feedback. Taken together, both sets of questions explored participants' experiences in context, which corresponds to the whole-part relationship in hermeneutics. This strategy is also recommended by the developers of CQR (Hill, Thompson, & Williams, 1997, p.537). A complete interview protocol is in Appendix G.

Table 1

*Interview Questions*

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Basic Demographic Questions

1. How many years have you been registered as a psychologist?
2. How many years have you been supervising students?

Initial general questions: Questions about providing supervision generally

1. When you initially started working as a clinical supervisor, what were some of the things that you paid the most attention to? What were some of the most important things you learned?
2. What were some of the things that made working as a clinical supervisor different

from other clinical work you have done? What were some aspects of this work that you found more challenging?

3. What were some of the things changed in your supervision practice over time?
4. What were some of the things that triggered those changes?

Specific supervisee-to-supervisor feedback-related questions: Questions about asking for feedback in supervision

1. As a clinical supervisor, what was it like to ask for feedback from supervisees?
2. What types of feedback do you usually ask for from supervisees? How do you ask for feedback from them?
3. What were some of the most rewarding parts of asking for feedback from supervisees? What were some of the most challenging parts?
4. What makes some reciprocal feedback practices easier than others?
5. How does asking for feedback differ from giving feedback to supervisees?
6. What were some of the reasons you asked for feedback?
7. Any words of advice to someone just starting in terms of asking for feedback from supervisees?

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*Note.* In interviews, the term “reciprocal feedback” was clearly defined, and participants knew it referred to supervisee-to-supervisor feedback.

**Interviews.** Once nominees agreed to participate, fully consented, and met inclusion criteria, I emailed them to schedule a 30- to 45-minute semi-structured interview. Participants did not know interview questions in advance. I conducted all interviews by telephone and audio recorded them.

Before starting the interviews, participants were reminded of the purpose of the study, the structure of the interview, and the recording and transcription of the interview. There were also reminded that all interviews were confidential. The interviewer then asked questions from the protocol, using occasional prompts and probes to gather more in-depth information. At the end of the interview, the interviewer expressed gratitude to the participants.

**Confidentiality and transcription.** To protect participants' confidentiality, interviewees were assigned a number based on the order in which they expressed interest in participating in the study. This number was then used to identify audio files and transcripts. During transcription, any remaining identifying information (e.g., names and references to specific locations) were removed. All audio recordings were transcribed with Dragon Dictation Professional Individual V15 software and double-checked for accuracy.

### **Data Analysis**

**Fostering multiple perspectives.** Before and during data analysis, I reminded team members of the importance of making sure everyone had an opportunity to participate in the discussion process fully and that no individual or subgroup exerted undue influence on the process. This method was also recommended by Hill (2012) to build a successfully functioning research team. The research team members had, in total, six meetings (not including the pre-analysis training meeting). During each meeting, we discussed analysis results completed at the individual level. In within-case analysis, we started from participant 1 to participant 11. Within each

participant, we started from the first line to the last one. We compared each others' domain development and core idea construction, if our analysis results were similar, we simply adopted the most straightforward one. If our analysis results were different, we discussed and came up with a consensus. We made sure every team member had their input in the discussion. The same process was implemented in cross-case analysis. Generally speaking, team members adopted my analysis framework while had different opinions on specific analysis. For example, they thought the domain names in my framework, such as methods of ask/facilitating feedback, and content of feedback, can summarize data very well. Therefore, they decided to adopt those names. However, we had different opinions on interpreting specific data chunks, such as what the participants are actually saying.

**Identifying domains and categories.** Team members used constant comparison analysis to identify domains and categories (Leech & Onwuegbuzie, 2007). Specifically, team members followed twelve steps in those processes based on Hill's (2012) recommendations.

**Developing domains.** Step one, team members quickly read through all the transcripts as a whole and held off interpretations. Step two, team members started labelling relevant data chunks. Qualitative scholars have different opinions on what is considered appropriate data chunks. Some researchers note that data chunks should be words, or lines, because they can push researchers to be open to data and let the topics emerge from the data (Charmaz, 2014). Other scholars argued that stories should be the unit of analysis because stories, or narratives, contain language, meaning, and

context – issues that are critical to understanding interview data (Mishler, 1986). In my study, I adopted an inclusive approach that does not set a fixed-length or form of data chunks, as long as the data chunk (ranging from a phrase to paragraphs) all related to the same topic according to individual member's judgment, the label is legitimate (Hill, Thompson, & Williams, 1997). Step three, team members came together to discuss and finalize each domain.

***Constructing and auditing core ideas.*** Step four, team members wrote a short abstract (core idea) for each domain. Core ideas are summaries of the data that capture the essence of participants' original data in concise words. This core idea should remain as close as possible to the data instead of being inferential. Step five, all team members came together to discuss and finalize a consensual version of core ideas. Step six, the auditor checked the domains and core ideas and provided feedback to team members. Step seven, team members either accepted or rejected the feedback, and this back-and-forth communication kept running until both team members, and the auditor achieved a consensus. Step eight, the principal investigator sent the consensual version of with-in case analysis results to every participant and sought their feedback (Appendix H). This process is called "member checking" in qualitative research. While it is not standard practice in CQR, we did it for additional quality assurance. After obtaining participants' feedback, team members revised the results if needed.

***Conducting and auditing cross-analysis.*** Step nine, individual team members looked at all core ideas across participants for a specific domain and consensually

identified categories reflecting common themes within that domain. The categories still came from the data rather than preconceived assumptions. Also, categories should be the results of the cross-case analysis. Step ten, all team members came together to discuss and finalize a consensual version of categories. Step eleven, the auditor re-checks the cross-case analysis results, and the team members maintained back-and-forth communications with the auditor until a consensual version was achieved.

***Reporting findings.*** Step twelve, the team members used frequency counts to describe the representativeness of themes (each category). The frequency was determined according to the number of participants whose core ideas appeared within each category. Based on Hill's (2012) recommendations, "general" consisted of data from all or all but one participant (10 or 11), "typical" consisted of data from more than half the participants up to the cutoff for general (6 to 10), and "variant" consisted of data from at least two participants to up to half of the participants (2 to 5).

Each team member used the CQR Analysis Form (Appendix I) to record their analysis process.

Table 2 includes three representative examples of how my team coded data. These examples help demonstrate the team's process and products. They give readers a sense of our analysis-related thinking.

Table 2

*Coding Examples of Domain "Reasons of Asking for Feedback," "Methods of Asking for Feedback," and "Content of Feedback"*



Domain	Description	Examples (Raw Data)
Name		
Reasons for asking for feedback	Noah started to ask for feedback partly due to reading supervision literature.	It was probably about 12 years ago, I really started looking at the supervision literature, and it started to influence me in different ways. So, I think at that point, we had our program, we watch students in the group, and we had a chance to debrief afterward as well (line# 22-25).
	Aiden wants to improve as a supervisor, that is partly why he starts asking for feedback.	I wanted to ensure that I was doing the best supervision experience that I can provide, I wanted to make sure that students felt that there was room for them to be who they wish to be and to grow. More recently, I believe in reciprocal feedback, being a two-way street in terms of opportunity for me to continue to grow as well. Those are the reasons (line# 86-89).
	Camila's previous experience as a supervisee is partly why she asks for	I guess, having been a supervisee too, I know what it feels like to have a supervisor ask for feedback versus one who doesn't, it feels better as a supervisee (line# 151-153).

	feedback from supervisees.	
Methods of asking for feedback	Emma talked about how to use objective feedback	So, I use the outcome measure, the one used by Scott Miler. So, it got four measures on it, and I find it helpful to get, it is not only the feedback form itself that is providing me with the most information (line# 69-71).
	Mason talked about how to ask for feedback verbally.	So, the feedback would be more informal, like I mentioned, a verbal checking-in, and often it references to our treatment goals and our relationship (line# 89-91).
	Elijah talked about using a specific technique called critical incident technique to ask for feedback	It's "what was helpful and what was unhelpful," I use a little bit of what we call the critical incident technique, it is a qualitative methodology. What was helpful and unhelpful and also wishlist items were anything you'd like to be different (line# 79-86).
Content of feedback	Logan usually reviews supervision goals with	There is a typical check-in, so I'll review the goals throughout the supervision rotation to make sure I am giving them feedback on what

supervisees to make sure they are on the same page. they asked for, and I'm trying to do that throughout as well. Keep that in mind with each observation of their work, with each case note I read; I'm trying to keep that thread of the goals (line# 162-165).

Layla asks her supervisee about what the supervision process is like. I ask about how do they feel like things are going in supervision so far in terms of the process, so how we are doing things, like the structure of the sessions, or maybe focusing on one patient or having a group thing, and then what they want more of or less of and the how they feel like they're reaching some of the goals they set for themselves at the beginning. Also, how do they feel like the relationship is going and how comfortable they feel (line# 57-61).

Jackson asks about the supervision process for his supervisees. So, I might ask for feedback specifically about things like comments on their work as I observed it on video recordings, my feedback about my feedback to them on their records, or general guidance and direction that I'm giving them, and also about the feedback on our

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relationship as supervisor-supervisee, those  
would be the main things (line# 63-67).

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**Trustworthiness of data.** I established the trustworthiness of data analyses using Hill's (2012) criteria. The first criterion is the integrity of the data, which refers to the "clear description of both the methods and the results" (p.176). She identified four strategies. The first one is to provide a detailed description of the methodology to allow for replication of the study's procedures (not necessarily its results). She listed ten components researchers need to report, including a detailed description of research team members, potential biases and expectations, adequacy of the sample, interview protocol, recruitment strategies, interview process, the transcription process, data analysis steps, attempts at establishing the stability of the data and any other details. All of these components are included in this chapter.

The second strategy is triangulating methods, which refers to the "use of multiple methods for collecting data and the collection of different participant perspectives" (p.177). Due to practical constraints, we could not use this strategy. The third one is checking for saturation, and they recommended using a large amount of participant interview data and connecting individual results to the overarching categories. This strategy was used in the present study. The fourth and final strategy is determining the transferability of the findings, which refers to "when researchers provide detailed information about the participants and the research process so that readers can judge whether findings might transfer to other settings" (p.178). Also, Hill recommends indicating the representativeness of themes using terms like general, typical, and variant. These terms are, therefore, used here, and they are defined in the Glossary of Terms and elsewhere (e.g., p. xii and p. 56).

Hill's (2012) second criterion is reflexivity and subjectivity, which refers to "balancing the tension between what the participants say and how the researchers interpret their responses" (p.179). Some specific methods include reporting team members' biases and beliefs, having multiple team members and auditors and implementing member checks. Specifically, in this study, I documented all team members' biases and assumptions prior to data analysis, recruited three judges and one auditor, and six out of 11 participants (55%) completed member checks, and only minor revisions were suggested.

The last criterion is clear communication of findings, which refers to "presenting results and the meaning of those results clearly and with a purpose" (p.180). Hill recommends several specific methods, including presenting implications of the study, identifying limitations of the methodology, encouragement of further dialogue among professionals or researchers, recommendations of actions, and connecting findings with theories or previous literature.

Results of analyses are presented next, in Chapter 4, and their possible meanings are presented in Chapter 5, along with study limitations and implications for research and practice.

Chapter 4

Results

This chapter includes the results of the team-member analysis of 11 semi-structured interviews. Specifically, in the analyses, we identified seven consensus-based domains and 17 categories. We also identified the representativeness of each domain and category, per CQR guidelines. Specifically, “general” domains and categories were mentioned by 10 or 11 study participants. “Typical” domains and categories were mentioned by six to 10, and “variant” domains and categories were mentioned by two to five.

Using pseudonyms, Table 3 lists all participant names. It also lists all known demographic information.

Table 3

*Participants’ Names/Pseudonyms and Known Demographic Information*

Pseudonyms	Gender	Years of Supervision	Years of Registration
Liam	Male	16	16
Emma	Female	9	9
Noah	Male	18	20
Logan	Male	22	25
Mason	Male	10	10
Olivia	Female	6	6
Elijah	Male	5	10.5

Aiden	Male	8	10
Jackson	Male	25	25
Camila	Female	3.5	5
Layla	Female	8	5

*Note.* Layla had been supervising students as another mental health professional for three years before she registered as a psychologist five years ago.

### **Reasons for Asking for Feedback (Domain)**

As shown in Table 4, three categories emerged from the interviews and subsequent CQR team analyses regarding reasons for asking for feedback from supervisees: internal, external, and past experiences.

Table 4

*Domain “Reasons for Asking for Feedback”*

Domain/Category/Subcategories	Frequency
Reasons for asking for feedback	
Internal factors	Typical (9)
Motivation to become a better supervisor	Typical (8)
Feedback as part of reflective supervisory practice	Variant (2)
Wanting to improve the supervisory relationship	Variant (2)
External factors	Typical (9)
Communication with colleagues	Typical (6)
Reading supervision research	Variant (4)



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Theoretical orientation	Variant (2)
Past experiences	Typical (7)
Past training/professional development experiences	Variant (4)
When the supervisor was a supervisee	Variant (2)
Previous career experience	Variant (2)
Past feedback from previous supervisees	Variant (2)

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*Note.* N=11. Typical frequencies=6 to 10 participant endorsements; Variant= 2 to 5.

**Internal factors (typical category).** Growing, developing, and overcoming potential blind spots is, it appears, an important aspect of asking for feedback, at least among supervisors sampled here. Nine out of 11 participants mentioned these types of “internal” factors. Internal motivation to become a better supervisor was endorsed most frequently, and eight participants believed supervisee-to-supervisor feedback helps them grow and develop. For example, Logan (male, 22 years of supervision experience) said:

I think the parallels between doing therapy and doing supervision are fairly strong, especially in that area. Are you the expert you think you are, you can always get better, and you may not know. I mean our self-awareness can be strong, but we don't always know what is happening, we all have blind spots, we all have biases, we fill in the blanks, sometimes our ego is a little bit boosted. So, it is important to get it, it parallels what we are doing in therapy, and it's a good practice. I think most people do it informally in supervision, but it is like one of those tough things that sometimes we don't talk about, or it's harder to ask about, especially

when things are not going well. Also, you want to get better; I mean you want to get better as a therapist; you want to get better as a supervisor.

From our perspective, Logan believes supervision is similar to doing psychotherapy, in which therapists need to obtain client feedback to overcome biases and blind spots and, therefore, become better. Similarly, Aiden (male, eight years of supervision experience) said:

I wanted to ensure that I was doing the best supervision experience that I can provide, I wanted to make sure that students felt that there was room for them to be who they wish to be and to grow. More recently, I believe in reciprocal feedback, being a two-way street in terms of opportunity for me to continue to grow as well.

Aiden also believes he can grow – and get better – by asking for feedback from supervisees. Camila (female, 3.5 years of supervision experience) said:

Having the chance to get feedback and to make changes in areas that I can improve. It is just kind of knowing where things are at and having the opportunity to grow as a supervisor and do the best job I can.

Again, from our perspective, it appears Camila wants to make changes to improve her supervision abilities by asking supervisees for feedback.

Two supervisors believe supervisee-to-supervisor feedback is part of reflective supervisory practice. For example, Liam (male, 16 years of supervision experience) commented: “It would be similar to the counselling process, and it is helpful to stop and reflect: why did you come here in the first place, what's working and what's not

working so well.” Likewise, Emma (female, nine years of supervision experience) reported: “then I switched to XX (a workplace), I had a bit more time to be more reflective so that I have time to think how to improve my supervision.” For these supervisors, feedback from supervisees enhances self-reflection.

Two other supervisors, Emma and Jackson, believed supervisee-to-supervisor feedback enhances the supervisor relationship. For example, Emma (female, nine years of supervision experience) said: “The second reason would be because I think that it helps the relationship, and if you have a good relationship, you will be able to do better work.” Jackson (male, 25 years of supervision experience) reported: “also, just to deepen my understanding of what the experience of supervision was like for my supervisee.” For these supervisors, supervisee-to-supervisor feedback helps ensure that supervisors and supervisees are on the same page.

**External factors (typical category).** Talking to colleagues and fellow supervisors are, in this sample, a “typical” reason supervisors ask supervisees for feedback. Nine out of 11 of them mentioned “external” factors. Communication with colleagues was endorsed most frequently, with six participants endorsing it. For example, Mason (male, ten years of supervision experience) said: “I learned about it from other supervisors; that was a really vital practice to talking with other supervisors.” Elijah (male, five years of supervision experience) said:

The supervisors in my internship were a very big proponent of it, and they encouraged us to use the ORS and SRS process with our clients. Some supervisors would ask for feedback from students, so that really made a big

difference.

Aiden (male, eight years of supervision experience) said: “it was that working collegially with other supervisors and discussing supervision.” From our perspectives, those three participants clearly learned about supervisee-to-supervisor feedback from colleagues.

Four supervisors said they adopted supervisee-to-supervisor feedback practices after reading the supervision literature. For example, Noah (male, 18 years of supervision experience) said:

It was probably about 12 years ago, I really started looking at the supervision literature, and it started to influence me in different ways. So, I think at that point, we had our program, we watch students in the group, and we had a chance to debrief afterward as well.

Layla (female, eight years of supervision experience) said, “well, being exposed to learning more about process-outcome feedback and learning more about supervision over the years. Being exposed to it and how you are going to apply it to supervision and reading the literature.” And Logan (male, 22 years of supervision experience) said:

This way of going and reading the <heart and soul of change> once or twice. So just getting exposed to that idea, which is not rocket science, to have a feasible scale, something that is usable, was part of the triggering of it.

In our various CQR analysis discussions, the “Reading Supervision Research” category emerged from the interview data.

Supervisor theoretical orientation also emerged as an external category, as two supervisors endorsed it. For example, Noah (male, 18 years of supervision experience) said:

I think CBT informs a little bit of my supervision practice, just to be very collaborative, setting the agenda at the start of every supervision session, and at the end, asking informally, week to week, checking in with the students on what was helpful today, what was the main message today, those kinds of things, I just informally ask about that.

Camila (female, 3.5 years of supervision experience) said one of the reasons she uses supervisee-to-supervisor feedback in practice is because “I was trained with the CBT background, and it is part of CBT to ask for feedback in terms of your therapy session, so it is a good practice to build into supervision.” From the research team’s perspective, those participants seem to be influenced by CBT’s collaborative empiricism philosophy, namely, reality checking in a collaborative way. For these supervisors, collaborative empiricism applies to supervision, as well.

**Past experience (typical category).** It appears past training/professional development experiences affect supervisors’ motivations to use supervisee-to-supervisor feedback in practice. Seven out of 11 participants mentioned factors related to “past experience.” Past training/professional development experiences were endorsed most frequently, with four participants endorsing it. For example, Logan (male, 22 years of supervision experience) said:

I reviewed two textbooks, and I've taken three seminars and workshops, I have

been consulting a lot and honing that framework, so I don't think I had that back then. I always understood it as a professional activity; I didn't have a clear sense of what that meant as I do now. So, the feedback becomes a more integral part of my supervision, and I treat it as a professional activity.

Mason (male, ten years of supervision experience) said, "I have been trained in supervision when I was a Ph.D. student. So, it's not like a brand-new concept." Olivia (female, six years of supervision experience) said:

When I was doing an internship, we had a seminar that directly talked about how to give supervision, how do you supervise people, and they talked about this developmental model of supervision, and since I was trained in developmental psychology, it made a lot of sense to me, I really like that.

Two supervisors believed their past experience as a supervisee motivated them to practice supervisee-to-supervisor feedback. For example, Noah (male, 18 years of supervision experience) said: "well, ha, I try not to supervise the way I was supervised." Similarly, Camila (female, 3.5 years of supervision experience) said: "I guess, having been a supervisee too, I know what it feels like to have a supervisor ask for feedback versus one who doesn't, it feels better as a supervisee." From our perspectives, those participants learned many useful lessons from their previous experiences being supervised. Therefore, they try and make sure their supervisees are benefiting from supervision. A useful way to determining benefit is asking supervisees for feedback.

Two supervisors said their previous career/job valued feedback, and they were

inclined to use reciprocal feedback in supervision. For example, Noah (male, 18 years of supervision experience) said “as an elementary school teacher in my previous life as well; I think that kind of thinking about learning and what are we going to do next is helpful. I am quite comfortable with it now.” Logan (male, 22 years of supervision experience) said:

My background is in sport... Because we got immediate feedback, the red light goes on, or the red lights don't go on, your coaches are giving feedback. So that was “a-ha,” why we are not doing it here.

Working as a teacher and in sport, these two participants were used to – and saw the benefits of – feedback, and they continued using it in supervision.

Two supervisors believed past feedback from previous supervisees helped them realize the importance of supervisee-to-supervisor feedback in supervision. For example, Camila (female, 3.5 years of supervision experience) said:

And it's something that we talk about within the (internship site), and I have heard residents/supervisees talk about how helpful to have that opportunity to be asked for feedback and they said their relationship is often better with supervisors who ask for feedback, they think it helps them get more out of supervision.

Aiden (male, eight years of supervision experience) also said: “something that would be feedback from the supervisees.” These supervisors heard supervisees talk about it and ended up incorporating it into their practices.

### **Challenges in Asking for Feedback (Domain)**

As shown in Table 5, three categories emerged regarding challenges in asking for

feedback: worry about receiving negative feedback from supervisees, power differentials hindering honest and accurate feedback, and interpersonal dynamics of supervision.

Table 5

*Domain “Challenges in Asking for Feedback”*

Domain/Category/Subcategories	Frequency
Challenges in asking for feedback	
Worry about receiving negative feedback from supervisees	Typical (6)
Power differentials hindering honest and accurate feedback	Variant (4)
Interpersonal dynamics of supervision	Variant (2)

*Note.* N=11. Typical=6 to 10 participant endorsements; Variant= 2 to 5.

**Worry about receiving negative feedback from supervisees (typical category).**

Clearly, some supervisors feel anxious about the feedback-asking process, in part, because they might get negative feedback, which can be challenging and hard to hear. Six supervisors said they are nervous about hearing negative feedback from supervisees. For example, Emma (female, nine years of supervision experience) said:

The first time I did it, it did feel that it puts you in a vulnerable position as a supervisor. It is just like what you do with your clients, because you may get negative feedback, which is hard for everybody,” adding “when I first started, I was a little daunted by it. It is kind of; you never wanted to hear something that they might say.



Jackson (male, 25 years of supervision experience) said, “I guess when they do identify problems or limitations in my supervision, that is disappointing to hear that I could have done better.” Camila (female, 3.5 years of supervision experience) said: “I think my own anxiety, particularly early on, just being afraid that I'm not doing a good enough job.”

**Power differentials hindering honest and accurate feedback (variant category).** Per some supervisors, supervisor-supervisee power differentials can be particularly challenging regarding supervisee-to-supervisor feedback, and it is a variant category here. Four supervisors noted power differentials could hinder honest and accurate feedback. For example, Elijah (male, five years of supervision experience) said:

Giving feedback as a supervisor is part of the role; it is understood; it is something that I think is easier to do. The supervisee giving feedback to a supervisor is not accepted as a common practice; it is not assumed; that is the idea of speaking out against the power differential. I think it is systemic within the learning environment that students don't give feedback, which I think is too bad because it is not that the student knows the knowledge, the professors know the knowledge, but the student knows something about the process of the teaching that could enhance the professor's learning. So, it is breaking a social dynamic by asking for feedback, and students often have to get used to that.

Mason (male, ten years of supervision experience) said:

Obviously, there's that power differential between supervisees and supervisors,

which can mostly create a challenge in obtaining useful and accurately experienced feedback from supervisees versus my end of the things being a lot more confident and being pretty straightforward with what I was observing and changes that I would like to see.

**Interpersonal dynamics of supervision (variant category).** For some supervisors, navigating interpersonal dynamics are a challenging part of supervisee-to-supervisor feedback practice. Specifically, two supervisors said interpersonal dynamics in supervision could be challenging. For example, Logan (male, 22 years of supervision experience) said:

You're always trying to assess where someone is at and their ability to receive feedback. Challenging is where there's something that's probably underlying; it could be a personal issue; it could be a very significant confidence issue; it's hard for them to take the feedback. So, you are trying to be direct, but also supportive, and giving lots of space for people to work through it, to ask about it, maybe be emotional about it, maybe take a long time to clarify it, maybe have to sit with some uncertainty and ambiguity about it, and to process it over time. It is like one of those tough things that sometimes we don't talk about, or it's harder to ask about, especially when things are not going well.

And Aiden (male, eight years of supervision experience) said: “some students have a very non-confrontational style and have difficulty with voicing their concerns and criticisms, so that would be a challenge.”

### Feelings about Asking for Feedback (Domain)

As shown in Table 6, one category emerged regarding feelings about asking for feedback: natural comfort in asking for feedback.

Table 6

*Domain “Feelings about Asking for Feedback”*

Domain/Category/Subcategories	Frequency
Feelings about asking for feedback	
Natural comfort in asking for feedback	Variant (4)

*Note.* N=11. Variant= 2 to 5 participant endorsements.

**Natural comfort in asking for feedback (variant category).** Four supervisors reported feeling naturally comfortable practicing supervisee-to-supervisor feedback. For example, Logan (male, 22 years of supervision experience) said: “I became more comfortable and did it more frequently around 2012; I became really intentional and deliberate, really being mindfully aware of this, not kind of going through the motions or sort of learning about it.” Emma (female, nine years of supervision experience) said: “You know what, when I first started, I always asked for feedback, it is pretty natural.”

### Benefits of asking for feedback (Domain)

As shown in Table 7, four categories emerged regarding the benefits of asking for feedback: deepening supervisory relationships, supervisee-to-supervisor feedback helps supervisors grow and feeling assured of helping supervisees.

Table 7

*Domain “Benefits of Asking for Feedback”*

Domain/Category/Subcategories	Frequency
Benefits of asking for feedback	
Deepening supervisory relationship	Typical (9)
Feeling assured of helping supervisees	Typical (6)
Supervisee-to-supervisor feedback helps supervisors grow	Variant (5)

*Note.* N=11. Typical=6 to 10 participant endorsements. Variant=2 to 5.

**Deepening supervisory relationship (typical category).** From the research team’s perspective, most supervisors believe supervisee-to-supervisor feedback strengthens the supervisory alliance, in part, by empowering supervisees, creating a safer and more trusting environment, and being more collaborative. Nine out of 11 supervisors said supervisee-to-supervisor feedback deepened the supervisor-supervisee relationship. For example, Elijah (male, five years of supervision experience) said, “it definitely made the work much faster, the students move through the development of their skills much quicker. I think for two reasons, one, they become a collaborator; they have more equality, they have more buy-in into the process.” Noah (male, 18 years of supervision experience) said:

When you're giving feedback, you are putting yourself in the expert chair. When you're asking for feedback, you're stepping down, which is good. So, when they give me feedback, I am more of a student role, that is the main difference. At the same time, if I am doing that, I'm working more collegially and collaboratively.

Aiden said:

When a student feels accepted in terms of their ability to self-disclose regarding their knowledge, their insecurity, and their work. So when they feel that unconditional acceptance, when they also give feedback that, because of the process in supervision, they felt safe and confident.

Layla (female, eight years of supervision experience) said:

I think trainees appreciate being asked for feedback. So, feeling like the students or the trainees do when you ask for feedback as the supervisor, you respect them, and you value their opinions in their own learning, and that your kind of models openness to feedback for them. Sometimes students can feel nervous or insecure about giving feedback to supervisors. I think they find it more empowering and collaborative.

Emma (female, nine years of supervision experience) said: “I found it really helpful; it deepens the relationship you have with your supervisees, and if you have a good relationship, you will be able to do better work.”

**Feeling assured of helping supervisees (typical category).** Over half the supervisors (n=6) also believe supervisee-to-supervisor feedback helps them feel more confident, more assured that supervision helped supervisees. For example, Jackson (male, 25 years of supervision experience) said:

The rewarding parts, I guess, are learning what would be helpful to supervisees, and just hearing that supervision was helpful to them, they learned a lot from it, and they grew a lot as trainees. That was definitely the most rewarding.

Camila (female, 3.5 years of supervision experience) also said: “I think sometimes there are things that I'm doing that I don't realize I'm doing that are a benefit to people, and so it's always neat to learn how they are benefiting in some way.” Noah (male, 18 years of supervision experience) said:

It is always nice to hear from people that you're doing an okay job. I try to aspire to it, and I don't know when I will get there. Some people will tell you that this is helpful, overall this has been really good. That is encouraging for me.

Olivia (female, six years of supervision experience) said, “hearing good things! Hearing that that kind of approach helps them in some way, or that being able to provide the feedback that allows them to have a better practicum experience.”

**Supervisee-to-supervisor feedback helps supervisors grow (variant category).**

Based on interview data, supervisee-to-supervisor feedback potentially benefits supervisors as much as supervisees. Five supervisors in this study said supervisee-to-supervisor feedback helps them grow and become a better supervisor. For example, Noah (male, 18 years of supervision experience) said:

The students at a senior level, they spent so much money and worked hard, so they don't want to waste time. So, they've been really helpful in providing ideas. Actually, I think probably from students year to year; one supervision experience shapes the next one, students often have good ideas, sometimes students need different kinds of things. Some students need a bit of that while others don't. So, I just checked with them constantly; what do you need.

Jackson (male, 25 years of supervision experience) said: “generally I welcome it, it

has mostly been very positive, but there has also been some corrective feedback I received from supervisees that have helped improve my supervision practice.” Camila (female, 3.5 years of supervision experience) said:

Then I think just having that sense of confidence that what I'm doing is effective because supervision is something that's really important to me, and so having the chance to get feedback and to make changes in areas that I can improve things to be better. It is just kind of knowing where things are at and having the opportunity to grow as a supervisor and do the best job I can.

Layla (female, eight years of supervision experience) said: “it is always rewarding to get feedback, so you know where your strengths are and what you can improve on.” From the research team’s perspective, some supervisors ask supervisees for feedback because they believe it helps them grow, develop, and ultimately become better supervisors.

Methods of Asking for Feedback (Domain)

As shown in Table 8, three categories emerged regarding methods of asking for feedback from supervisees: varying format of feedback questions, frequency/timing, and specific techniques.

Table 8

Domain “Methods of Asking Feedback”

Domain/Category/Subcategories	Frequency
Methods of asking for feedback	

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Varying format of feedback questions	General (10)
Verbal questions	Typical (9)
Feedback measures	Variant (4)
Written feedback	Variant (4)
Open-ended questions	Variant (2)
Frequency/timing	Typical (6)
Specific techniques	Variant (4)

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*Note.* N=11. General=10 to 11; Typical=6 to 10; Variant= 2 to 5.

**Varying format of feedback questions (general category).** Clearly, almost all supervisors asked for feedback verbally, and thus the research team saw it as a category. Ten out of 11 participants mentioned the first category: varying format of feedback questions and nine out of the ten asked for feedback verbally, including Olivia, Noah, Mason, and Elijah. Olivia (female, six years of supervision experience) said:

At the very beginning, our first meeting, I will let you know that, like ‘if there is anything you need that I’m not giving you, tell me’ and ‘if you find you want more from me.’ So, I ask them pretty directly in the first meeting. If we do any kind of evaluation thing, I do say ‘if there are things you want to tell me, please do.’

Noah said, “most typically, can be informally just talking about it verbally.” Similarly, Mason (male, ten years of supervision experience) said: “so, the feedback would be more informal, like I mentioned, a verbal checking-in, and often it refers to our



treatment goals and our relationship.” Elijah (male, five years of supervision experience) added:

I don't use SRS; I used to use that. I supervise in a very relational way, a very qualitative and phenomenological way. So, when I give them the score, they tend just to put 9 or 10 of 10 every single time, and I found that unhelpful. So I ask for feedback verbally.

Four supervisors used established objective feedback measures to obtain feedback on their supervision. For example, Emma (female, nine years of supervision experience) said:

Sometimes if you capture another form of information, it gives you data in a different way, some people are totally comfortable sharing what they need but some people cannot, so you can get a sense of it on a form. So, I use the outcome measure, the one used by Scott Miller. So, it has four measures on it, and I find it helpful to get; it is not only the feedback form itself that is providing me with the most information.

Logan (male, 22 years of supervision experience) also said, “use something little bit more formal, because sometimes people can write, that is a little bit easier than telling you face-to-face.” Aiden (male, eight years of supervision experience) added:

At the beginning and the end of the supervision term, I ask for written feedback. I use a form that has similar questions about the level of knowledge of the particular intervention, about the therapeutic fit, that also asks precisely about other aspects about supervision with myself that they think it is helpful for new

students to know, it is a rating scale.

Although most supervisors ask for feedback verbally, the research team believed “objective measures” warranted its own subcategory.

In addition to objective measures, four supervisors simply asked supervisees for written feedback. For example, Camila (female, 3.5 years of supervision experience) said:

Based on one of those resident seminars that we had, I developed some questions that I ask them to write answers to, and then I also wrote answers to them, and then we had a conversation about them. I didn't require them to share all their answers with me, but it was like an opportunity for them to really reflect on supervision, what they were getting out of it, what their relationship was like with me and vice versa. We had some really rich and interesting discussions.

Layla (female, eight years of supervision experience) also said:

I usually have, depending on measures, something that students can write narrative feedback about how the experience is for them. Probably just more the narratives, where if I spell out their evaluation and they can respond, and I asked them to give me feedback as well, more open-ended.

Mason (male, ten years of supervision experience) just simply invited students to provide written answers to “a handful of open questions.” Consequently, the research team also believed “written feedback” warranted a separate subcategory.

Somewhat relatedly, two supervisors specifically emphasized open-ended questioning, regardless of format (i.e., written or verbal). For example, Liam (male,

16 years of supervision experience) said:

The difference is that I'm formally and directly asking them like 'hey, how is this going?' in an open-ended fashion, and it's something that they might not necessarily think to do naturally. So, they might be caught off guard by it. The general open-ended question and leave it with somebody and let them run, like what is your experience in supervision so far, you can let them know at the outset you plan to build that into the supervisory relationship, it is bidirectional.

And, again, Mason (male, ten years of supervision experience) asks open-ended questions and requests written answers. Open-ended questioning is, per the research team, another subcategory.

**Frequency/timing (typical category).** There does not seem to be one set time – or times – to ask supervisees for feedback. We noted that it varies by supervisors. Six supervisors in the study specifically mentioned the frequency or timing of asking for feedback, and they vary from supervisor to supervisor. For example, Jackson (male, 25 years of supervision experience) said:

I also, at the outset of supervision, schedule two times during the course of supervision: one at the halfway point and one at the end, and formally exchange feedback with my supervisee, and I invite them to give me whatever feedback they're comfortable with, giving me at those points if they haven't done so already.

Mason (male, ten years of supervision experience) said he asks for feedback, “probably not every week, probably every second week.” Noah (male, 18 years of

supervision experience) said he “does it session to session to get in the habit of asking for feedback.” Olivia (female, six years of supervision experience) asks for feedback “at the very beginning our first meeting.” Liam (male, 16 years of supervision experience) asks for feedback “on a case-by-case basis.”

**Specific techniques (variant category).** Four supervisors mentioned specific techniques they utilize in asking for feedback. For example, Elijah (male, five years of supervision experience) said:

I use a little bit of what we call the critical incident technique; it is a qualitative methodology. What was helpful and unhelpful and also wishlist items regarding anything you'd like to be different. So, I tend to go with those three categories, because it really brings out some thoughts, like ‘wish we could do this or that, it was all good, but I would've liked a little more of something around XX.’ So, we are trying to get more than just ‘did I help you?’, we probably both know if I did, but if they have a wish list, the wish question, the miracle question tends to get them thinking about something they would like, but they don’t feel like that they are allowed to ask for.

Logan (male, 22 years of supervision experience) said:

The other thing I do to get feedback is I model asking me for feedback about how I'm doing. So, you are going to do it with me, and I am going to do it with you, so it is going to be modelled, and it's going to be reciprocal, there's that piece.

From our perspectives, Elijah adopted the critical incident technique in supervisee-to-supervisor feedback and Logan used “modelling” techniques.

**Content of Feedback (Domain)**

As shown in Table 9, one category emerged regarding the content of feedback: feedback about the process of supervision.

Table 9

*Domain “Content of Feedback”*

Domain/Category/Subcategories	Frequency
Content of feedback	
Feedback about the process of supervision	Typical (7)

*Note.* N=Typical=6 to 10.

**Feedback about the process of supervision (typical category).** From the research team’s perspective, focusing on supervision-related processes is clearly a stand-alone category. Seven out of 11 supervisee-to-supervisor feedback practices focused on the process of supervision. For example, Camila (female, 3.5 years of supervision experience) said:

I usually ask, in general how they're finding supervision, I asked about the process of supervision, I am trying to use audio recordings, and I asked how we are structuring it and how to use our time, so asking if I am meeting their needs based on the way we've got supervision set up. I often ask for feedback if we’ve talked about an issue that they bring, I’m kind of asking, in the end, if our discussion was helpful for them. So that is probably it, how they're finding it if it's helpful, are there things that would be helpful to change or do differently.

Layla (female, eight years of supervision experience) said:

I ask how they feel things are going in supervision so far in terms of the process, so how we are doing things, like the structure of the sessions, or maybe focusing on one patient or having a group thing, and then what they want more of or less of and the how they feel like they're reaching some of the goals they set for themselves at the beginning. Also, how do they feel like the relationship is going and how comfortable they feel. Generally, too, more like measures how the structure of the supervision is going, but just like do they feel like they're getting the type of supervisory feedback that is helpful for them.

Olivia (female, six years of supervision experience) said:

I ask for feedback about things like, let me know if you need more from me, so depending on whether it is their first practicum or they are about to go to supervised practice. I expect different levels of independence, and so I let them know at the beginning that I will do this and this. 'Let me know if you need more,' that's definitely one thing I ask for.

Jackson (male, 25 years of supervision experience) said:

So, I might ask for feedback specifically about things like comments on their work as I observed it on video recordings, my feedback to them on their records, or general guidance and direction that I'm giving them, and also about the feedback on our relationship as supervisor-supervisee, those would be the main things.

From our perspective, supervisors consistently mentioned supervision-related processes, which is why it is a typical category.

### Methods of Facilitating Feedback (Domain)

As shown in Table 10, five categories emerged regarding methods of facilitating feedback: a strong supervisory relationship, communicating expectations, and modelling feedback, supervisors' openness and mindset of growth.

Table 10

#### *Domain "Methods of Facilitating Feedback"*

Domain/Category/Subcategories	Frequency
Methods of facilitating feedback	
A strong supervisory relationship	General (10)
Communicating expectations	Typical (9)
Set expectation of reciprocal feedback	Variant (4)
Coping with possible/real honest feedback	Variant (4)
Show vulnerability	Variant (2)
Modelling feedback	Variant (5)
Being consistent throughout	Variant (3)
Implementing feedback	Variant (3)
Supervisors' openness and mindset of growth	Variant (4)

*Note.* N=11. General=10 to 11; Typical=6 to 10; Variant= 2 to 5.

**A strong supervisory relationship (general category).** Almost all participants in this study believe that having a strong supervisory alliance facilitates the feedback-asking process. Ten out of 11 supervisors said a strong supervisory alliance makes supervisee-to-supervisor feedback practice easier to enact. For example, Liam

(male, 16 years of supervision experience) said:

One of the things that are important to me in supervision is the relationship I have with supervisees. Similar to counselling relationships, if I don't have a good rapport with somebody, then I don't have a sense that I am going to have an opportunity for them to speak freely about their experience, nor are they. If they are guarded, or a bit closed off, it's going to be hard for them to receive feedback as well. So, it's similar to counselling in some level in establishing rapport, or a comfortable environment, in order for them to be frank about their process and what is working well, where they are stuck in order for them to receive feedback.

Emma (female, nine years of supervision experience) said:

I definitely pay attention to, in the beginning, setting up the supervision in a way that the students I am supervising feel comfortable talking not just the things that are going right, but also the things that they have questions about or places where they feel like they haven't done a good job. In my mind, if you're supervising someone who is scared of supervision or doesn't feel comfortable enough to tell you the things that, as a supervisor, you need them to know, whether or not you are sure that they are doing what they need to be doing or they just don't know what to do.

Elijah (male, five years of supervision experience) said:

It is also a little easier when they and I have a good trusting relationship. If the students, for whatever reason, are feeling like the faculty is out to get them or they're in trouble in their program, and they start to shut down with everybody. It



gets very hard because now they can't give feedback, the trust has to be re-established. So, when the trust is strong, the feedback is really good. When the students really trust me, the feedback actually changes in quality; they can actually give me what I call the 'consultative feedback,' they appear not as a student anymore.

Jackson (male, 25 years of supervision experience) said:

I would say probably the most important thing is to see that process as an extension of the supervision relationship, in developing that relationship if you make it clear from the outset that this is a safe place that supervisees can be comfortable with sharing difficult feedback, that you're likely to get more accurate and useful feedback. That would be the main thing.

Per research team analyses, most supervisors recognized that having a strong supervisory relationship makes supervisee-to-supervisor feedback easier.

**Communicating expectations (typical category).** Per research team discussions, the notion of setting expectations for reciprocal feedback became a subcategory, as doing so, can facilitate the process. Nine out of 11 supervisors talked about communicating expectations, including a clear expectation for engaging in reciprocal feedback. Four out of nine supervisors said they set feedback-related expectations early on. For example, Jackson (male, 25 years of supervision experience) said: "at the outset of supervision, I try to make it clear that I am open to feedback throughout supervision, and I would welcome discussing it at any time." Aiden (male, eight years of supervision experience) said: "to be able to provide an explanation and rationale

for the feedback you are asking for, so the students feel free to be able to provide criticism, I think that is also very helpful.”

Another subcategory here is “coping with real/honest feedback,” as four supervisors said it could also facilitate the process. For example, Elijah (male, five years of supervision experience) said:

Potentially with self-disclosure, or something to model to the supervisee that you're able to be vulnerable and you are able to receive feedback, and not get upset. If you get upset, it betrays the intention of the entire process; the students will probably never trust you again, that is a betrayal of trust.

Layla (female, eight years of supervision experience) also said:

Just to acknowledge your own natural, maybe initial nervousness or discomfort and opening yourself up to feedback and try to approach the process with a sense of curiosity and openness and see it as an opportunity just to grow and get even better.

For some supervisors, approaching the process openly and discussing their own fears/concerns helps facilitate supervisee-to-supervisor feedback practices.

In a similar vein, two supervisors talked about sharing and expressing their own feelings of vulnerability with supervisees, which facilitates the process. For example, Logan (male, 22 years of supervision experience) said:

I think what makes it easier is when they see that you are struggling too.

Welcome to the human race and welcome to a very complex profession. Nobody is swimming their way through this smoothly and evenly and without bumps. So,

I think that the modelling and just making it clear that you are that co-traveller with all the foibles, struggles and challenges of being human and being a therapist. You are not asking people to do what you are not doing yourself. So, it is not done as I say, but as I do. So, getting right in the trench with someone, students love when they see you're struggling.

Emma (female, nine years of supervision experience) said:

Sometimes, being willing to be vulnerable will allow them to be vulnerable too. So being asked how is this supervision going for you, I give some of the hope to them, just say it's pretty good, or maybe it's not at all but here is the thing I want to get out of it, work with somebody who is willing to shift what they are doing for you, I hope would help someone feel safer and be vulnerable in that relationship.

From our perspective, some supervisors recognized the importance, or value, of sharing their own vulnerability to supervisees, because that puts themselves in supervisees' shoes and supervisees were more willing to share feedback.

**Modelling feedback (variant category).** For some supervisors, modelling behaviours consistently facilitates supervisee-to-supervisor feedback practice. Five out of 11 supervisors talked about modelling feedback, and three of these five mentioned the importance of “being consistent throughout” and “implementing feedback.” For example, Noah (male, 18 years of supervision experience) said: “just do it session to session to get in the habit of asking for feedback, to make that a supervision practice and the people you are supervising get used to it.” Elijah (male,

five years of supervision experience) said:

One thing is being consistent, ask that at the beginning and end of every session.

At the beginning of the session, the first thing I say is, 'how was last time, was anything leftover from that, anything you want to say?' That is the first thing I ask every time, and the last thing I ask at the very end of every session 'anything from today that is helping, harmful or hindering and the wish list.' So, that one thing is that you need to do it every time, they come to expect it, it won't be something you need to think of, it will be something you do as part of the routine, the student will finally say something really important. It is like the distribution of probability to go get important feedback, so you have to keep playing the game, just keep asking.

Additionally, three supervisors also mentioned the importance of implementing feedback from supervisees, as it promotes future feedback-giving. For example, Olivia (female, six years of supervision experience) said:

When they tell me something, and I want to take it and say 'okay, how can I change, or what about that was good for you, and how can we keep that going?' So, I try to directly use that information pretty immediately to make changes, or to do something.

Elijah (male, five years of supervision experience) said:

Make sure that you always implement the feedback that is given, if they say the session is too long; I got that feedback, the next time that is the first thing I kept my eye on, and make sure that the session ended earlier. The student appreciated

it; it is like ‘ok, my voice is not going just to get written down on the paper.’

Implementing supervisee feedback sends a strong message, these supervisors believe, and ultimately facilitates the process.

**Supervisors’ openness and mindset of growth (variant category).** As it relates to facilitating supervisee-to-supervisor feedback, supervisor “openness and growth mindset” is a subcategory. Four supervisors believe their openness and growth mindset helps supervisees feel more comfortable providing feedback. For example, Layla (female, eight years of supervision experience) said, “conveying that you are open to feedback, so trying to break down the barrier that students might not feel comfortable sharing honest feedback. They feel like they have to be all positive.”

Emma (female, nine years of supervision experience) said:

One thing that is helpful for me is trying to just come in with an open attitude, like I’m not the expert on supervision, I have only been doing it for a handful of years, I’ve always wanted to get better at it, just like my clinical practice, and I’m coming in with that growth mindset. If something didn’t go well, it’s not because I’m a bad supervisor, it is just because I’m learning how to do it, and this helped me learn better actually.

Camila (female, 3.5 years of supervision experience) said: “the more open you can be toward the feedback, the more you’ll get out of it and the more you can grow from it.”

Next, I discuss these results in the context of the study’s research questions and existing literature. I also discuss the study’s limitations and contributions to research and practice.

## Chapter 5

### Discussion

The purpose of this exploratory study was to develop an in-depth understanding of how Canadian supervisors who explicitly collaborate with supervisees and regularly ask them for feedback on the quality of supervision provided experience asking supervisees for feedback on their supervision. There was one overarching research question: How do those Canadian supervisors experience the feedback-asking process? There were also four sub-questions, each of which is discussed below.

#### **Research Question 1: What are the reasons those supervisors ask supervisees for feedback?**

Two “typical” reasons were identified by supervisors. Additionally, five “variant” reasons were also identified.

**Reasons for asking for feedback.** Almost all supervisors said a key internal motivation, or reason, for asking supervisees for feedback was to become a better supervisor. Although very few supervision-related studies have shown positive, growth-enhancing effects of supervisee feedback, decades of research have shown that feedback plays a critical role in performance enhancement and development of expertise across many professional domains (Ericsson, 2018; Shadrick & Lussier, 2009). Feedback’s positive role in improving supervisor competence is, theoretically speaking, well-documented in the supervision literature (Rousmaniere, Goodyear,

Miller, & Wampold, 2017), and a few empirical studies have emerged. Gazzola and colleagues (2014), for example, found that feedback from counselling trainees improved supervisors' effectiveness and helped them identify their strengths and weaknesses. Moreover, in the broader psychotherapy literature, studies have demonstrated that routine process and outcome feedback from clients improves practitioners' clinical effectiveness (Anker, Duncan, & Sparks, 2009; Chow et al., 2015; Owen, Miller, Seidel, & Chow, 2016; Shimokawa, Lambert, & Smart, 2010). These findings, along with the results of this study, suggest supervisee feedback may improve supervisor performance, though this notion warrants additional research and empirical testing.

Noah, Logan, Mason, Elijah, Aiden, and Layla said they learned about supervisee-to-supervisor feedback from colleagues primarily. Communicating with colleagues is an important way of staying abreast of developments in the field and getting new ideas (Glueck & Jauch, 1975). This is also one of the assumptions of having professional conferences (Garvey & Griffith, 1965).

Liam and Emma said that asking for feedback is an important part of reflective supervisory practice. Self-assessment and self-reflection are established competencies for clinical supervisors. It is not particularly surprising. Therefore, supervisors in this study considered feedback from supervisees as one way to assess – and reflect on – their supervision skills (Falender et al., 2004; Falender & Shafranske, 2007).

Additionally, a qualitative study on therapists' use of feedback in clinical work found that therapists reported better reflective practice when they asked clients for feedback

(Bowens & Cooper, 2012).

Emma and Jackson also said they ask supervisees for feedback because doing so enhances the supervisory relationship. In the supervision literature, conceptual articles have discussed this (possible) positive effect (cf. Beinart, 2014; Hughes, 2012), and some preliminary studies have, indeed, shown positive effects (Blue, 2017; O'Donovan, Dyck, & Bain, 2001; Rousmaniere & Ellis, 2013). Moreover, positive relational effects of getting feedback from clients is evident in the broader literature (Anker, Duncan, & Sparks, 2009; Lambert & Shimokawa, 2011; Lambert, Whipple, & Kleinstäuber, 2018; Miller, Hubble, Chow, & Seidel, 2015; Sapyta, Riemer, & Bickman, 2005). Considering clinical supervisors are often practicing psychologists, perhaps a similar positive effect of supervisee-to-supervisor feedback is experienced in supervision.

Noah, Logan, Elijah, and Layla said they learned about supervisee-to-supervisor feedback from reading the literature. Reading existing supervision documents and literature are important sources of ideas (Glueck & Jauch, 1975). In professional psychology, for example, the scientist-practitioner training model calls for ongoing professional development and immersion in the literature (Raimy, 1950). One quantitative study investigated factors that predict Canadian therapists' use of process-outcome feedback in clinical work. Results suggested that therapists involved in the study itself were more likely to do so (Ionita & Fitzpatrick, 2014).

Noah and Camila also said their theoretical orientation, namely CBT, is a reason they ask supervisees for feedback. Perhaps that is partly because CBT values



collaborative empiricism, which is reflected in supervisee-to-supervisor feedback.

This connection makes sense conceptually. Also, empirically speaking, Ionita and Fitzpatrick (2014) studied the relationship between therapists' theoretical orientation and awareness of feedback practice in psychotherapy and they found that greater awareness was associated with cognitive behavioural approaches.

Logan, Mason, Olivia, and Layla reported that their previous academic training or professional development experiences taught them about supervisee-to-supervisor feedback practice. This finding is consistent with Blue's (2017) findings. Although there was no statistically significant difference, those who had previous training in supervision rated the importance of process feedback and relationship feedback, as well as the future likelihood of using feedback measures, higher than those who did not.

Noah and Camila said their experience as a supervisee shaped their attitudes toward supervisee-to-supervisor feedback. One supervisor's previous negative experience made him realize he should not, in the future, supervise like his supervisor. Another supervisor's previous positive experience inspired her to model her supervisor's feedback-asking process. According to the integrated behavioural model, past experience indeed affects future behaviour (Montano & Kasprzyk, 2015). Specifically, experiential attitudes (and affect) is an important component of behavioural intention. When individuals have a positive feeling about future behaviour, they are more likely to perform it, whereas those that have a negative feeling are less likely to perform it.

In conclusion, supervisors in this study identified three primary reasons for asking supervisees for feedback: internal reasons, external reasons, and past experience. Internal reasons include becoming a better supervisor, reflecting on their supervisory practice, and improving the supervisory relationship. External reasons include recommendations from colleagues, reading the supervision literature, and their own theoretical orientation. Regarding past experience, supervisors reported transformative experiences like past training/professional development, their own experiences as a supervisee, prior career experiences, and recommendations from previous supervisees.

**Research Question 2: What is the process of asking for feedback like for those supervisors?**

One particular feedback-asking process was identified by supervisors in this study. Additionally, supervisors identified three “variant” processes. Processes relate to perceived challenges, personal feelings, and general characteristics of feedback.

**Challenges in asking for feedback.** Emma, Olivia, Elijah, Jackson, Camila, and Layla said they worry about receiving negative feedback from supervisees. This finding is not surprising, considering people’s fundamental need for maintaining self-esteem (James, 1890). Blue’s (2017) study found that one of the drawbacks of using feedback measures was supervisors’ discomfort. In psychotherapy research, therapists’ concerns about using process-outcome measures are reasonably well known. One of the most commonly mentioned concerns is therapists’ anxiety about being evaluated and judged as incompetent (Brattland et al., 2018; Boswell, Kraus,

Miller, & Lambert, 2015; Overington, Fitzpatrick, Hunsley, & Drapeau, 2015; Unsworth, Cowie, & Green, 2012). Perhaps this is also true in supervision contexts. The unique part here, though, is that supervisory relationships are hierarchical in nature, whereas therapeutic relationships are more equal (Beinart, 2014). Therefore, it is interesting that supervisors, who are in a more powerful authoritative position, feel anxious about being negatively evaluated by supervisees, who are usually more vulnerable. Importantly, as mentioned earlier, supervisors who talk about their own feelings of vulnerability seem to have stronger supervisory relationships and get more helpful feedback.

Noah, Mason, Elijah, and Layla reported that power differentials hinder honest and accurate feedback. It is essentially inevitable, as supervisory relationships are inherently hierarchical (Beinart, 2014; Bernard & Goodyear, 2014). Various supervision guidelines recommend that supervisors need to be cognizant of power differentials because it usually causes challenges for supervisee self-advocacy (Thomas, 2014). O'Donovan and Kavanagh (2014) found that when supervisees confidentially rated their satisfaction level with supervisors, the scores were significantly lower than when they rated them non-confidentially. It is encouraging that some supervisors in my study acknowledged power differentials and their possible ill-effects on supervisees' willingness to give feedback.

Relatedly, Logan and Aiden said that the interpersonal dynamics of supervision could cause challenges for supervisee-to-supervisor feedback practice. Interpersonal dynamics refer to both parties' own interpersonal styles (e.g., non-confrontational,

personal struggles) and their interaction. Interpersonal styles are an important component of successful supervisory relationships (Bernard & Goodyear, 2014; Holloway, 2014). Do their styles match? Do they complement one another? And, regardless, do they discuss them openly and work collaboratively in supervision? These are important questions for future research on supervisee-to-supervisor feedback.

**Feelings about asking for feedback.** Liam, Emma, Logan, and Mason reported feeling naturally comfortable asking supervisees for feedback. This is somewhat surprising considering most feedback studies find that supervisors and therapists feel anxious about it. Perhaps it is because these supervisors indicated they learned about supervisee-to-supervisor feedback in graduate school and/or from their experiences as supervisees, and they fully expected to get feedback from supervisees. Therefore, they were more accustomed to it and prepared to do it; thus, feeling more comfortable.

Taken together, supervisors in my study reported multiple challenges and feelings about asking supervisees for feedback, including personal anxieties about receiving negative feedback, power differentials, and interpersonal dynamics of supervision (i.e., both parties' own interpersonal style and their interaction). Some supervisors, however, reported feeling naturally comfortable asking for feedback.

### **Research Question 3: What are the perceived benefits of asking supervisees for feedback?**

Three common, or "typical," benefits were identified by supervisors in the present study. Perceived benefits relate to relational issues, personal and professional

growth, and increased self-confidence.

**Benefits of asking for feedback.** All but two supervisors said that supervisee-to-supervisor feedback helps deepen supervisory relationships. This finding is consistent with Blue (2017) and Rousmaniere and Ellis' (2013) studies, in which both supervisors and supervisees noted relational benefits of supervisee-to-supervisor feedback. Beinart (2014) agrees, at least theoretically. He argued that supervisee-to-supervisor feedback is one way to develop and maintain good supervisory relationships. Moreover, O'Donovan, Dyck, and Bain (2001) found that supervisees expect supervisors to ask them for feedback. When supervisors do, the supervisory alliance may be positively affected, in part, by meeting supervisee expectations. Another possible reason is that asking for supervisee feedback helps clarify both parties' perception of the supervision process and thus the supervisory alliance is improved (Britt & Gleaves, 2011; Henry, Hart & Nance, 2004; Reichelt & Skjerve, 2002; Worthington, 1984; Worthington & Roehlke, 1979). Although there is limited empirical research in this area, many psychotherapy-related feedback studies have shown that regular progress monitoring significantly improves therapeutic relationships (Boswell, Kraus, Miller, & Lambert, 2015; Miller, Hubble, Chow, & Seidel, 2015).

Noah, Logan, Olivia, Aiden, Jackson, and Camila even found supervisee feedback reassuring in the sense that supervisees found supervision helpful. This finding can be interpreted from two perspectives. First, one of the purposes of supervisee-to-supervisor feedback is to know the perspective of supervisees and make

on-the-fly supervisor adjustments as needed. So, it is not surprising that supervisees' perceived helpfulness is part of their feedback. Second, although there are no empirical studies investigating supervisors' motivation to supervise, it is reasonable to believe that contributing to the profession by helping future professionals is one motivation. After all, helping people is one of the most commonly mentioned reasons people to choose psychotherapy as a career (Norcross & Farber, 2005). Therefore, when supervisees reported that supervision was helpful, supervisors felt reassured and more confident in their abilities.

Noah, Logan, Jackson, Camila, and Layla said supervisee-to-supervisor feedback positively affects their growth as a supervisor. This is also one of the reasons why, they said, they asked for feedback in the first place. Blue (2017) found that supervisors reported their supervision abilities grew because of asking for supervisee feedback. Gazzola and colleagues (2014) discovered a similar finding that supervisor trainees perceived that their effectiveness was improved by asking for feedback. Other studies also have found that supervisors perceive feedback from supervisees as an effective way to know, for example, their strengths and weaknesses and improve their supervising abilities (Milne & James, 2002; Milne, Sheikh, Pattison, & Wilkinson, 2011).

Again, although very few empirical studies have been conducted in the supervision literature, decades of research have shown that feedback plays a critical role in the development of expertise across many different professional domains, including psychotherapy (Ericsson, 2018; Shadric & Lussier, 2009; Tracey et al.,

2014; Tracey et al., 2015). There are likely parallels between supervisee-to-supervisor feedback in supervision and the development of expertise (Rousmaniere et al., 2017).

In summary, supervisors in this study identified three major benefits of asking for feedback: deepening the supervisory relationship, growing and developing as a supervisor, and feeling assured that supervision is helpful to supervisees.

**Research Question 4: How do those supervisors implement, or practice, supervisee-to-supervisor feedback?**

One “general” domain was identified regarding this question. Additionally, three “typical” practice strategies were identified by supervisors. They also identified 10 “variant” strategies. Strategies relate to feedback methods, content, and facilitating supervisee-to-supervisor feedback.

**Methods of facilitating feedback.** All but Mason reported that a strong supervisory relationship makes supervisee-to-supervisor feedback easier. They believed that when supervisees feel safe, they are more likely to provide accurate feedback. This belief has a strong empirical basis. For example, a safe base, which refers to a sense of safety and trust between supervisors and supervisees, is an important component of the supervisory relationship (Beinart, 2014). For one, it enhances supervisee self-disclosure. Several empirical studies found that nondisclosure from supervisees is a common phenomenon in supervision and one of the most commonly mentioned reasons was supervisees’ feeling unsafe in the relationship (Ladany, Hill, Corbett, & Nutt, 1996; Mehr, Ladany & Caskie, 2010; Reichelt et al., 2009; Walsh, Gillespie, Greer, & Eanes, 2003; Webb & Wheeler, 1998;

Yourman & Farber, 1996). Supervisee-to-supervisor feedback is one form of “disclosure” from supervisees, and if they feel safe, they are more likely to share it with supervisors.

Olivia, Elijah, Camila, and Layla said that when they are open and are receptive to supervisees’ honest, constructive feedback, supervisees are more likely to continue providing feedback. Essentially, it is possible that when supervisors are non-defensive, supervisees feel safer and offer more feedback. Although there is no known empirical study regarding the effects of supervisor and supervisee response to honest, constructive feedback, one recent qualitative study sheds light on the issue. Brattland and colleagues (2018) studied 18 Norwegian therapists’ reactions to clients’ negative feedback and its consequences, and they found that those who responded constructively had better, longer-lasting therapeutic relationships. However, therapists who responded more negatively or critically, had worse therapeutic relationships and clients terminated more prematurely. The extent to which these findings translate, or generalize, to supervisee-supervisor relationships is an empirical question.

Liam, Emma, Jackson, and Aiden said that supervisees’ expectations affected the supervisee-to-supervisor feedback process, and that letting them know, from the outset, that feedback is expected and an important part of supervision helped. Setting clear expectations is generally recommended in the broader supervision literature. For example, both the integrated behavioural model and the supervisory relationship model recommend doing so (Beinart, 2014; Montano & Kasprzyk, 2015). Montano and Kasprzyk (2015) argued that other people’s expectations are an important source



of normative beliefs, which further contributes to individuals' perceived norms and, ultimately, to behavioural change. Beinart (2014) also noted that shared expectations are an important component of collaborative supervisory relationships. APA's (2014) supervision guidelines also recommended supervisors initiating collaborative discussion of expectations of supervision, even using contracts to help set expectations for both parties. When supervisors set expectations early on, they are setting the stage for later activities, like supervisee-to-supervisor feedback.

Emma and Logan also said that showing their own vulnerability made supervisees feel more comfortable in providing feedback. Showing vulnerability is a common topic in supervisor-disclosure literature (Ladany & Walker, 2003), and it has been carefully considered conceptually and empirically. Farber (2006), for example, provides a theoretical framework of supervisor disclosure, in which one of the most important functions of disclosure is strengthening the supervisory relationship. Several quantitative and qualitative studies explored the processes and outcomes of supervisor disclosure from the perspectives of both supervisors and supervisees. Results consistently show that both parties reported a positive relational effect and more subsequent disclosure (Knox, 2015; Knox, Burkard, Edwards, Smith, & Schlosser, 2008; Knox, Edwards, Hess, & Hill, 2011; Ladany & Lehrman-Waterman, 1999; Ladany & Melincoff, 1999; Ladany & Walker, 2003; Ladany, Walker, & Melincoff, 2001).

Noah, Elijah, and Aiden said that asking for feedback regularly over the entire course of supervision made it easier for supervisees to provide feedback. This belief

can be interpreted from the perspective of behaviourism, in which a new behaviour is learned when the instruction (cue) and reinforcement (consequence) are clear and continuous (Ferster & Skinner, 1957). Also, consistently asking for feedback establishes clear expectations (Beinart, 2014; Inman et al., 2014). And, perhaps, clearer expectations can lead to clearer and more open and honest supervisee feedback.

Olivia, Elijah, and Aiden said that implementing (and enacting) feedback from supervisees facilitated future supervisee-to-supervisor feedback, in part, because it conveyed a message that supervisors took their feedback seriously. It was not just a perfunctory request. Unfortunately, there is no empirical research on supervision demonstrating this effect. It is, however, well researched in psychotherapy. Progress monitoring in psychotherapy is not only about simply collecting feedback, but also about making actual clinical changes as indicated (Miller, Hubble, Chow, & Seidel, 2015). Systematic reviews and meta-analyses found that when therapists make clinical changes based on process feedback from the clients, the therapeutic relationship usually improves (Lambert, Whipple, & Kleinstäuber, 2018; Miller, Hubble, Chow, & Seidel, 2015). Relationship enhancement was also observed in a recent qualitative study (Brattland et al., 2018). Therefore, it is understandable that when supervisees realize supervisors actually change their behaviour based on feedback, they see the benefit of giving it in supervision.

Emma, Jackson, Camila, and Layla said that their openness toward supervisee-to-supervisor feedback – and modelling a growth-mindset – made it easier

for supervisees to provide feedback. It is understandable that when supervisees sense supervisors are open toward the feedback, and when supervisors approach it from a growth perspective, they will be more likely to provide feedback (Montano & Kasprzyk, 2015). Also, modelling is one of the major learning mechanisms in supervision (Goodyear, 2014). Supervisors modelling a growth-mindset is more likely to help supervisees learn that feedback is truly beneficial.

**Methods of asking for feedback.** As noted in chapter 1, there are a variety of feedback-asking methods (Farr, 1993; Goodyear, 2014). For example, all but two supervisors (Logan and Jackson) reported they verbally ask supervisees for feedback. This practice makes sense intuitively, given its convenience. Moreover, it is consistent with prior research. As part of Blue's (2017) mixed-methods study, 95% of supervisors ( $n=81$ ) asked for feedback verbally. Similarly, one survey study of Canadian therapists found that those who do not use objective feedback measures ( $n=1,647$ ) tend to rely on client verbal reports of therapeutic progress, attainment of treatment goals, and overall improvement (Ionita & Fitzpatrick, 2014). Apparently, verbal feedback is the primary way supervisors – and therapists for that matter – ask for process and outcome feedback.

That said, in this study, Emma, Noah, Logan, and Aiden reported also using objective feedback measures, which is consistent with Blue's (2017) findings. In his study, 47.7% of clinical supervisors ( $n=42$ ) reported using feedback questionnaires as part of their supervisee-to-supervisor feedback practice. In contrast, Ionita and Fitzpatrick's (2014) survey found that only 12.1% of therapists ( $n=202$ ) reported

using objective feedback measures in therapy. Interestingly, therapists identified barriers to using measures in practice, including time constraints, workload, constructs measured, confidentiality, fear of being evaluated, and extra burden on clients (Boswell, Kraus, Miller, & Lambert, 2015; Hatfield & Ogles, 2007). In supervision, although various guidelines recommend supervisors ask for feedback from supervisees, they do not favour certain approaches of soliciting feedback (American Psychological Association, 2014; Canadian Psychological Association, 2009).

Some participants in this study mentioned the advantages and disadvantages of using feedback measures in supervision. For example, Logan commented that using scales is easier for supervisees to write down hard-to-say information, compared to discussing it face-to-face. However, Mason did not find objective measures helpful, because, he said, he usually received inflated scores that were not particularly illuminating. These sentiments are similar to Blue's (2017) findings. Unfortunately, there is no previous study about supervisors' perspectives on the advantages and disadvantages of asking for feedback in different forms. It is a possibly important research topic in the future, as it is noted in researches in other fields (Hysong, 2009).

Mason, Olivia, Camila, and Layla said they ask supervisees to provide written feedback. This suggests that some supervisors might want to know a broader picture of supervision processes and outcomes. Liam and Mason said they ask open-ended questions to collect feedback. They reported that open-ended questions usually elicit more information than close-ended questions or feedback measures. Also, open-ended

questions are not confined to a specific feedback format (e.g., verbal or written).

Liam, Logan, Olivia, and Elijah reported using specific feedback-asking techniques, such as modified interpersonal process recall, role-play, basing questions on supervisees' developmental stage, and modified the critical incident technique. Interpersonal Process Recall (IPR; Kagan & Kagan, 1991) is a classic approach and one of the most commonly used techniques in supervision. It involves supervisors and supervisees collaboratively finding out what was happening at a certain moment of the supervisees' clinical work, usually through videotape review of supervisee sessions. Logan used it in his supervision session. Specifically, he asked supervisees to give markers during supervision sessions and to stop and discuss their feelings periodically. Also, he asked supervisees to switch roles, going from supervisee to hypothetical supervisor and give and ask for feedback.

Olivia mentioned asking feedback-related questions based on supervisees' developmental stage, because of her supervision orientation: Integrative Developmental Model (IDM; Stoltenberg & McNeill, 2011). The IDM describes four stages, three overriding structures, and eight specific domains in therapist development. The four stages are level 1, level 2, level 3 and level 3 (integrated). According to IMD, supervisors need to tailor their approaches to supervisees' developmental level to maximize the latter's learning outcomes and, in doing so, supervisee-to-supervisor feedback can be helpful.

Yet Elijah mentioned using the Critical Incident Technique (CIT; Flanagan, 1954), which is a classic qualitative research approach. CIT generally involves five

steps, including determining general aims, developing plans and specifications, collecting data, analyzing data, and interpreting data. The supervisor in my study asked supervisees if supervision was helpful, unhelpful, and wish-list items.

Finally, Liam, Noah, Mason, Olivia, Jackson, and Camila reported various times and frequencies of asking for feedback, including asking for feedback every session, every other week, three times throughout the year, and at the beginning and end of supervision sessions. Blue (2017) reported similar findings in his research of supervisee-to-supervisor feedback. Of the 47 supervisors who stated they ask for feedback, 21 (44.7%) indicated asking “once a year”, 18 (38.3%) “two to six times a year”, six (12.8%) “twice a month”, and only one (2.1%) said “once a week”. In terms of timing, there are two primary points: at the beginning and end. It makes sense asking supervisees for feedback every session, because it can calibrate sessions and make sure everyone is on the same page. In psychotherapy, for example, it is recommended therapists monitor clinical processes and outcomes every session. Process measures are typically administered at the end of each session and outcome measures at the beginning (Duncan, 2014). Future supervision research is needed to look at the effects of asking for feedback at different times and frequencies, as timing and frequency of feedback can have a very different effect on the recipient's performance (Gelica, Van den Bossche, Segers, & Gijsselaers, 2012; Hattie & Timperley, 2007)

**Content of feedback.** In terms of what types of feedback supervisors want, seven participants (i.e., Logan, Mason, Olivia, Aiden, Jackson, Camila, and Layla) ask for

feedback about the supervision process; more specifically, the supervisory relationship. Asking supervisees about the quality of the supervisory relationship is, it seems, critically important (Beinart, 2014; Bernard & Goodyear, 2014; Wheeler & Barkham, 2014). Blue (2017) found that 86 of 88 supervisors (97.7%) reportedly asked for feedback about the supervision process and relationship. And, in terms of perceived importance, supervisors rated it, on average, 8.9 out of 10.

In conclusion, in terms of implementing, or enacting, supervisee-to-supervisor feedback practice, supervisors emphasized the importance of strong supervisory relationships, dealing with critical feedback constructively, setting expectations, showing vulnerability, normalizing supervisees' vulnerability, implementing feedback from supervisees, and their own openness and growth-mindset. When asking for feedback, it revolved mostly around the supervisory relationship. As for feedback methods, they reported using various formats, such as verbal questions, objective measures, written feedback, and open-ended questions. Additionally, some of them used specific techniques (e.g., critical incident technique and interpersonal process recall). Lastly, they reported various frequencies and times of asking for feedback.

All research has limitations, and this study is no exception. Below, I discuss four important issues.

### **Limitations**

Given the understudied nature of the topic, as well as inherent conceptual challenges associated with feedback studies, there are numerous study limitations. All of these limitations should be carefully considered, not only in future research,

but also in interpreting the current findings. Again, all findings reported here are preliminary

The first limitation involves the screening tool. All participants were selected based on modified Collaborative Supervision Behavior Scale scores (CSBS; Rousmaniere & Ellis, 2013). The CSBS is a fairly new instrument, and it only indirectly measures supervisee-to-supervisor feedback. Although early psychometric data are strong and supportive of its clinical use, additional research regarding score reliability, validity, and interpretation is needed. For example, in this study, the total scores' internal consistency was .725, which is marginally acceptable. Moreover, Hill (2012) argued that, in CQR, "our goal is to select a sample that is clearly defined because too much variability within the sample (or the lack of clearly defined research questions) often leads to a lack of consistency in the results" (p. 56). Using a new, relatively unknown screening tool which indirectly measures supervisee-to-supervisor feedback may have affected sampling in this study.

A second limitation involves data analysis. Although the data analysts were thoroughly trained, they are still relatively inexperienced and have blind spots. They are doctoral students/clinical supervisees after all, and they had their own biases, expectations, assumptions, etc. which may have unwittingly affected the results, despite attempts to fully acknowledge potential biases from the outset. For example, as supervisees/students, the analysts did not have hands-on experience of being supervisors, they might not be able to see clinical supervision from supervisors' perspectives. However, the study focused on the perspective of supervisors. Therefore,



the data analysis results might be biased due to analysts' background. The CQR process inevitably involves subjective ratings, and results obtained from our team may differ from those obtained by another group of researchers, such as those of more experienced qualitative researchers and or analysts with more supervisory experience.

A third limitation involves the demographic form. I did not collect enough potentially relevant and/or salient background information, such as race/ethnicity, theoretical orientation, and training background, including the type of graduate degree and year granted. Theoretical orientation, for example, would provide more context for understanding the results, as some orientations (e.g., CBT) put particular emphasis on feedback. Contextual information, like this, is especially important in qualitative research due to the emphasis on understanding phenomena in the proper context.

A fourth limitation involves the interview process. First, I did not pilot test the interview protocol. A pilot study may have helped refine and fine-tune interview questions, which may have resulted in a richer and more meaningful dataset. Second, verbal interviews via cellphone can sacrifice the richness of data. Specifically, participants might not be able to fully articulate their thoughts even if it was conducted in person, let alone via cellphone. Therefore, the data collected might have been impacted. Lastly, due to conceptual issues in feedback, the interview questions solely focused on participants' experience of asking for verbal feedback. However, feedback can take the form of non-verbal interaction. The inability to include that form of feedback might impact the richness of data too.

Limitations notwithstanding, this study contributes to the literature and has

potential implications for future research and practice.

## **Contributions to the Literature, Directions for Future Research, and**

### **Implications for Practice**

**Contributions to the literature.** The study presented here is the fifth study of its kind – focusing directly on the feedback-asking process – and the first to focus solely on Canadian supervisors. It provides a preliminary scholarly look into their supervisee-to-supervisor feedback practices. To recap, some core findings include: although most of the supervisors reportedly experience trepidation asking for feedback, they do so because they believe it enhances the supervisory relationship and helps them grow and develop as supervisors. Additionally, for many, they feel more confident (and competent) as supervisors, knowing they made a positive difference in the eyes of supervisees. Often, these supervisors let supervisees know, early on, they will be asking for feedback over the course of supervision. And, to be sure, there is considerable variability in terms of types of feedback-related questions asked, as well as when supervisors ask them. However, most supervisors in this study ask for process-oriented feedback verbally, with a handful also using objective measures.

In addition to focusing on Canadian supervisors, the present study investigated supervisee-to-supervisor feedback from supervisors' perspectives, which is relatively rare in the literature. Supervisor perspectives are understudied in the field. Most of the supervision research focuses on supervisee perspectives. Supervisors' perspectives are valuable and warrant further empirical attention, and this study provides interesting insights into their experiences. For example, how they worried about receiving

negative feedback from supervisees and sometimes shared their vulnerabilities and insecurities with them. I also got a sense of their reasons for practicing supervisee-to-supervisor feedback in the first place.

Additionally, the present study used a popular, well-established qualitative design, CQR, to address the research questions. Throughout, I maintained high design integrity and closely followed Hill's (2012) recommendations. For example, I clearly reported all procedures, asked multi-layered questions that covered many aspects of supervisee-to-supervisor feedback practice, and rigorously analyzed the data. By doing so, I collected in-depth information about participants' supervisee-to-supervisor feedback practices; much more so than studies that used only one qualitative "add on" question. And, although the findings are preliminary, they have tremendous heuristic value for future researchers.

Methodologically, CQR is a well-established rigorous qualitative design partly because they provided multiple quality assurance strategies. Although some researchers argued that member checking should be included in CQR, it is not an official recommended strategy in CQR textbooks. I echoed the argument by utilizing the strategy in present study and I argue that it should be included as a standard quality assurance strategy, because it aligns very well with one of CQR's core philosophies (i.e., pursuit of multiple perspectives). The perspectives of participants should not be ignored too.

**Directions for future research.** The present study explored supervisors' reasons for asking for feedback, and they included internal factors, external factors, and past

experience. Studying practitioners' reasons, or motivations, to utilize or not utilize certain approaches helps bridge the research-practice gap, which is an ever-widening problem in applied psychology (Newnham & Page, 2010). Future studies might look at connections between supervisors' motivations to get better and deliberately practicing supervisee-to-supervisor feedback. For example, supervisors reported that they want to become better by asking for feedback. Perhaps this issue could be tested empirically via a randomized control design. Supervisors could be randomly assigned to a feedback group or a control group, and their overall efficacy and effectiveness could be studied.

The present study also investigated supervisors' methods of asking for feedback, methods of facilitating feedback, and content of the feedback. Future research might look more closely at method differences, as different methods may have significantly different effectiveness (Hattie & Timperley, 2007). Also, one of the most interesting and compelling findings of the study is that asking for feedback seems to enhance the supervisory relationship and when the supervisory relationship is strong, supervisees are, some supervisors believe, more likely to give helpful/constructive feedback. This finding should be examined further, attempting to tease apart causal ordering, as well as identifying helpful and hindering factors. For example, a convergent mixed methods study could investigate the effects of asking for feedback on supervisory alliances from both supervisor and supervisee perspectives.

The present study inquired about the process of asking for feedback from the perspective of supervisors. Future research can explore this issue further. They can,

for example, dive deeper – and on a more theoretical basis – into supervisors’ perspectives and, also, study this issue from supervisees’ perspectives.

Self-Determination Theory (SDT; Deci & Ryan, 2000) might be particularly relevant here. When supervisees have input in supervision (i.e., sense of autonomy), feel like it is making a positive difference (i.e., sense of competence), and feel emotionally connected to their supervisors (i.e., a meaningful relationship), they may be more engaged in supervision. It is quite possible that supervisee-to-supervisor feedback enhances supervisee autonomy, competence, and relatedness. However, this idea is just a hypothesis and needs testing and rigorous empirical scrutiny.

Given the lack of theory on supervisee-to-supervisor feedback in supervision, a qualitative grounded theory might be particularly enlightening and beneficial at this time. Seven domains and 17 categories arose from the data in this study, and a grounded theory could help better organize these types of data, inductively, into a coherent theoretical framework. It could also address important process questions, like “What are common underlying processes of supervisee-to-supervisor feedback in supervision? And how does supervisee-to-supervisor feedback practice change over the course of a supervisee-supervisor relationship?” Such a study might identify more potentially important “domains” and phenomena of interest, like multicultural processes and outcomes.

Although the present study did not directly address multicultural supervision issues, future research should focus on them. In this study, quite a few supervisors said they feel vulnerable, asking supervisees for feedback on their supervision. People

in some regions of the world, such as East Asia, highly value the power of authorities and, as Son and Ellis (2013) note, it applies in clinical supervision too. It could be enlightening to study supervisee-to-supervisor feedback processes and outcomes in, for example, East Asian cultures and elsewhere. Do these clinical supervisors feel vulnerable too, even though they have strong authoritative power? A phenomenological qualitative study could be done to have an in-depth understanding of the essence of their experiences.

**Implications for practice.** The results of this study, though preliminary, have several practice implications. Clinical supervisors might, for example, resonate with some of the findings, like why they ask supervisees for feedback, why they don't, and why they believe it's potentially helpful. Perhaps findings reported here can reinforce their practices and springboard them farther down the supervisee-to-supervisor feedback road and provide research support for this supervision practice. For example, supervisors in the present study shared that, by asking for feedback, the supervisory relationship is deepened, their supervision competency is improved, and they feel more confident they helped their supervisees. Additionally, it seems that worrying about receiving negative feedback from supervisees is a real challenge for supervisors. Supervisors in this study expressed their worry but asked for feedback anyway. Perhaps supervisors will find these findings validating and freeing and inspire them to ask supervisees for feedback.

Additionally, this study offers useful methods for asking for feedback and facilitating the feedback process. For example, supervisors are informed that

developing a strong supervisory relationship is key to obtaining truly helpful feedback from supervisees. Also, supervisors can ask for feedback in a variety of ways, such as verbal questions (i.e., open-ended and close-ended questions) and using pre-made feedback forms, like the CSBS used to screen supervisors in this study. Moreover, they can ask for supervisee perspectives on the supervision process, generally. Furthermore, they can be flexible in terms of frequency and timing of asking for feedback. Supervisors reported a wide range of feedback points in this study. They can do it in the beginning, in the middle of or at the end of every single supervision session. There are many seemingly legitimate options.

In conclusion, reciprocal supervision is an evolving area of supervision research and practice. Additional qualitative studies, like this one, quantitative studies, and mixed methods studies, are needed to advance our knowledge base further. Considering some of the findings reported here may help researchers and practitioners alike. And as we learn more about important supervision processes, like supervisee-to-supervisor feedback, we can ideally become better, more competent supervisors.

### References

- Alfonsson, S., Parling, T., Spännargård, Å., Andersson, G., & Lundgren, T. (2018). The effects of clinical supervision on supervisees and patients in cognitive behavioral therapy: a systematic review. *Cognitive Behavior Therapy*, 47(3), 206-228. Doi: 10.1080/16506073.2017.1369559
- American Association for Marriage and Family Therapy. (2007). *Approved supervisor designations standards and responsibilities handbook*. Alexandria, VA: Author. Retrieved from: [http://www.aamft.org/imis15/documents/approved\\_supervisor\\_handbook\\_2014.pdf](http://www.aamft.org/imis15/documents/approved_supervisor_handbook_2014.pdf)
- American Psychological Association Center for Workforce Studies. (2015). 2015: APA member profiles. Retrieved from <http://www.apa.org/workforce/publications/15-member/profiles.pdf>
- American Psychological Association, Board of Educational Affairs. (2014). Guidelines for clinical supervision for health service psychologists. Retrieved from: <http://www.apa.org/about/policy/guidelines-supervision.pdf>
- Anker, M. G., Duncan, B. L., & Sparks, J. A. (2009). Using client feedback to improve couples therapy outcomes: A randomized clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology*, 77, 693–704. doi:10.1037/a0016062
- Association of State and Provincial Psychology Boards. (2015). Supervision guidelines for education and training leading to licensure as a health service



psychologist. Retrieved

from: <http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/>

[Guidelines/Final\\_Supervision\\_Guidelines.pdf](#)

- Bahrick, A. S. (1990). Role induction for counselor trainees: Effects on the supervisory working alliance. *Dissertation Abstracts International*, 51, 1484–1484 (Abstract No. 1991-51645).
- 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 (3), 317-331. Doi: 10.1080/10503300500268524
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). Beck depression inventory-II. *San Antonio*, 78(2), 490-498.
- Beinart, H. (2014). Building and sustaining the supervisory relationship. In Watkins, E. C., Milne, D. L. (Eds). *The Wiley International Handbook of Clinical Supervision*, (pp.255-281). Chichester: Wiley-Blackwell.
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision*. Boston, MA: Pearson.
- Blue, J. (2017). *Supervisors' perspectives on feedback-informed supervision* (Unpublished doctoral dissertation). William James College, Newton, Massachusetts, U.S.A.
- Boswell, J. F., Kraus, D. R., Miller, S. D., & Lambert, M. J. (2015). Implementing routine outcome monitoring in clinical practice: Benefits, challenges, and

- solutions. *Psychotherapy Research*, 25(1), 6-19. Doi: 10.1080/10503307.2013.817696
- Bowens, M., & Cooper, M. (2012). Development of a client feedback tool: A qualitative study of therapists' experiences of using the Therapy Personalisation Forms. *European Journal of Psychotherapy & Counselling*, 14(1), 47-62. Doi: 10.1080/13642537.2012.652392
- Brattland, H., Høiseth, J. R., Burkeland, O., Inderhaug, T. S., Binder, P. E., & Iversen, V. C. (2018). Learning from clients: A qualitative investigation of psychotherapists' reactions to negative verbal feedback. *Psychotherapy Research*, 28(4), 545-559. Doi: 10.1080/10503307.2016.1246768.
- Britt, E., & Gleaves, D. H. (2011). Measurement and prediction of clinical psychology students' satisfaction with clinical supervision. *The Clinical Supervisor*, 30(2), 172-182. Doi: 10.1080/07325223.2011.604274
- Callahan, J. L., Almstrom, C. M., Swift, J. K., Borja, S. E., & Heath, C. J. (2009). Exploring the contribution of supervisors to intervention outcomes. *Training and Education in Professional Psychology*, 3(2), 72-77. Doi: 10.1037/a0014294
- Canadian Psychological Association Committee on Ethics. (2009). *Ethical guidelines for supervision in psychology: Teaching, research, practice, and administration*. Ottawa, Canada: Author. Retrieved from: <http://www.cpa.ca/docs/File/Ethics/EthicalGuidelinesSupervisionPsychologyMar2012.pdf>
- Canadian Psychological Association, Task Force on Outcomes and Progress

Monitoring in Psychotherapy. (2018). Outcomes and Progress Monitoring in Psychotherapy. Retrieved from:

[https://cpa.ca/docs/File/Task\\_Forces/Treatment%20Progress%20and%20Outcome%20Monitoring%20Task%20Force%20Report\\_Final.pdf](https://cpa.ca/docs/File/Task_Forces/Treatment%20Progress%20and%20Outcome%20Monitoring%20Task%20Force%20Report_Final.pdf)

Canadian Psychological Association. (2009). *Definition of counselling psychology*.

Retrieved from

<http://www.cpa.ca/aboutcpa/cpasections/counsellingpsychology/counsellingsectionbusiness>

Carroll, M. (2010). Supervision: Critical reflection for transformational learning (Part 2). *The Clinical Supervisor*, 29(1), 1-19. Doi: 10.1080/07325221003730301

Cashwell, T. H., & Dooley, K. (2001). The impact of supervision on counselor self-efficacy. *The Clinical Supervisor*, 20(1), 39-47. Doi: 10.1300/J001v20n01\_03

Charmaz, K. (2014). *Constructing grounded theory*. Thousand Oaks: Sage Publications.

Chow, D. L., Miller, S. D., Seidel, J. A., Kane, R. T., Thornton, J. A., & Andrews, W. P. (2015). The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy*, 52, 337-345. Doi:10.1037/pst0000015

Claiborn, C. D., & Goodyear, R. K. (2005). Feedback in psychotherapy. *Journal of Clinical Psychology*, 61(2), 209-217. Doi: 10.1002/jclp.20112

Claiborn, C. D., Goodyear, R. K., & Horner, P. A. (2001). Feedback. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 401-405. Doi:

10.1037/0033-3204.38.4.401

- Costa, P. T., & McCrae, R. R. (1992). Normal personality assessment in clinical practice: The NEO Personality Inventory. *Psychological Assessment*, 4(1), 5-13.
- Coyne, I. T. (1997). Sampling in qualitative research. Purposeful and theoretical sampling; merging or clear boundaries?. *Journal of Advanced Nursing*, 26(3), 623-630. Doi: 10.1046/j.1365-2648.1997.t01-25-00999.x
- Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Daniels, J. A., & Larson, L. M. (2001). The Impact of Performance Feedback on Counseling Self-Efficacy and Counselor Anxiety. *Counselor Education and Supervision*, 41(2), 120-130. Doi: 10.1002/j.1556-6978.2001.tb01276.x
- Dawes, R. M. (1994). *House of cards: Psychology and psychiatry built on myth*. New York: Free Press.
- Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227-268. Doi: 10.1207/S15327965PLI1104\_01
- Derogatis, L. R. (1992). *SCL-90-R: Administration, scoring & procedures manual-II* (2nd ed.). Towson, MD: Clinical Psychometric Research, Inc.
- Dozois, D. J., Mikail, S. F., Alden, L. E., Bieling, P. J., Bourgon, G., Clark, D. A., ... & Johnston, C. (2014). The CPA Presidential Task Force on Evidence-Based Practice of Psychological Treatments. *Canadian Psychology/Psychologie canadienne*, 55(3), 153-160. Doi: 10.1037/a0035767

- Duncan, B. L. (2012). The Partners for Change Outcome Management System (PCOMS): The Heart and Soul of Change Project. *Canadian Psychology/Psychologie canadienne*, 53(2), 93-104. Doi: 10.1037/a0027762
- Duncan, B. L. (2014). *On becoming a better therapist: Evidence-based practice one client at a time*. American Psychological Association.
- Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology*, 37(3), 322-329. Doi: 10.1037/0022-0167.37.3.322
- Ellis, M. V., & Ladany, N. (1997). Inferences concerning supervisees and clients in clinical supervision: An integrative review. In C. E. Watkins, Jr. (Ed.), *Handbook of Psychotherapy Supervision* (pp. 447-507). Hoboken, NJ, US: John Wiley & Sons Inc.
- Ericsson, K. A. (2018). The differential influence of experience, practice, and deliberate practice on the development of superior individual performance of experts. In K. A. Ericsson, N. Charness, P. J. Feltovich, & R. R. Hoffman (Eds.), *The Cambridge handbook of expertise and expert performance* (pp. 745– 769). Cambridge, England: Cambridge University Press. Doi: 10.1017/9781316480748.038
- Ericsson, K. A., & Lehmann, A. C. (1996). Expert and exceptional performance: Evidence on maximal adaptations on task constraints. *Annual Review of Psychology*, 47, 273–305. doi: 10.1146/annurev.psych.47.1.273
- Falender, C. A., & Shafranske, E. P. (2007). Competence in competency-based

- supervision practice: Construct and application. *Professional Psychology: Research and practice*, 38(3), 232-240. Doi: 10.1037/0735-7028.38.3.232
- Farber, B. (2006). Supervisee and supervisor disclosure. In B. Farber (Ed.), *Self-disclosure in psychotherapy* (pp. 180–197). New York, NY: Guilford Press.
- Farr, J. L. (1993). Informal performance feedback: Seeking and giving. In H. Schuler, J. L. Farr, & M. Smith (Eds.), *Personnel selection and assessment: Individual and organizational perspectives* (pp.163-180). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Ferster, C. B., & Skinner, B. F. (1957). *Schedules of reinforcement*. East Norwalk, CT: Appleton-Century-Crofts.
- Flanagan, J. C. (1954). The critical incident technique. *Psychological bulletin*, 51(4), 327-358. Doi: 10.1037/h0061470
- Freeman, E. M. (1985). The importance of feedback in clinical supervision: Implications for direct practice. *The Clinical Supervisor*, 3(1), 5-26. Doi: 10.1300/J001v03n01\_02
- Freitas, G. J. (2002). The impact of psychotherapy supervision on client outcome: A critical examination of 2 decades of research. *Psychotherapy: Theory, Research, Practice, Training*, 39(4), 354-367. Doi: 10.1037/0033-3204.39.4.354
- Friedlander, M. L., & Ward, L. G. (1984). Development and validation of the Supervisory Styles Inventory. *Journal of Counseling Psychology*, 31(4), 541-557. Doi: 10.1037/0022-0167.31.4.541
- Friedlander, M. L., Siegel, S. M., & Brenock, K. (1989). Parallel processes in

- counseling and supervision: A case study. *Journal of Counseling Psychology*, 36(2), 149-157. Doi: 10.1037/0022-0167.36.2.149
- Gabelica, C., Van den Bossche, P., Segers, M., & Gijssels, W. (2012). Feedback, a powerful lever in teams: A review. *Educational Research Review*, 7(2), 123-144. Doi: 10.1016/j.edurev.2011.11.003
- Garvey, W. D., & Griffith, B. C. (1965). Scientific communication: The dissemination system in psychology and a theoretical framework for planning innovations. *American Psychologist*, 20(2), 157-164. Doi: 10.1037/h0021711
- Gazzola, N., De Stefano, J., Thériault, A., & Audet, C. (2014). Positive experiences of doctoral-level supervisors-in-training conducting group-format supervision: a qualitative investigation. *British Journal of Guidance & Counselling*, 42(1), 26-42. Doi: 10.1080/03069885.2013.799263
- Gelso, C. J. (1979). Research in counseling: Methodological and professional issues. *The Counseling Psychologist*, 8(3), 7-36. Doi: 10.1177/001100007900800303
- Giorgi, A. (1989). Some theoretical and practical issues regarding the psychological phenomenological method. *Sage Review*.
- Glueck, W. F., & Jauch, L. R. (1975). Sources of research ideas among productive scholars: Implications for administrators. *The Journal of Higher Education*, 46(1), 103-114. Doi: 10.1080/00221546.1975.11780631
- Gonsalves, C. J. (2007). *The supervision evaluation questionnaire (SevQ)*. Unpublished document. University of Wollongong.

- Goodyear, R. K. (2014). Supervision as pedagogy: Attending to its essential instructional and learning processes. *The Clinical Supervisor*, 33(1), 82-99. Doi: 10.1080/07325223.2014.918914
- Goodyear, R., Lichtenberg, J., Hutman, H., Overland, E., Bedi, R., Christiani, K., ... & Grant, J. (2016). A global portrait of counselling psychologists' characteristics, perspectives, and professional behaviors. *Counselling Psychology Quarterly*, 29(2), 115-138. Doi: 10.1080/09515070.2015.1128396
- Graen, G. B., & Uhl-Bien, M. (1995). Development of leader-member exchange (LMX) theory of leadership over 25 years: Applying a multi-level multi-domain perspective. *Leadership Quarterly*, 6(2), 219-247.
- Grossl, A. B., Reese, R. J., Norsworthy, L. A., & Hopkins, N. B. (2014). Client feedback data in supervision: Effects on supervision and outcome. *Training and Education in Professional Psychology*, 8(3), 182-188. Doi:10.1037/tep0000025
- Gunn, J. E., & Pistole, M. C. (2012). Trainee supervisor attachment: Explaining the alliance and disclosure in supervision. *Training and Education in Professional Psychology*, 6(4), 229-237. Doi: 10.1037/a0030805
- Hatfield, D. R., & Ogles, B. M. (2007). Why some clinicians use outcome measures and others do not. *Administration and Policy in Mental Health and Mental Health Services Research*, 34(3), 283-291. Doi: 10.1007/s10488-006-0110-y
- Hattie, J., & Timperley, H. (2007). The power of feedback. *Review of Educational Research*, 77(1), 81-112. Doi: 10.3102/003465430298487
- Hawkins, P., & Shohet, R. (2012). *Supervision in the helping professions* (4th ed.).



Buckingham, UK: Open University Press

Heckman-Stone, C. (2004). Trainee preferences for feedback and evaluation in

clinical supervision. *The Clinical Supervisor*, 22(1), 21-33. Doi:

10.1300/J001v22n01\_03

Henry, P. J., Hart, G. M., & Nance, D. W. (2004). Supervision topics as perceived by

supervisors and supervisees. *The Clinical Supervisor*, 23(2), 139-152. Doi:

10.1300/J001v23n02\_09

Hill, C. E. (2012). *Consensual qualitative research: A practical resource for*

*investigating social science phenomena*. Washington DC: American

Psychological Association.

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N.

(2005). Consensual qualitative research: An update. *Journal of Counseling*

*Psychology*, 52(2), 196-205. Doi:10.1037/0022-0167.52.2.196

Hill, C. E., Lent, R. W., Morrison, M. A., Pinto-Coelho, K., Jackson, J. L., &

Kivlighan Jr, D. M. (2016). Contribution of supervisor interventions to client

change: The therapist perspective. *The Clinical Supervisor*, 35(2), 227-248. Doi:

10.1080/07325223.2016.1193783

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting

consensual qualitative research. *The Counseling Psychologist*, 25(4), 517-572.

Doi: 10.1177/0011000097254001

Hoffman, M. A., Hill, C. E., Holmes, S. E., & Freitas, G. F. (2005). Supervisor

Perspective on the Process and Outcome of Giving Easy, Difficult, or No

- Feedback to Supervisees. *Journal of Counseling Psychology*, 52(1), 3-13. Doi: 10.1037/0022-0167.52.1.3
- Holloway, E. (2014). Supervisory roles within systems of practice. In Watkins, E. C., Milne, D. L. (Eds). *The Wiley international handbook of clinical supervision*, (pp.598-621). Chichester, PA: Wiley-Blackwell.
- Holloway, E. L. (1984). Outcome evaluation in supervision research. *The Counseling Psychologist*, 12(4), 167-174. Doi:10.1177/0011000084124014
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, 36(2), 223-233. Doi: 10.1037/0022-0167.36.2.223
- Hughes, J. (2012). Practical aspects of supervision: All you ever wanted to know but were too afraid to ask. In I. Fleming & L. Steen (Eds.), *Supervision and clinical psychology: Theory, Practice and Perspectives* (pp. 184–206). Hove, UK: Routledge.
- Hysong, S. J. (2009). Meta-analysis: audit & feedback features impact effectiveness on care quality. *Medical Care*, 47(3), 356-363. Doi: 10.1097/MLR.0b013e3181893f6b
- Inman, A. G., Hutman, H., Pendse, A., Devdas, L., Luu, L., & Ellis, M. V. (2014). Current trends concerning supervisors, supervisees, and clients in clinical supervision. In Watkins, E. C., Milne, D. L. (Eds). *The Wiley international handbook of clinical supervision*, (pp..61-102). Chichester, PA: Wiley-Blackwell.
- Ionita, G., & Fitzpatrick, M. (2014). Bringing science to clinical practice: A Canadian

survey of psychological practice and usage of progress monitoring measures. *Canadian Psychology/Psychologie canadienne*, 55(3), 187-196. Doi: 10.1037/a0037355.

James, W. (1890). *Principles of psychology*. New York, NY: Dover

Kagan, N. I., & Kagan, H. (1991). *Interpersonal process recall*. New York, NY: John Wiley & Sons.

Knox, S. (2015). Disclosure—and lack thereof—in individual supervision. *The Clinical Supervisor*, 34(2), 151-163. Doi: 10.1080/07325223.2015.1086462

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(5), 543-559. Doi: 10.1080/10503300801982781

Knox, S., Edwards, L. M., Hess, S. A., & Hill, C. E. (2011). Supervisor self-disclosure: Supervisees' experiences and perspectives. *Psychotherapy*, 48(4), 336-341. Doi: 10.1037/a0022067

Ladany, N., & Friedlander, M. L. (1995). The relationship between the supervisory working alliance and trainees' experience of role conflict and role ambiguity. *Counselor Education and supervision*, 34(3), 220-231. Doi: [10.1002/j.1556-6978.1995.tb00244.x](https://doi.org/10.1002/j.1556-6978.1995.tb00244.x)

Ladany, N., & Inman, A. G. (2008). Developments in counseling skills training and supervision. In Brown, S. D., & Lent, R. W. (Eds.). *Handbook of counseling psychology* (pp.338-354). New York, NY: John Wiley & Sons.

- Ladany, N., & Lehrman-Waterman, D. E. (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*(3), 143-160. Doi: 10.1002/j.1556-6978.1999.tb00567.x
- Ladany, N., & Melincoff, D. S. (1999). The nature of counselor supervisor nondisclosure. *Counselor Education and Supervision, 38*(3), 161-176. Doi: 10.1002/j.1556-6978.1999.tb00568.x
- Ladany, N., & Walker, J. A. (2003). Supervisor self-disclosure: Balancing the uncontrollable narcissist with the indomitable altruist. *Journal of Clinical Psychology, 59*(5), 611-621. Doi: 10.1002/jclp.10164
- 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*(1), 10-24. Doi: 10.1037/0022-0167.43.1.10
- 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., Molinaro, M., & Wolgast, B. (1999). Psychotherapy supervisor ethical practices: Adherence to guidelines, the supervisory working alliance, and supervisee satisfaction. *The Counseling Psychologist, 27*(3), 443-475. doi: 10.1177/0011000099273008
- Ladany, N., Mori, Y., & Mehr, K. E. (2013). Effective and ineffective supervision. *The*

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

Ladany, N., Walker, J. A., & Melincoff, D. S. (2001). Supervisory style: Its relation to the supervisory working alliance and supervisor self-disclosure. *Counselor Education and Supervision*, 40(4), 263-275. Doi: 10.1002/j.1556-6978.2001.tb01259.x

Ladany, N., Walker, J. A., Pate-Carolan, L. M., & Evans, L. G. (2007). *Practicing counseling and psychotherapy: Insights from trainees, supervisors and clients*. New York, NY: Routledge.

Lambert, M. (2007). Presidential address: What we have learned from a decade of research aimed at improving psychotherapy outcome in routine care. *Psychotherapy Research*, 17(1), 1-14. Doi: 10.1080/10503300601032506

Lambert, M. J., & Shimokawa, K. (2011). Collecting client feedback. *Psychotherapy*, 48(1), 72-79. Doi: 10.1037/a0022238

Lambert, M. J., Burlingame, G. M., Umphress, V., Hansen, N. B., Vermeersch, D. A., Clouse, G. C., & Yanchar, S. C. (1996). The reliability and validity of the Outcome Questionnaire. *Clinical Psychology & Psychotherapy: An International Journal of Theory and Practice*, 3(4), 249-258. Doi: 10.1002/(SICI)1099-0879(199612)3:4<249::AID-CPP106>3.0.CO;2-S

Lambert, M. J., Hansen, N. B., Umphress, V., Lunnen, K., Okiishi, J., Burlingame, G., & Reisinger, C. W. (1996). Administration and scoring manual for the Outcome Questionnaire (OQ-45.2). *Wilmington, DE: American Professional Credentialing Services*.

- Lambert, M. J., Whipple, J. L., & Kleinstäuber, M. (2018). Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring. *Psychotherapy, 55*(4), 520-537. Doi: 10.1037/pst0000167
- Lambert, M. J., Whipple, J. L., & Kleinstäuber, M. (2018). Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring. *Psychotherapy, 55*(4), 520-537. Doi: 10.1037/pst0000167
- Larsen, A., & Atkinson, C. C. Hargreaves y Nguyen (1979). Assessment of client/patient satisfaction: development of a general scale. *Eval Prog Planning, 2*, 197-202.
- Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the counseling self-estimate inventory. *Journal of Counseling Psychology, 39*(1), 105-120. Doi: 10.1037/0022-0167.39.1.105
- Leech, N. L., & Onwuegbuzie, A. J. (2007). An array of qualitative data analysis tools: A call for data analysis triangulation. *School Psychology Quarterly, 22*(4), 557-584. Doi: 10.1037/1045-3830.22.4.557
- Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology, 48*(2), 168-177. Doi: 10.1037/0022-0167.48.2.168
- Livni, D., Crowe, T. P., & Gonsalvez, C. J. (2012). Effects of supervision modality and intensity on alliance and outcomes for the supervisee. *Rehabilitation Psychology, 57*(2), 178-186. Doi:10.1037/a0027452

- Maeschalck, C., Bargmann, S., Miller, S. D., & Bertolino, R. (2012). Manual 3: Feedback informed supervision. *The ICCE manuals on feedback-informed treatment (FIT)*. Chicago, IL: International Center for Clinical Excellence.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, 2(2), 99-113. Doi: 10.1002/job.4030020205
- Mayer, J.D., Salovey, P., & Caruso, D (2002). Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) Users Manual. Toronto, ON: Multi-Health Systems.
- Mehr, K. E., Ladany, N., & Caskie, G. I. (2010). Trainee nondisclosure in supervision: What are they not telling you? *Counselling and Psychotherapy research*, 10(2), 103-113. Doi: 10.1080/14733141003712301
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. New York, NY: John Wiley & Sons.
- Miller, S. D., Hubble, M. A., Chow, D., & Seidel, J. (2015). Beyond measures and monitoring: Realizing the potential of feedback-informed treatment. *Psychotherapy*, 52(4), 449-457. Doi: 10.1037/pst0000031
- Milne, D. L., & James, I. A. (2002). The observed impact of training on competence in clinical supervision. *British Journal of Clinical Psychology*, 41(1), 55-72. Doi: 10.1348/014466502163796
- Milne, D. L., Sheikh, A. I., Pattison, S., & Wilkinson, A. (2011). Evidence-based training for clinical supervisors: A systematic review of 11 controlled studies. *The Clinical Supervisor*, 30(1), 53-71. Doi:

10.1080/07325223.2011.564955

Milne, D., & James, I. (2000). A systematic review of effective cognitive-behavioural supervision. *British Journal of Clinical Psychology*, 39, 111–127. Doi:

10.1348/014466500163149

Milne, D., Reiser, R., Aylott, H., Dunkerley, C., Fitzpatrick, H., & Wharton, S. (2010).

The systematic review as an empirical approach to improving CBT supervision.

*International Journal of Cognitive Therapy*, 3, 278–294.

Doi:10.1521/ijct.2010.3.3.278

Mishler, E. G. (1986). *The analysis of interview-narratives* (pp. 233-255). In TR

Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct*. Santa

Barbara, CA: Praeger Publishers/Greenwood Publishing Group.

Montano, D. E., & Kasprzyk, D. (2015). Theory of reasoned action, theory of planned

behavior, and the integrated behavioral model. In K. Glanz, B. K. Rimer, & K.

Viswanath (Eds.), *Health behavior and health education: theory, research, and practice* (pp. 67–96). New York, NY: John Wiley & Sons.

Nevill, A., Atkinson, G., & Hughes, M. (2008). Twenty-five years of sport

performance research in the Journal of Sports Sciences. *Journal of Sports*

*Sciences*, 26(4), 413-426. Doi: 10.1080/02640410701714589

Newnham, E. A., & Page, A. C. (2010). Bridging the gap between best evidence and

best practice in mental health. *Clinical Psychology Review*, 30(1), 127-142. Doi:

10.1016/j.cpr.2009.10.004

Norcross, J. C., & Farber, B. A. (2005). Choosing psychotherapy as a career: Beyond



- “I want to help people”. *Journal of Clinical Psychology*, 61(8), 939-943. Doi: 10.1002/jclp.20175
- O'Donovan, A., & Kavanagh, D. J. (2014). Measuring competence in supervisees and supervisors: Satisfaction and related reactions in supervision. In E. C. Watkins & D. L. Milne (Eds). *The Wiley international handbook of clinical supervision*, (pp.458-467). Chichester, PA: Wiley-Blackwell.
- O'Donovan, A., Dyck, M., & Bain, J. D. (2001). Trainees' experience of postgraduate clinical training. *Australian Psychologist*, 36(2), 149-156. Doi: 10.1080/00050060108259647
- O'Donovan, A., Halford, W. K., & Walters, B. (2011). Towards best practice supervision of clinical psychology trainees. *Australian Psychologist*, 46(2), 101-112. Doi: 10.1111/j.1742-9544.2011.00033.x
- Okiishi, J. C., Lambert, M. J., Eggett, D., Nielsen, L., Dayton, D. D., & Vermeersch, D. A. (2006). An analysis of therapist treatment effects: Toward providing feedback to individual therapists on their clients' psychotherapy outcome. *Journal of Clinical Psychology*, 62(9), 1157-1172. Doi: 10.1002/jclp.20272
- Olk, M. E., & Friedlander, M. L. (1992). Trainees' experiences of role conflict and role ambiguity in supervisory relationships. *Journal of Counseling Psychology*, 39(3), 389-397. Doi: 10.1037/0022-0167.39.3.389
- Orlinsky, D. E., & Rønnestad, M. H. (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. Washington, DC: American

Psychological Association.

- Overington, L., Fitzpatrick, M., Hunsley, J., & Drapeau, M. (2015). Trainees' experiences using progress monitoring measures. *Training and Education in Professional Psychology, 9*(3), 202-209. Doi: 10.1037/tep0000088.
- Owen, J., Miller, S. D., Seidel, J. A., & Chow, D. L. (2016). The alliance in the treatment of military adolescents. *Journal of Consulting and Clinical Psychology, 84* (3). 200-210. Doi: 10.1037/ccp0000035
- Phelps, D. L. (2013). *Supervisee experiences of corrective feedback in clinical supervision: A consensual qualitative research study* (Unpublished doctoral dissertation). Marquette University, Milwaukee, Wisconsin, U.S.A.
- Quarto, C. J. (2003). Supervisors' and supervisees' perceptions of control and conflict in counseling supervision. *The Clinical Supervisor, 21*(2), 21-37.  
Doi:10.1300/J001v21n02\_02
- Raimy, V. (Ed.). (1950). *Training in clinical psychology*. Upper Saddle River, NJ: Prentice-Hall.
- Rakovshik, S. G., McManus, F., Vazquez-Montes, M., Muse, K., & Ougrin, D. (2016). Is supervision necessary? Examining the effects of internet-based CBT training with and without supervision. *Journal of Consulting and Clinical Psychology, 84*(3), 191-199. Doi: 10.1037/ccp0000079
- Reese, R. J., Usher, E. L., Bowman, D. C., Norsworthy, L. A., Halstead, J. L., Rowlands, S. R., & Chisholm, R. R. (2009). Using client feedback in psychotherapy training: An analysis of its influence on supervision and counselor

self-efficacy. *Training and Education in Professional Psychology*, 3(3), 157-168.

Doi: 10.1037/a0015673

Reichelt, S., & Skjerve, J. (2002). Correspondence between supervisors and trainees in their perception of supervision events. *Journal of Clinical Psychology*, 58(7), 759-772. Doi: 10.1002/jclp.2003

Reichelt, S., Gullestad, S. E., Hansen, B. R., Rønnestad, M. H., Torgersen, A. M., Jacobsen, C. H., & ... Skjerve, J. (2009). Nondisclosure in psychotherapy group supervision: The supervisee perspective. *Nordic Psychology*, 61, 615-27.

Doi:10.1027/1901-2276.61.4.5

Reiser, R. P., & Milne, D. L. (2014). A systematic review and reformulation of outcome evaluation in clinical supervision: Applying the fidelity framework. *Training and Education in professional Psychology*, 8(3), 149-157.

Doi: 10.1037/tep0000031

Reiser, R. P., & Milne, D. L. (2014). A systematic review and reformulation of outcome evaluation in clinical supervision: Applying the fidelity framework.

*Training and Education in Professional Psychology*, 8(3), 149-157. Doi:

10.1037/tep0000031

Rieck, T., Callahan, J. L., & Watkins Jr, C. E. (2015). Clinical supervision: An exploration of possible mechanisms of action. *Training and Education in Professional Psychology*, 9(2), 187-194. Doi: 10.1037/tep0000080

Riggio, R. E. (1986). Assessment of basic social skills. *Journal of Personality and Social Psychology*, 51(3), 649-660.

- Rousmaniere, T. G., & Ellis, M. V. (2013). Developing the construct and measure of collaborative clinical supervision: The supervisee's perspective. *Training and Education in Professional Psychology*, 7(4), 300-308. Doi: 10.1037/a0033796
- Rousmaniere, T. G., Swift, J. K., Babins-Wagner, R., Whipple, J. L., & Berzins, S. (2016). Supervisor variance in psychotherapy outcome in routine practice. *Psychotherapy Research*, 26(2), 196-205. Doi: 10.1080/10503307.2014.963730
- Rousmaniere, T., Goodyear, R. K., Miller, S. D., & Wampold, B. E. (Eds.). (2017). *The cycle of excellence: Using deliberate practice to improve supervision and training*. New York, NY: John Wiley & Sons.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081.
- Sapyta, J., Riemer, M., & Bickman, L. (2005). Feedback to clinicians: Theory, research, and practice. *Journal of Clinical Psychology*, 61(2), 145-153. Doi: 10.1002/jclp.20107
- Shadrick, S. B., & Lussier, I. W. (2009). Training Complex Cognitive Skills: A Theme-Based Approach to the Development of Battlefield Skills. In K. A. Ericsson (Ed.), *Development of professional expertise: Toward measurement of expert performance and design of optimal learning environments* (pp. 286-311). Cambridge, UK: Cambridge University Press.
- Shimokawa, K., Lambert, M. J., & Smart, D. W. (2010). Enhancing treatment

- outcome of patients at risk of treatment failure: Meta-analytic and megaanalytic review of psychotherapy quality assurance system. *Journal of Consulting and Clinical Psychology*, 78, 298–311. doi:10.1037/a0019247
- Son, E., & Ellis, M. V. (2013). A cross-cultural comparison of clinical supervision in South Korea and the United States. *Psychotherapy*, 50(2), 189-205. Doi: 10.1037/a0033115
- Stoltenberg, C. D., & McNeill, B. W. (2011). *IDM supervision: An integrative developmental model for supervising counselors and therapists*. Abingdon, UK: Routledge.
- Tanner, M. A., Gray, J. J., & Haaga, D. A. (2012). Association of co-therapy supervision with client outcomes, attrition, and trainee effectiveness in a psychotherapy training clinic. *Journal of Clinical Psychology*, 68(12), 1241-1252. Doi: [10.1002/jclp.21902](https://doi.org/10.1002/jclp.21902)
- Thomas, J. T. (2014). International ethics for psychotherapy supervisors: Principles, practices, and future directions. In E. C. Watkins & D. L. Milne (Eds.). *The Wiley international handbook of clinical supervision* (pp.131-154). Chichester, PA: Wiley-Blackwell.
- Tracey, T. J. G., Wampold, B. E., Goodyear, R. K., & Lichtenberg, J. W. (2015). Improving expertise in psychotherapy. *Psychotherapy Bulletin*, 50(1), 7–13. Retrieved from <http://societyforpsychotherapy.org/improving-expertise-in-psychotherapy/>
- Tracey, T. J. G., Wampold, B. E., Lichtenberg, J. W., & Goodyear, R. K. (2014).

- Expertise in psychotherapy: An elusive goal? *American Psychologist*, 69, 218–229. Doi:10.1037/a0035099
- Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the working alliance inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 1(3), 207-210.
- Truscott, D., & Crook, K. H. (2013). *Ethics for the practice of psychology in Canada*. Edmonton, AB: University of Alberta Press.
- Unsworth, G., Cowie, H., & Green, A. (2012). Therapists' and clients' perceptions of routine outcome measurement in the NHS: A qualitative study. *Counselling and Psychotherapy Research*, 12(1), 71-80. Doi: 0.1080/14733145.2011.565125
- Vonk, M. E., & Thyer, B. A. (1997). Evaluating the quality of supervision: A review of instruments for use in field instruction. *The Clinical Supervisor*, 15(1), 103-113. Doi: 10.1300/J001v15n01\_08
- Wainwright, N. A. (2010). *The development of the Leeds Alliance in Supervision Scale (LASS): A brief sessional measure of the supervisory alliance*. University of Leeds.
- Walfish, S., McAlister, B., O'donnell, P., & Lambert, M. J. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports*, 110(2), 639-644. Doi: 10.2466/02.07.17.PR0.110.2.639-644
- Walsh, B. B., Gillespie, C. K., Greer, J. M., & Eanes, B. E. (2003). Influence of dyadic mutuality on counselor trainee willingness to self-disclose clinical mistakes to supervisors. *The Clinical Supervisor*, 21, 83–98. Doi:

10.1300/J001v21n02\_06

- Warr, P., Cook, J., & Wall, T. (1979). Scales for the measurement of some work attitudes and aspects of psychological well-being. *Journal of Occupational Psychology*, 52(2), 129-148. Doi: 10.1111/j.2044-8325.1979.tb00448.x
- Watkins Jr, C. E. (2010). Psychoanalytic constructs in psychotherapy supervision. *American Journal of Psychotherapy*, 64(4), 393-416. Doi: 10.1176/appi.psychotherapy.2010.64.4.393
- Watkins Jr, C. E. (2011). Does psychotherapy supervision contribute to patient outcomes? Considering thirty years of research. *The Clinical Supervisor*, 30(2), 235-256. Doi: 10.1080/07325223.2011.619417
- Watkins Jr, C. E. (2014). The supervisory alliance: A half century of theory, practice, and research in critical perspective. *American Journal of Psychotherapy*, 68(1), 19-55. Doi: 10.1176/appi.psychotherapy.2014.68.1.19
- Webb, A., & Wheeler, S. (1998). How honest do counsellors dare to be in the supervisory relationship?: An exploratory study. *British Journal of Guidance and Counselling*, 26(4), 509-524. Doi: 10.1080/03069889808253860
- Wheeler, S. & Barkham, M. (2014). A core evaluation battery for supervision. In E. C. Watkins & D. L. Milne (Eds.). *The Wiley international handbook of clinical supervision* (pp.367-385). Chichester, PA: Wiley-Blackwell.
- 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

- Winstanley, J., & White, E. (2014). The Manchester Clinical Supervision Scale: MCSS-26. In E. C. Watkins & D. L. Milne (Eds.). *The Wiley international handbook of clinical supervision*, (pp.386-401). Chichester, PA: Wiley-Blackwell.
- Worthen, V., & McNeill, B. W. (1996). A phenomenological investigation of " good" supervision events. *Journal of Counseling Psychology*, 43(1), 25-34. Doi: 10.1037/0022-0167.43.1.25
- Worthington, E. L. (1984). Empirical investigation of supervision of counselors as they gain experience. *Journal of Counseling Psychology*, 31(1), 63-75. Doi: 10.1037/0022-0167.31.1.63
- Worthington, E. L., & Roehlke, H. J. (1979). Effective supervision as perceived by beginning counselors-in-training. *Journal of Counseling Psychology*, 26(1), 64-73. Doi: 10.1037/0022-0167.26.1.64
- Wrape, E. R., Callahan, J. L., Ruggero, C. J., & Watkins Jr, C. E. (2015). An exploration of faculty supervisor variables and their impact on client outcomes. *Training and Education in Professional Psychology*, 9(1), 35-43. Doi: 10.1037/tep0000014
- Young, J., & Beck, A. T. (1980). Cognitive therapy scale: Rating manual. *Unpublished manuscript*, 36th.
- Zimmerman, M., & Mattia, J. I. (2001). A self-report scale to help make psychiatric diagnoses: the Psychiatric Diagnostic Screening Questionnaire. *Archives of*



*General Psychiatry*, 58(8), 787-794. Doi: 10.1001/archpsyc.58.8.787

*Appendix A*

**Research Team Confidentiality Agreement**

This form may be used for individuals hired to conduct specific research tasks, e.g., recording or editing image or sound data, transcribing, interpreting, translating, entering data, destroying data.

Project title **Reciprocal feedback in Clinical Supervision**

I, \_\_\_\_\_, the \_\_\_\_\_ (specific job description, e.g., interpreter/translator)  
have been asked to \_\_\_\_\_

I agree to -

1. keep all the research information shared with me confidentially by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the *Researcher(s)*.
2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.

3. return all research information in any form or format (e.g., disks, tapes, transcripts) to the *Researcher(s)* when I have completed the research tasks.
4. after consulting with the *Researcher(s)*, erase or destroy all research information in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., information stored on computer hard drive).
5. other (specify).

_____	_____	_____
(Print Name)	(Signature)	(Date)
 <i>Researcher(s)</i>		
_____	_____	_____
Houyuan Luo	Houyuan Luo	June 4, 2018
(Print Name)	(Signature)	(Date)

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (*specify which board*) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

*Appendix B***Collaborative Behavior Supervision Scale-Revised**

Date \_\_\_\_\_

ID# \_\_\_\_\_

Please answer the following questions regarding your experience in supervision with your **current site supervisee** with whom you have individual supervision.

		Never	Rarely	Sometimes	Often	Always
1	How often do you openly discuss how helpful supervision is for your supervisee?					
2	How often do you openly discuss the supervisory relationship?					
3	How often do you openly discuss what you are doing together in supervision?					
4	How often do you openly discuss with your supervisee about how supervision is conducted?					

**THANK YOU FOR YOUR PARTICIPATION!**

**YOU MAY BE CONTACTED IN THE FUTURE WITH ADDITIONAL  
QUESTIONS REGARDING YOUR FEEDBACK PRACTICE EXPERIENCES.**

**IF YOU WOULD LIKE TO BE CONTACTED, PLEASE PROVIDE YOUR  
EMAIL ADDRESS \_\_\_\_\_**

**IF FOR ANY REASON YOU WOULD PREFER NOT TO BE CONTACTED,  
PLEASE CHECK HERE: ☐**

*Appendix C***Participant Recruitment Email**

Greetings [Insert Names]!

My name is Houyuan Luo, and I am a doctoral candidate in Counselling Psychology at the University of Alberta. I am inviting you to participate in my dissertation research. I would very much appreciate your help with my study. I intend to explore clinical supervisors' perspectives and actual application of formal feedback in supervision. Feedback has been demonstrated to be helpful in improving counselling/therapy outcome. I aspire to find out how feedback influence supervision outcome. Since it is an understudied topic, this study is the first step.

This is a qualitative study, which includes a screening measurement and a 30-minute follow-up telephone interview (two groups of question). What you see now is a screening measurement. I invite you to participate in a 5-minute measure that focuses on the frequency of collaborative feedback practice from the perspectives of supervisors.

Participant Criteria:

- 1. Registered psychologist in the province of residence AND**
- 2. Routinely supervise professional psychology trainees**

Your responses will be kept confidential, and no identifying information will be included in the report of the results of this study.

The researchers in charge of this study are: **Houyuan Luo, M.A., and William Hanson, Ph.D**

If you have questions about this study, please contact me at [houyuan@ualberta.ca](mailto:houyuan@ualberta.ca) or my supervisor, Dr. William Hanson at [whanson@ualberta.ca](mailto:whanson@ualberta.ca).

The plan for this study has been reviewed by the Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

Click here to continue to the study!

[\[Insert links\]](#)

Thank you for your participation. **Please feel free to share this information with another registered psychologist who routinely provides supervision.**

Respectfully,

Houyuan Luo, M.A.

University of Alberta

Department of Educational Psychology

6-102 Education North, Edmonton, AB T6G 2G5, Canada

houyuan@ualberta.ca

*Appendix D***Snowball Sampling Nomination Email**

Dear [Insert name],

My name is Houyuan Luo, and I am a doctoral candidate in Counselling Psychology at the University of Alberta and am contacting you in regards to my dissertation. I would very much appreciate your help with my study. I intend to explore the experiences of clinical supervisors who ask for feedback from supervisees in a qualitative study. This study has been approved by the University of Alberta ethics committee (insert study ID number).

If you could take a moment to consider following categories and nominate a person you believe is a supervisor who asks for feedback or a fellow student who may know a supervisor who asks for feedback from supervisees, you will be making a vital contribution to my dissertation research. All responses are anonymous and confidential. If you have the contact information of the person you are nominating and wish to include it, this would be helpful and also be kept confidential.

Please name a person that

- (1) You worked under him/her as a supervisee and he/she at least asked feedback from you for one time throughout the entire supervision period.
- (2) You have heard that he/she, as a supervisor, likely asked feedback from their



supervisees for at least one time throughout the entire supervision period.

- (3) You have heard that a fellow supervisee may have the experience of being asked about feedback from his/her clinical supervisors.

Name:

Contact information if available:

Please name and provide contact information as much as you can so that I may contact for further nominations. This information will be kept confidential. Please note you may ask the individuals if they are comfortable about their contact information being released to me and you can inform them about the study before providing me with their contact information.

Thank you for your help and support in providing nominations for my study. If you are interested in finding out more about this study, feel free to contact me with any questions or concerns at [houyuan@ualberta.ca](mailto:houyuan@ualberta.ca) or my supervisor, Dr. William Hanson at [whanson@ualberta.ca](mailto:whanson@ualberta.ca).

Sincerely,

Houyuan Luo

*Appendix E***Snowball Sampling Recruitment Email**

Greetings [Insert Names]!

My name is Houyuan Luo, and I am a doctoral candidate in Counselling Psychology at the University of Alberta.

I obtained your contact information from [insert nominator's name]. He/she informed me that you ask for feedback from supervisees. Therefore, you seem to be a great potential participant to my doctoral dissertation.

I am inviting you to participate in my dissertation research. I would very much appreciate your help with my study. I intend to explore clinical supervisors' perspectives and actual application of formal feedback in supervision. Feedback has been demonstrated to be helpful in improving counselling/therapy outcome. I aspire to find out how feedback influence supervision outcome. Since it is an understudied topic, this study is the first step.

This is a qualitative study, which includes a screening measurement (4-item one) and a 30-minute follow-up telephone interview (two groups of question). If you agree to participate, please sign the attached consent form and return it to via email. I will send the link to the screening measurement to you.

Your responses will be kept confidential, and no identifying information will be included in the report of the results of this study.

The researchers in charge of this study are: **Houyuan Luo, M.A., and William Hanson, Ph.D**

If you have questions about this study, please contact me at [houyuan@ualberta.ca](mailto:houyuan@ualberta.ca) or my supervisor, Dr. William Hanson at [whanson@ualberta.ca](mailto:whanson@ualberta.ca).

The plan for this study has been reviewed by the Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

Thank you for your participation. **Please feel free to share this information with another registered psychologist who routinely provides supervision and ask feedback.**

Respectfully,

Houyuan Luo, M.A.

University of Alberta

Department of Educational Psychology

6-102 Education North, Edmonton, AB T6G 2G5, Canada

houyuan@ualberta.ca

*Appendix F***Qualitative Study Consent Form**

Dear Colleagues:

Do you supervise counsellors and psychologists-in-training? If so, do you ask them for feedback about your own supervision? If you do, then this study is for you. If you're interested in participating, please let me know. All interested supervisors will, first, complete a short, 4-item measure of supervision practice and, second, a 30-minute phone interview. This particular study will involve 10-12 registered psychologists who supervise students, interns/residents, and provisionally licensed psychologists.

I would like to thank you for participating in the study. Your cooperation will be of tremendous help to me in completing my dissertation study.

To more fully understand supervisors' feedback practice in clinical supervision, I am conducting a qualitative study which has two stages: (1) selecting eligible participants through a 4-item measure of supervision practice, and (2) a follow-up telephone interviews with selected respondents. The purpose of this consent form is to obtain your permission to (1) collect the information about your supervision practice style from that 4-item measure and (2) call you and ask two groups of open-ended questions if you are selected for possible participation. The first group is about supervision in general, and the second group is about your feedback practice in clinical supervision.

Your participation is voluntary, and your responses will remain strictly

confidential. You would be free to withdraw at any time. All the data obtained from the screening measure will be removed from the data collection website server after all the participants are selected. The interview will be audiotaped and transcribed; however, all identifying data will be removed during transcription. Qualitative data will be analyzed by our research team using Consensual Qualitative Research (CQR) and reported in my dissertation, and may be submitted for presentation and publication. There are no direct benefits to the participants. However, the participants may have a chance to reflect their supervision practice by being interviewed. The benefit to the field includes an increase in our knowledge about supervisors' feedback practices in clinical supervision. There are no known risks associated with participation.

Raw data, which includes the identifying information, will be stored on an encrypted USB key which is kept in a locked filing cabinet. All the other digital data will be stored in an encrypted folder on an encrypted computer. Identifying information will be removed immediately after transcription and data entry. Also, the PI will inform all research team members of the importance of confidentiality and means to protect it, and each of them is required to sign a research confidentiality agreement. The research team, which includes four doctoral students from the Department of Educational Psychology, University of Alberta, will have access to the transcribed scripts in which identifying information is removed. The data will not be used for any purposes after the proposed research is completed. Data will be securely and confidentially stored for five years, per the University's data retention policy.

After that, it will be properly and completely destroyed.

If you want to withdraw your data after the interview, you can do it no later than two weeks after the transcription of interview notes. I will let you know once I start to transcribe the interview scripts and at the point, I finish the transcription. Also, if you want to review your interview transcript, please also let me know no later than two weeks after I finish the transcription.

If you consent to participate in this study and (1) complete the 4-item screening measure and (2) are willing to be called for a telephone interview (approximately 30 minutes) if you are eligible, please sign below, indicate both the number at which I can reach you and the most convenient time or day to call, and send this consent form to me at [hoyuan@ualberta.ca](mailto:hoyuan@ualberta.ca).

You have a right to ask questions about this research and to have those questions answered. If you have any questions about the survey or follow-up interview, or if you would simply like more general information, feel free to contact me ([hoyuan@ualberta.ca](mailto:hoyuan@ualberta.ca)) or my advisor, Dr. William Hanson (+1-780-492-9007, [whanson@ualberta.ca](mailto:whanson@ualberta.ca)).

The plan for this study has been reviewed by the Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

Sincerely,

Houyuan Luo, M.A.

University of Alberta

Department of Educational Psychology

6-102 Education North, Edmonton, AB T6G 2G5, Canada

[houyuan@ualberta.ca](mailto:houyuan@ualberta.ca)

**By signing below, I consent to participate in the follow-up interview of this study.**

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Signature

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Phone number

---

Best time/day to call



*Appendix G***Open-ended Questions for Qualitative Interview Protocol****The purpose of the interview:**

My research interest is in the area/topic of clinical supervisors' experience of reciprocal feedback. More specifically, I am interested in the way clinical supervisors ask for feedback from supervisees. In our interview, I hope to learn something about how you have been giving and receiving feedback in supervision.

There are two basic demographic questions and two groups of open-ended questions:

- Basic Demographic questions
- Questions about providing supervision generally
- Questions about supervisee-to-supervisor feedback in supervision

**Groups of Questions:****Basic Demographic Questions:**

1.	How many years have you been registered as a psychologist?
2.	How many years have you been supervising students?

**Group 1: Questions about providing supervision generally:**

1.	When you initially started working as a clinical supervisor, what were some of the things that you paid the most attention to? What were some of the most important things you learned?
2.	What were some of the things that made working as a clinical supervisor different from other clinical work you have done? What were some aspects of this work that you found more challenging?
3.	What were some of the things changed in your supervision practice over time?
4.	What were some of the things triggered those changes?

**Group 2: Questions about asking for feedback in supervision session:**

1.	As a clinical supervisor, what it was like to ask for feedback from supervisees?
2.	What types of feedback you usually ask from supervisees? How do you ask

	feedback from them?
3.	What were some of the most rewarding parts of asking feedback from supervisees? What were some of the most challenging parts?
4.	What makes some reciprocal feedback practice easier than others?
5.	What were some of the things you found asking for feedback differs from giving feedback to supervisees?
6.	What were some of the reasons you started to ask feedback?
7.	Any words of advice to someone just starting asking for feedback from supervisees?



*Appendix H***Member Check for the Supervision Research Invitation Email**

Hi XX [Insert a Participant's name],

Hope you are doing well!

I want to thank you again for participating in my dissertation “reciprocal feedback in supervision” a few months ago!

Data analysis quality is crucial to research quality. In qualitative research, one way to assure the quality of data analysis is to ask the participants to see if the results of the analysis match with their experience. Therefore, I am contacting you to see if you would like to check for the accuracy of our data analysis.

Attached, you will find the deidentified transcripts and data analysis results.

We used the Consensual Qualitative Research (CQR) to analyze the data. In the analysis form, there are four columns: line number, raw data, domains, and core ideas. The line number and raw data are the references to original transcripts, domains refer to a topic area for blocks of data (can be one sentence or several paragraphs), and core ideas refer to a summary of what that domain is about. Simply put, domains are like the title of a paper and core ideas are like an abstract of a paper. Please know, there are many sub-domains within one domain, each sub-domain corresponds to each block of data. So, I underlined each domain to differentiate domains from sub-domains.

If you have any feedback, feel free to let me know.

Thank you!

Best,

Houyuan

Appendix I

CQR Analysis Form-Within Case Analysis

Data	Line #	Raw data	Core Ideas	Domain
Chunk #				
1				
2				

CQR Analysis Form-Cross-case Analysis

Domain:	
Category:	Category:
Core Ideas by Case No.	Core Ideas by Case No.
1	1
2	2

