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Pepperdine University
Graduate School of Education and Psychology

THE SUPERVISORY ALLIANCE AND TRAINEE DISCLOSURE OF CLINICALLY
RELEVANT EVENTS IN SUPERVISION

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Ayala Ofek

May, 2013

Edward Shafranske, Ph.D., ABPP — Dissertation Chairperson

This dissertation, written by

Ayala Ofek

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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DEDICATION

To my family, who instilled in me a love of learning and supported me every step of the way.

ACKNOWLEDGMENTS

First and foremost, I would like to acknowledge my committee members. I am deeply grateful for the wisdom and guidance of Dr. Edward Shafranske, a wonderful advisor and mentor. Dr. Aaron Aviera has been pivotal in my education and training as a clinician, and served as a model for the kind of clinician and supervisor I aspire to be. Dr. Carol Falender's wealth of knowledge and infectious enthusiasm was instrumental in making this project possible.

I am grateful also to the wider Pepperdine community who made my experience in graduate school one that I will always cherish. Thanks to Dr. Shelly Harrell for her guidance in every aspect of the doctoral program and for shepherding me through the early research process. A big thanks to Dr. Robert deMayo, Dr. Daryl Rowe, Dr. Susan Himmelstein, Dr. Caroline Keatinge, Dr. Joan Rosenberg, and Dr. Stephanie Woo who served as incredible teachers, supervisors, and mentors. The support and contributions of my peers—especially Shelly Crosby, Rachel Fried, Heleya Kakavand, Rebecca Rutchick, and Zach Wheeler—was integral in seeing through my dissertation. I am also indebted to my peer supervisors, Kerri Schutz and Laurie Weideman, and to my honorary peer supervisors, Whitney Dicterow, Anna Lock, and Nikki Rubin.

None of this would have been possible without the support of my family. I especially want to acknowledge my parents, Boaz and Nehama, and my brothers, Orr, Ariel, and Hillel. They have been my biggest believers and have provided the support I needed throughout my educational career.

Finally, I want to thank my husband, Greg, who has acted as a pillar of support in my graduate school journey. Thanks for standing by me, loving me, and reminding me that there is life outside of graduate school.

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ABSTRACT

The purpose of this study was to examine the relationship between the supervisory alliance and trainee disclosure of clinically relevant events in supervision (events related to the supervisory functions of enhancing trainee competence and ensuring client welfare). Three hundred and six predoctoral psychology interns ($N = 306$; 79.1% female, 19.0% male; 79.7% white, 6.2% Asian/Pacific Islander, 3.9% African American/Black, 3.9% Hispanic/Latino, and 3.6% biracial/multiracial) completed a web-based self-report questionnaire assessing comfort with and likelihood of disclosure of clinically relevant events in supervision, supervisory alliance bond, and demographic items. A novel self-report questionnaire was created for the purposes of this investigation in order to assess the disclosure of clinical events related to functions of supervision. Analyses revealed statistically significant positive correlations between (a) the supervisory alliance and comfort with disclosure and (b) the supervisory alliance and likelihood of disclosure of clinically relevant events. These results build on past findings regarding the salience of the supervisory alliance and more explicitly connect disclosure in supervision to the dimension of bond. These results have implications for trainee competence and client care. Implications for clinical supervision practice and directions for future research are explored.

Introduction

Supervision is the cornerstone of training within the field of clinical psychology. It serves two primary functions: (a) protecting client welfare and (b) serving as a vehicle by which trainees gain competencies, including the development of important personal and professional attributes (Falender & Shafranske, 2004). Given its centrality to education and training in clinical psychology, it is not surprising that factors contributing to effective supervision have received increased attention in the literature in recent years, paralleling the growth of the American Psychological Association (APA) competency movement (Falender & Shafranske, 2007; Kaslow, 2004). Factors identified as important to effective supervision include trainee disclosure and nondisclosure (Falender & Shafranske, 2004; Ladany, 2004; Ladany, Hill, Corbett, & Nutt, 1996) because supervisors largely rely on supervisee disclosure to monitor client care and supervisee performance (Wallace & Alonso, 1994; Yerushalmi, 1992). Nondisclosure (e.g., intentionally withholding, distorting, or omitting information) in supervision is believed to limit both supervisee learning and client treatment (Yourman & Farber, 1996). Supervisee disclosure is therefore essential for supervisors to fulfill the functions of enhancing a supervisee's clinical competence and ensuring that clients receive appropriate psychological care (Alonso & Rutan, 1988; Ladany et al., 1996).

Previous studies have demonstrated that supervisees do not disclose all clinically-pertinent information during supervision and that such omissions have deleterious effects on their clinical training and work with clients (Hess et al., 2008; Yourman, 2000; Yourman & Farber, 1996). Supervisors' highest duty is to protect the client and thus it is

incumbent upon them and the field of to address nondisclosures and decrease the probability of their occurrence. Several factors have been theorized to contribute to trainee disclosure and nondisclosure in supervision. A chief factor related to trainee disclosure frequently cited in the literature is the supervisory alliance (Daniel, 2008; Hess et al., 2008; Ladany et al., 1996; Mehr, 2011). The literature suggests that trainees report a higher willingness to disclose when they perceive that the supervisory alliance is strong (Mehr, 2011). Although several studies have supported the positive relationship between the supervisory alliance and trainee disclosure, questions remain about the significance of disclosure and nondisclosure to the supervisory functions of facilitating competence and ensuring client care.

The purpose of this study is to examine supervisee disclosure of clinical events relevant to serving the aforementioned functions of supervision, and how disclosure of such clinically relevant events is related to the supervisory working alliance. Clinically relevant events can be conceptualized as those that have implications to supervisee learning and client care (e.g., clinical interactions, perceived clinical errors, personal factors influencing clinical work, experiences in supervision influencing clinical work). A strong correlation between disclosure of clinically relevant events and the supervisory alliance would support future research focusing more prominently on trainee disclosure and inform the practice of clinical supervision. The following presents a review of the major areas under investigation in this study.

Background

This section provides an overview of the literature for the following topics: (a) disclosure and nondisclosure in supervision, (b) the supervisory alliance, and (c) limitations in the current supervision literature base.

Supervisee Disclosure and Nondisclosure in Supervision

Supervisors of psychology trainees generally have access to substantial information regarding their supervisees' clinical work. Information about clinical cases, such as client charts, diagnosis, attendance, and even taped session material are readily available to supervisors. However, directly reviewing recordings of supervisees' therapy sessions is typically limited to brief selected excerpts of performance (Wallace & Alonso, 1994). Ultimately, much of what is disclosed in supervision is at the discretion of the supervisee (Bordin, 1983; Ladany et al., 1996). There are many reasons why supervisees do not disclose information during supervision. Supervision is an inherently evaluative process and is involuntary in nature (Ladany et al., 1996). Hence, issues such as fear of a negative evaluation, anticipation of a negative reaction from the supervisor, belief that the issue is too personal to share in the context of supervision, feelings of shame or embarrassment, or belief that the issue is insignificant or irrelevant to supervision have all been associated with nondisclosure (Hess et al., 2008; Ladany et al., 1996; Mehr, Ladany, & Caskie, 2010; Yourman, 2000; Yourman & Farber, 1996). Ladany (2004) concluded, "what is not talked about in supervision may be more important than what is talked about" (p. 12). Limited research has been conducted in the area of supervisee disclosure in supervision; significant findings to date about factors associated with disclosure and nondisclosure are presented below.

Factors related with disclosure and nondisclosure. A seminal study that examined the nature, extent and content of nondisclosure in supervision found that 97.2% of supervisees surveyed reported withholding information from their supervisors (Ladany et al., 1996). This study found the most common content area of nondisclosure was negative reaction to the supervisor. The authors suggested that supervisee negative reactions to a supervisor might impact the supervisee's clinical work when they are not explored in supervision. For example, if a supervisee withholds disagreeing with a supervisor's suggested intervention, the client may not receive appropriate treatment. Hence, Ladany et al. (1996) concluded that the supervision process should provide an avenue for addressing negative reactions to supervisors. The reasons most commonly cited for not disclosing negative reactions to supervisors in this study included impression management, awareness of the power differential in the supervisory relationship, and fear that disclosure would harm trainee standing in program. The authors concluded that the aforementioned reasons for nondisclosure suggested that supervisees were well aware of the evaluative nature of supervision and that they seek to make a positive impression on supervisors (Ladany et al., 1996). The Ladany et al. study importantly demonstrated that nondisclosure was most frequently related to issues within supervision, yet much remains to be studied in terms of nondisclosure of clinically relevant events.

Past studies have demonstrated that supervisees may intentionally withhold information related to clinical errors from their supervisors. Ladany et al. (1996) found that 44% of participants reported not disclosing perceived clinical errors to their supervisors. Yourman and Farber (1996) found that 38.8% of participants reported not disclosing perceived clinical errors to their supervisors at medium to high frequencies.

The vast majority, 91.3%, of participants surveyed by Yourman and Farber reported that they have not always disclosed to supervisors interactions with clients that they believed would be met with disapproval by supervisors. Hence, supervisees may withhold information relevant to their learning and the care that their clients receive, as well as information relevant to supervisors' evaluation of them (Yourman & Farber, 1996).

Another factor posited to influence nondisclosure is negative emotions in the supervisee. Yourman (2000; 2003) has suggested that nondisclosure in supervision may be related to supervisee shame. Yourman argues that shame is an affective state frequently encountered by trainees who are novice clinicians practicing under the evaluation of experts. Shame results in inhibited communication and emotional disengagement (Yourman, 2003), which carries notable implications for disclosure. The experience of other negative feelings, such as anxiety, has also been studied in relation to disclosure in supervision with some mixed results (Mehr, 2011; Mehr et al., 2010). Mehr et al. (2010) found that higher trainee anxiety corresponded with decreases in disclosure and willingness to disclose in a single supervision session. However, Mehr (2011) did not find that anxiety was significantly related to disclosure in structural equation modeling of variables contributing to nondisclosure. Nonetheless, anxiety, similar to other negative feelings such as shame, is believed to be a factor contributing to nondisclosure in supervision (Mehr, 2011; Mehr et al., 2010).

Despite frequent reports of trainee nondisclosure, overall the literature demonstrates that many supervisees are highly disclosing. Several studies have examined factors related with increased supervisee disclosure in supervision. In terms of factors increasing disclosure, supervisor self-disclosure has been found to positively influence

subsequent supervisee disclosure in supervision and to positively influence the supervisory relationship (Knox, Burkard, Edwards, Smith, & Schlosser, 2008; Knox, Edwards, Hess, & Hill, 2011). The supervisory relationship itself is a significant factor found to influence trainee disclosure in supervision, and is therefore explored in more detail below.

The supervisory relationship and disclosure and nondisclosure. Several studies demonstrated that the quality of the supervisory relationship is related to increased disclosure in supervision (Gray, Ladany, Walker, & Ancis, 2001; Ladany et al., 1996; Hess et al., 2008; Mehr, 2011; Mehr et al., 2010; Yourman, 2000). Accordingly, supervisees reporting weaker relationships with their supervisors are not likely to disclose or raise issues within the supervisory relationship (Ladany et al., 1996; Hess et al., 2008; Mehr, 2011; Mehr et al., 2010; Reichelt et al., 2009). For example, trainee disclosure of countertransference reactions (Daniel, 2008; Mack, 2011; Pakdaman, 2011) and material that triggers shame (Yourman, 2000) is more likely to occur in the context of a strong supervisory alliance. In Yourman's (2000) study, the supervisory working alliance was the strongest predictor of trainee disclosure in supervision as compared with other variables, such as shame. Trainees who have supervisors from a different cultural background engaged in high levels of disclosure when they were satisfied with the supervisory relationship, which was facilitated by supervisors addressing cultural differences within the dyad (Duan & Roehlke, 2001). Supervisors have reported greater satisfaction with the supervisory relationship when trainees were self-disclosing (Duan & Roehlke, 2001), highlighting the importance of supervisee behavior on the supervisor.

Although factors such as the quality of the supervisory relationship contribute to increased supervisee disclosure, it appears that nondisclosure exists even under the most optimal circumstances. Most studies in this area show that virtually all supervisees withhold information from their supervisors, regardless of the strength of the supervisory relationship (Ladany et al., 1996; Hess et al., 2008; Mehr et al., 2010; Yourman & Farber, 1996). In fact, Yourman and Farber (1996) concluded that concealment from supervisors could be considered an inevitable aspect of supervision. However, studies conducted on nondisclosure to date found that it tends to be passive in nature (i.e., supervisees were not directly asked about the issue in supervision). Additionally, many supervisees attributed perceived unimportance to their clinical work as the reason for nondisclosure (Ladany et al., 1996; Mehr et al., 2010; Yourman & Farber, 1996), such that nondisclosure in these studies may not have been clinically relevant (Mehr, 2011). Additional research is needed to determine if the supervisory alliance is as strongly related to nondisclosure of clinically relevant events as it is to disclosure of supervision issues.

Given that nondisclosure is found in strong and problematic supervisory relationships, it is not surprising that some authors have suggested that nondisclosure may not only be unavoidable in supervision but may indicate professionalism on the part of supervisees (Ladany et al., 1996; Mehr, 2011; Mehr et al., 2010; Yourman & Farber, 1996). Ladany et al. (1996) highlighted that nondisclosure of information deemed by supervisees as too personal and not immediately relevant to supervision may demonstrate professional competence in supervisees. However, Ladany et al. also stressed that some personal issues could be relevant to supervision and impact a trainee's clinical development. Therefore it is important to differentiate between nondisclosure that

suggests professional maturity and nondisclosure that is clinically relevant (i.e., relevant to clinical training, client care, or supervisor-supervisee relationship). Further study is needed regarding nondisclosure relevant to the issues that supervisors are tasked with evaluating.

Supervisee nondisclosure has important implications for the supervisory functions of promoting clinical competence and protecting client welfare. Studies have found that supervisees reported nondisclosure was related to deleterious effects on both their training and the quality of clinical work with clients (though further research is needed on actual client outcomes). Nondisclosure in supervision can limit supervisee learning and the care that clients receive (Yourman & Farber, 1996). Intentional nondisclosure and distortion in supervision has been found to negatively impact the process of supervision and client outcomes in a qualitative study of predoctoral psychology interns (Hess et al., 2008). The literature suggests that although nondisclosure in supervision may be normative to an extent, it may hinder the supervisory functions of building clinical competence and providing quality assurance for client care. Hence, further research is needed to link disclosure and nondisclosure relevant to the functions of supervision and the role of the supervisory working alliance in such disclosure. A consistent finding in the literature is that although nondisclosure in supervision is common, disclosure is facilitated by a strong supervisory alliance (Hess et al., 2008; Ladany et al., 1996; Mehr, 2011; Mehr et al., 2010).

Supervisory Working Alliance

The supervisory relationship is the context in which the important functions of supervision are fulfilled (Falender & Shafranske, 2004). Further, Ellis and Ladany

(1997) concluded based on a review of the literature that “the quality of the supervisory relationship is paramount to successful supervision” (p. 495). Ladany (2002) concluded that the supervisory working alliance significantly impacts the process and outcome of supervision, including its impact on addressing trainee disclosure and nondisclosure. The concept of the supervisory working alliance originally emerged as an extension from Bordin’s (1983) work on the therapeutic working alliance between client and therapist. Bordin identified three key aspects necessary for a working alliance in any relationship, including the supervisory relationship: (a) agreement on goals, (b) agreement on tasks required for goal attainment, and (c) a relational bond between partners. Bordin hypothesized that the working alliance in supervision impacts the development of a clinician and that the strength of the working alliance is related to outcome in supervision, leading many subsequent empirical investigations in supervision to use his working alliance model. Ladany (2004) argued that supervisory working alliance model developed by Bordin “is the foundation for determining the effectiveness of supervision” (p. 4).

Factors related with the supervisory working alliance. Previous research has identified factors contributing to a strong supervisory alliance, including trainee factors, supervisor factors, and factors resulting from events encountered in supervision and clinical training. To date, a strong supervisory working alliance has been associated with factors in trainees such as greater self-reported satisfaction with supervision (Ladany, Ellis, & Friedlander, 1999), improved cultural competence (Ladany, Brittan-Powell, & Pannu, 1997), and greater trainee disclosure (Ladany et al., 1997; Walker, Ladany, & Pate-Carolan, 2007), including increased likelihood of trainee disclosure of

countertransference reactions (Daniel, 2008; Pakdaman, 2011). A strong supervisory working alliance has also been associated with supervisor traits such as self-disclosure (Knox et al., 2008; Knox et al., 2011), supervisor willingness to discuss cultural and diversity issues in supervision (Duan & Roehlke, 2001; Gatmon et al., 2001), and to offer feedback (Lehrman-Waterman & Ladany, 2001). A weaker supervisory working alliance has been associated with supervisee self-report of supervisor ethical violations (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999), of negative or counterproductive events in supervision (Ramos-Sánchez et al., 2002; Gray et al., 2001), greater supervisee role conflict and ambiguity (Ladany & Friedlander, 1995), and trainee nondisclosure (Ladany et al., 1996). Importantly, past studies have found an association between a strong supervisory working alliance and client ratings of a strong therapeutic alliance with trainee therapists (Patton & Kivlighan, 1997), although it is difficult to generalize the results because clients in this study were undergraduate volunteers.

While a number of studies have established the relevance and importance of the supervisory working alliance, a need persists to further illuminate the degree to which a working alliance is related with fulfilling the functions of supervision.

Limitations and Gaps in the Supervision Literature

The literature base on clinical supervision has grown tremendously in recent years (Falender & Shafranske, 2004). Although trainee disclosure and the supervisory working alliance have received increased attention in the supervision literature, very few large sample quantitative studies that investigated the relationship between disclosure and nondisclosure and the supervisory alliance have been published to date. Moreover, few studies in the area have examined the relationship between these variables in relation to

the supervisory functions of promoting trainee competence and protecting client welfare. Measurable competencies are an important method for assessing the effectiveness of supervision (Falender & Shafranske, 2007). Yet little is known about whether trainee disclosure and nondisclosure in supervision are related to clinical competencies that are primarily assessed by supervisors based on trainee disclosure. For example, competencies outlined in Fouad et al. (2009) that may be particularly dependent on trainee disclosure include aspects of professionalism, interpersonal relationships, ethical conduct, boundaries, self reflection, and implementation of clinical interventions, but have not been studied in relation to the supervisory alliance. Ladany (2004) argued that additional research is needed on the manner in which supervision impacts specific trainee skills. It is therefore important to extend the current literature base by conducting empirical investigations with adequate effect size examining the relationship between trainee disclosure and the supervisory working alliance, as well as specifically examining areas in which competency is assessed primarily via supervisee disclosure. No known investigations to date have specifically attempted to study disclosure and nondisclosure of clinical events that are relevant to trainees' clinical training and the well being of clients. Past studies on nondisclosure found that it was most often related to supervision-related issues versus clinical issues (Ladany et al., 1996; Mehr et al., 2010; Yourman & Farber, 1996), yet no study to date focused exclusively on disclosure of clinically-relevant events in supervision. (See Appendix A for a literature table on these topics.)

Purpose of this Study

Disclosure by trainees in supervision is necessary in order for supervision to fulfill the important functions of building clinical competency, promoting the

development of relevant professional attributes, and safeguarding the integrity of care provided to the public. Although nondisclosure in supervision has significant implications for trainee professional development and the quality of care provided to clients, research in this area has been scant. Additionally, research to date has typically focused on trainee factors that are related with disclosure and nondisclosure making it difficult to apply findings to the impact of disclosure in supervision to trainee development and client care (Mehr, 2011). The current study proposed to expand upon existing understanding of supervisee disclosure and nondisclosure and the role of the supervisory alliance. The supervisory alliance may be an especially salient factor mediating disclosure around clinically relevant events, such as those related to personal reactions to clients, questions concerning professional boundaries with clients, difficulties in implementing therapeutic techniques and implementation of supervisory feedback, and legal and ethical issues.

Research Hypotheses and Questions

This study aimed to test the following research hypotheses:

1. Trainee self-report of comfort with disclosure of clinically relevant events in supervision is positively correlated to trainee self-report of the supervisory working alliance bond.
2. Trainee self-report of likelihood of disclosure of clinically relevant events in supervision is positively correlated to trainee self-report of the supervisory working alliance bond.

The supervisory working alliance is the independent variable (continuous) and the comfort with and likelihood of disclosure are dependent variables (continuous).

In conjunction with the research hypotheses, the following research questions were explored:

1. Do trainee self-reported personal and supervisor demographic variables impact the comfort with disclosure in supervision?
2. Do trainee self-reported personal and supervisor demographic variables impact the likelihood of disclosure in supervision?

Method

Research Approach and Design

This study utilized a survey approach to quantitative data collection from psychology trainees and a correlational approach to data analysis. Specifically, the use of an Internet-based self-report instrument provided for relatively expedited, straightforward, and cost-effective recruitment and administration (Hoonakker & Carayon, 2009). The design for this study was consistent with designs for other similar studies examining psychology intern's supervision experiences using web-based surveys (e.g., Daniel, 2008), and the use of self-report questionnaires is commonly used in the supervision literature (Ellis & Ladany, 1997). In addition, study procedures reflect several recommendations for enhancing recruitment and participation in web-based survey studies. A correlational approach to data analysis was utilized to examine the relationship between the supervisory working alliance and trainee disclosure of clinically relevant events to either refute or support the research hypotheses.

Participants

Participants recruited for this study were doctoral students in psychology (clinical, counseling, school, and combined psychology programs) currently completing their predoctoral internship. Recruitment of participants was limited to predoctoral interns at sites with membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC) and listed in the APPIC directory. The directories for the current and most recent training years (2011-2012 and 2012-2013) were used in order to capture all current interns, including those completing 2-year internships. Three hundred eighty interns responded to the recruitment email by completing the consent for this study;

however 53 individuals consented but did not complete any of the study items, and were therefore excluded from data analysis. Overall 327 interns participated in this study. Of the 327 participants, 21 were excluded due to missing data on the primary non-demographic measures (SDS and WAI/S), resulting in a final sample of 306. Analyses revealed no significant demographic differences between those participants who had useable data and those participants who were excluded.

General characteristics of participants. Demographic characteristics of the 306 participants are displayed in Table 1. Demographic characteristics of participant's supervisors are displayed in Table 2. Participants ranged in age from 24 to 67 years (Mean age = 30.94, Standard deviation = 5.823). Of the 306 participants, 242 (79.1%) were female, 58 (19%) were male, 1 (0.3%) was transgender, and 5 (1.6%) did not report gender. In regards to racial/ethnic identification, 79.7% of participants identified as White (non-Hispanic), 6.2% as Asian/Pacific Islander, 3.9% as Hispanic/Latino, 3.9% as African American/Black, 3.6% as Bi-racial/Multi-racial, 0.9% identified as Other, and 1.6% did not report their racial/ethnic identification. In regards to sexual orientation, 87.9% identified as heterosexual/straight, 5.9% bisexual, 1.6% gay, 1% lesbian, 0.6% other (i.e., pansexual, queer), and 2.9% did not report their sexual orientation. In terms of program type, 78.1% were in clinical programs, 10.8% in counseling programs, 5.9% in school psychology programs, 2.3% in combined programs, 1.3% in forensic programs, 0.3% selected other program type, and 1.3% did not report program type. For their degrees sought, 49.7% were pursuing a Psy.D. and 48.4% were pursuing a Ph.D. For theoretical orientation, 53.6% described their orientation as cognitive behavioral, 18.3% as psychodynamic, 7.8% as humanistic/existential, 7.8% as eclectic/integrative, 7.1% as

other (e.g., interpersonal, feminist), 3.6% as family systems, and 1.6% did not report their theoretical orientation.

It was not possible to compare these participant characteristics to the data available for current APPIC predoctoral interns because the results of the 2012 Match Survey were not yet posted.

Instrumentation

The web-based survey instrument included a Demographic Questionnaire, the Working Alliance Inventory – Supervisee Form, and the Supervisee Disclosure Scale, developed specifically for the current study (see Appendices B-D).

Demographics Questionnaire. The Demographics Questionnaire (DQ) is an instrument developed for the purposes of this study and includes items regarding demographics of study participants (e.g., age, gender, ethnicity, program type, degree type, supervision setting, theoretical orientation) as well as the demographic characteristics of supervisors, by trainee self-report. This measure consists of force-choice items with an option to select “Other” and specify a different response to items. This measure was designed to match the information collected by the APPIC Match Survey of internship applicants, as to allow for comparison to the population of predoctoral interns under study. The Demographics Questionnaire can be found in Appendix B.

Working Alliance Inventory – Supervisee Form. The Working Alliance Inventory- Supervisee Form was developed by Audrey Bahrck (1989) to measure the strength of the supervisory working alliance. Bahrck developed this measure based on a pre-existing scale measuring the therapeutic alliance, the Working Alliance Inventory

(WAI), developed by Horvath and Greenberg (1989). The Working Alliance Inventory-Supervisee Form (WAI/S) provides for an effective way of measuring the construct of the supervisory alliance (Falender & Shafranske, 2004; Ladany, 2004) and is one of the most commonly utilized measures of the supervisory alliance found in the literature (Ladany, 2004). The WAI/S contains 36 items regarding the supervisory relationship (e.g., “I believe _____ is genuinely concerned for my welfare”) arranged on a 7-point Likert-scale from 1 (“Never”) to 7 (“Always”). The 36 items on the WAI/S load onto three separate subscales: Task, Bond, and Goal. Each subscale consists of 12 items. It provides for a range of scores between 7 and 84 on each scale, with higher scores relating to a higher degree of alliance across subscales. Bahrlick reported that the WAI/S inter-rater reliability was 64% for the task scale, 97.6% for the bond scale, and 60% for the goal scale for expert ratings of item relevance. Face validity for WAI/S items has been established and additional tests of psychometric properties for this measure have not been reported (Bahrlick, 1989; Daniel, 2008).

For the purposes of this study, only the Bond Scale of the WAI/S was used as a measure of the supervisory working alliance. As was aforementioned, the Bond scale of the WAI/S has the highest known previously reported psychometric properties (97.6% inter-rater agreement) as compared with the other subscales. Similarly, a large sample study (N = 332) of psychology trainees provided strong reliability ratings for the WAI/S Bond scale at 0.90, with 0.94 reliability for the goal scale and 0.73 reliability for the task scale (Pakdaman, 2011). Past studies have found that the Bond scale of the WAI/S was most related to trainee self-reported feelings of comfort in supervision (Ladany et al., 1999), which has implications for disclosure and maps on to one of the dependent

variables under examination in this study. In the same study, the goals and tasks agreement subscales did not uniquely contribute to trainee feelings of comfort (Ladany et al., 1999). Ladany, Friedlander, and Nelson (2005) argued that, “the bond is the keystone of the supervisory alliance” (p. 13). Theoretically, the Bond scale should capture components of the goals and task scale because agreement on goals and tasks is believed to contribute to a relational bond over time (Bordin, 1983). Moreover, reducing the WAI/S from 36 to 12 items reduced burden on participants and may have increased sample size by decreasing participation time. Permission to use the WAI/S for the purposes of this study was granted by Dr. Audrey Bahrck (see Appendix C).

The WAI/S has been studied in relation to other constructs related with alliance that demonstrate its construct validity. Construct validity for the WAI/S was previously established by showing a negative relationship with supervisee role conflict and role ambiguity (Ladany & Friedlander, 1995). Similarly, the WAI/S was found to relate positively with favorable racial identity interactions with supervisors (Ladany et al., 1997), a construct known to be relevant to alliance.

In this study, reliability for the WAI/S Bond Scale was demonstrated with excellent internal consistency (Cronbach’s Alpha of .92).

Supervisee Disclosure Scale. The Supervisee Disclosure Scale (SDS) is a self-report instrument developed for the purposes of this investigation to assess the comfort with and likelihood of supervisee disclosure for clinically relevant events. The SDS consists of hypothetical situations that may be encountered in clinical practice and training. It includes 16 items measuring supervisee comfort to disclose and supervisee likelihood of disclosure (e.g., “You routinely end sessions 10 minutes late with one of

your clients. You do not do this with any of your other clients. How comfortable would you be discussing your feelings with your supervisor? What is the likelihood that you would have actually discussed this with your supervisor?”). Supervisee comfort with and likelihood to disclose for each of the 16 hypothetical scenarios are arranged on a 7-point Likert-scale ranging from 1 (“Extremely uncomfortable,” “Extremely unlikely”) to 7 (“Extremely comfortable,” “Extremely likely”) to disclose. The range of possible scores on comfort to disclose and on likelihood of disclosures is 7 to 112, with higher scores indicating higher levels of comfort with or likelihood of disclosure. Items on the SDS were specifically selected based on behavioral anchors of foundational competencies identified by Fouad et al. (2009) that serve as competency benchmarks in the practice of psychology. Such competencies are presumably evaluated most readily based on supervisee disclosure. Although the scenarios are hypothetical, in addition to the competency literature they were also informed by the clinical and supervisory experience of the investigators.

There were several advantages to the use of hypothetical scenarios in the study of disclosure, including standardization of content and ensuring that the specific competencies under investigation in this study were represented. The use of hypothetical scenarios instead of asking participants for their personal experiences minimized risk to participants by limiting the likelihood of a strong negative reaction, reduced the variance in responses, and allowed for the collection of quantitative data needed to answer the research questions. Previous studies employing a similar design examining disclosure and the supervisory alliance used a measure of hypothetical scenarios (i.e. Daniel, 2008, Mack, 2011, and Pakdaman, 2011). One example of an item to which trainees were

asked to rate their willingness and likelihood to disclose is as follows: “After session, your adult client extends his/her arms out and moves in to hug you. You are unsure how to respond but in the moment hug your client.”

Respondents were provided the following instructions: “The following items include scenarios that may be encountered in the course of clinical training. Please read each scenario and rate how comfortable you would have been discussing these scenarios in supervision and the likelihood that you would have discussed these scenarios in supervision.” The SDS can be found in Appendix D. The corresponding competencies for each item can be found in Table 3 within Appendix D.

Internal consistency for the SDS was deemed as excellent with a Cronbach’s alpha of .92.

The SDS was developed in three primary steps, prior to a final quality assurance procedure. The first step of instrument development involved identifying the core competencies for practicum level trainees and their behavioral anchors as outlined in the Fouad et al. (2009) Competency Benchmarks Document. Foundational competencies selected included professionalism (Integrity-Honesty and Professional Identity), reflective practice, relationships (Interpersonal Relationships, Affective Skills), individual and cultural diversity awareness, and ethical and legal standards and policy. Specific competencies and their corresponding behavioral anchors were selected because their assessment would be contingent largely on trainee disclosure in supervision, as well as their direct relation to ensuring client welfare (e.g., ethical and legal standards). Each scenario in the SDS reflects the behaviors related with at least one of these foundational competencies, and often involved behavioral anchors for more than one competency such

as professional boundaries and effective use of supervision (see Table 3 in Appendix D for a description of competencies assessed by each item). The initial instrument contained 16 hypothetical scenarios.

The second step included a review of the supervision disclosure literature and an examination of existing instruments assessing disclosure using hypothetical scenarios. Based on a review of the literature and available instrumentation, the format of the SDS was designed to resemble previously used Likert scale disclosure measures administered via the web (e.g., Daniel, 2008). Specifically, a 7-point Likert scale was selected because it matched the scale of the WAI/S, the other primary instrument in the current study, and because it allowed for a larger spread of results needed to answer the research questions.

The third step in the development of the SDS involved a review by an expert panel serving as committee members on this project. The committee was asked to review SDS scenarios and select the competencies that were reflected in each scenario. Based on expert review and feedback, the final instrument was assembled for administration for participants.

A final step in the development of the measure was to administer the measure to a small sample of doctoral students for quality assurance purposes and to ensure readability and understandability of the instrument prior to study administration. Results of the quality assurance instrument trial suggested that the instrument was comprehensible, had good face validity, and could be completed within 15 minutes.

Procedures

Data collection occurred through the use of a web-based survey instrument designed specifically for this study and containing three primary components, (a)

participant demographics, (b), the supervisory working alliance, and (c) supervisee disclosure of hypothetical clinical situations in supervision.

Recruitment. Recruitment for study participants occurred following study approval by Pepperdine University's Institutional Review Board (IRB). Initial invitations were sent via email on with one follow-up reminder after approximately 3 weeks. In order to make the study available to as many predoctoral interns as possible, recruitment occurred via three main approaches. First, the Training Directors of APPIC-member sites were contacted via email addresses listed in the APPIC Directory and asked to forward an invitation for study participation to their current interns. The cover letter noted that the study pertains to trainee disclosure of clinical training experiences and the supervisory working alliance and that the study investigator is seeking to collect information related to interns' supervision experience in their most recent psychotherapy practicum placement, and not their current sites. Second, invitations for study participation were posted to APPIC list-serves used largely by predoctoral interns, such as the Intern Network and Postdoctoral Network APPIC list-serves. Third, these announcements invited recipients to forward the survey to any predoctoral interns who are eligible for study participation. This type of snowball sampling method allowed participants who may not have received the invitation from their training directors or through the list-serves to access the survey and participate in the study. One drawback of using this recruitment method is that participants could have received an invitation to participate more than once and that they had the opportunity to participate more than once. However, the web-based program housing the survey only allowed each computer IP address to access the survey once, although the IP addresses were not recorded or stored

to protect participant anonymity. Recruitment materials are included in Appendices E through I.

Human research subjects protection. The study proposal was submitted to Pepperdine University's Graduate and Professional Schools IRB to ensure protection of participants. The investigator sought expedited IRB review and approval, as the study posed no greater than minimal risk to participants. Risk in the study was reduced by not collecting identifying information from participants and through use of hypothetical situations as opposed to asking about participants' personal experiences. In addition, the hypothetical scenarios are comprised of issues that psychology trainees are aware of because they are required competencies in the field (Falender & Shafranske, 2004; Fouad et al., 2009). Potential participants were informed of the purpose of the study, study procedures, estimated participation time, protection of confidentiality, and potential risks and benefits associated with participation. Potential subjects were advised that participation is strictly voluntary and that they may refuse to answer questions or discontinue the study at any time. To provide some means of compensation to research volunteers, participants were eligible to enter a drawing to receive one of four gift cards for their participation, which may have increased response rate (Hoonakker & Carayon, 2009).

Consent for participation. Because risk was minimized in this study by not collecting identifying information about participants, the investigator applied for a Waiver of Documentation of Informed Consent from the IRB. Instead, the invitation for research participation will direct potential participants to a link to the web-based survey which included a statement of informed consent and participants were asked to check an

item confirming their consent prior to beginning the survey. The Informed Consent statement included the aforementioned information related to the study, including the purpose, procedures, the rights of human research subjects, and the potential risks and benefits associated with study participation.

Potential risks and benefits. This study is thought to pose no greater than minimal risk to participants. Risks included inconvenience due to time spent participating in the study (approximately 10-15 minutes), fatigue, and the potential for distressing reactions in response to survey items. Risk for this study was minimized by attempting to make the administration as convenient as possible, through not collecting any identifying information regarding participants, and through suggesting that participants seek assistance to deal with any distress related to participation. Although the risk of distressing emotional reactions was minimized in this study through use of hypothetical scenarios and by sampling psychology interns familiar with supervision issues, it was possible that participants will have experienced similar situations or experience discomfort related to recalling distressing elements of their supervisory relationships. Therefore, participants were provided the name and contact information of the researcher, the project advisor, and advised to contact a trusted mentor or clinician whom they know in the event the study procedure results in distress. In the event that the researcher and/or project advisor were contacted by participants reporting distress they agreed to locate a psychotherapy referral via the local psychological association in the participant's geographical area. No participants contacted the researcher reporting adverse events over the course of this study.

Participants may not have directly benefited from study participation. However, it is believed that this study will provide information related to effective supervision that may help future psychology trainees. Potential benefits included the opportunity to reflect on their supervisory relationship and their work with clients, which is also a foundational competency for clinical practice (Fouad et al., 2009).

Data collection. Data was collected via a web-based survey to recruit predoctoral psychology interns nationwide, eliminating geographic restrictions and reducing costs. The data collection window for the current study was February 18, 2013 through March 24, 2013. Surveys administered via e-mail and the web have shorter response time and better response quality as compared with postal mail surveys and show similar response rates (52% versus 51%) to postal mail surveys (Hoonakker & Carayon, 2009). The use of the Internet to recruit and administer the survey presented advantages for potential study participants, since it is relatively quicker to participate, provides convenience of accessing the survey from any computer at any time for the duration of data collection, and protects participant confidentiality. The relative anonymity afforded by a web-based administration is believed to contribute to higher response rates (Hoonakker & Carayon, 2009), and presumably contributed to honest reporting by participants.

Collecting raw data online also reduced time and cost associated with manual data entry in addition to preventing human error associated with manual data entry. An online service, SurveyMonkey, was utilized for housing the study questionnaires, protecting participant anonymity by not obtaining information about IP addresses accessing the website. The use of an online survey service also allowed the data to be converted to a digital database, facilitating statistical analyses. The data will be stored on a password-

protected external computer drive for 5 years and will then be destroyed by the investigator.

Data Analysis

Prior to data analysis, the raw data was examined for missing data and errors, and a determination was made regarding final inclusion in data analysis. The final dataset was converted from the web-based survey to data analysis software and analyzed through a combination of descriptive statistics and correlation analyses. Descriptive statistics were used to report the categorical variables of participant and supervisor demographics, including gender, ethnicity/race, and sexual orientation. One-tailed correlational analyses were used to report the relationship between the continuous variables of comfort of trainee disclosure and likelihood of the trainee disclosure and the supervisory alliance, as the primary hypotheses under study. Following inspection of the data and statistical analyses, additional post-hoc analyses were considered. A factor analysis was conducted on the SDS and demonstrated that all 32 items fit as one construct and no multiple factors were identified.

Results

The purpose of this study was to test the relationship between the bond component of the supervisory alliance and supervisee comfort with and likelihood of disclosure of clinically significant events in supervision. Three hundred and six completed surveys were utilized in data analyses. The distribution of each variable was inspected prior to running analyses. The variables of comfort with disclosure of clinically relevant events and likelihood of disclosure of clinically relevant events were both found to be normally distributed with appropriate skewness and kurtosis to perform statistical analyses. In terms of the bond component of the supervisory alliance, the finding of a slight negative skew, in which the majority of participants reported a positive working alliance was not a surprising finding given the likely desire to create a positive working alliance between supervisees and supervisors. The results should therefore be interpreted with caution as they apply to generally positive supervisory alliances. The kurtosis also showed that a large number of responses were shifted away from the sample mean and towards the positive end. Because of the skewness and kurtosis associated with the supervisory alliance bond variable, a Spearman rank correlation analysis was performed in addition to a Pearson's R analysis, since the former does not assume a normal distribution among variables. Overall, although it was found that the data for the supervisory alliance bond component did not reflect a normal distribution, the skew and kurtosis were determined to be acceptable for performing further data analyses.

Hypothesis 1

The first research hypothesis was that there is a positive association between trainee self report of the supervisory alliance bond component and self-reported comfort

in supervisee disclosure of clinically relevant events. Results supported this hypothesis. Correlational analyses using Pearson's R revealed that the WAI/S bond subscale was significant and moderate in strength in predicting a trainee's level of comfort in disclosures (bond $R = .44, p = 0.01$). Because the bond component of the supervisory alliance was not normally distributed, a second correlational analysis using Spearman's rank correlation was performed and found a similar moderate correlation between the supervisory bond and a trainee's level of comfort in disclosures (bond $r_s = .44, p = 0.01$).

Hypothesis 2

The second research hypothesis was that there is a positive association between trainee self report of the supervisory alliance bond component and self-reported likelihood of supervisee disclosure of clinically relevant events. Results supported this hypothesis. Correlational analyses using Pearson's R revealed that the WAI/S bond subscale was significant and moderate in strength in predicting a trainee's level of likelihood of disclosures (bond $R = .50, p = 0.01$). Because the bond component of the supervisory alliance was not normally distributed, a second correlational analysis using Spearman's rank correlation was performed and found a similar, slightly stronger, moderate correlation between the supervisory bond and trainee's self-reported likelihood of disclosing clinically relevant events (bond $r_s = .55, p = 0.01$).

After confirming that there was a significant positive correlation between the supervisory working alliance and both comfort with and likelihood of disclosure, an additional analysis using the sum scores from the SDS (comfort with disclosure + likelihood of disclosure) was conducted. This analysis revealed an even stronger moderate correlation than either comfort with or likelihood of disclosure separately when

using Pearson's correlation coefficient (bond Pearson's $R = .51, p = 0.01$). Similarly, a moderate positive correlation between the total SDS score and the working alliance as measured by bond was also found using Spearman's rank correlation ($r_s = .53, p = 0.01$). The correlation between comfort with disclosure and likelihood of disclosure of clinically relevant events was greater than the correlation between either of these variables and the bond component of the supervisory alliance (bond $R = .68, p = 0.01$).

Research Questions

Due to a lack of significant differences in gender, race/ethnicity, and sexual orientation of participants and their supervisors, no statistically significant comparisons can be made using these variables as a factor. Because age is a continuous variable, it was possible to run additional correlational analyses between participant age and other variables. These analyses revealed no significant relationship between age and the supervisory alliance ($R = 0.06$), comfort with disclosure ($R = 0.01$) and likelihood of disclosure ($R = 0.006$), indicating there was no significant relationship between these variables.

Discussion

This study examined the relationship between the supervisory working alliance bond component and trainees' comfort with and likelihood of disclosure of clinically relevant events in supervision. Results in this study supported both research hypotheses. A positive correlation was found between the supervisory alliance bond component and comfort with disclosure of clinically relevant events, indicating that with a stronger alliance, comfort with disclosure increases. Additionally, a positive correlation was found between the supervisory alliance bond component and likelihood of disclosure of clinically relevant events, indicating that with a stronger alliance, the likelihood of disclosure increases. A stronger working alliance was also associated with a slightly stronger positive correlation with the sum score of both comfort with and likelihood of disclosure. These findings are consistent with previous research on the positive association between alliance and disclosure in supervision (Daniel, 2008; Ladany et al., 1996; Mack, 2011; Mehr, 2011; Pakdaman, 2011; Yourman, 2000). While correlation procedures only measure associations between two variables, based on clinical supervision theory it is posited that the dimension of bond predicts likelihood of disclosure and comfort.

In addition, this study extended previous research by specifically examining the disclosures of clinically relevant events (defined as events that are related to the supervisory functions of enhancing trainee competence and protecting client welfare). While a relationship between trainee disclosure and supervision fulfilling its functions was previously theorized, this study is the first known to explicitly connect disclosure to the functions of supervision. Additionally, the current study collected data from 306

interns, a relatively larger sample size than many previously published studies in the area of supervision, thus providing for greater generalizability of the findings.

Assessing Trainee Disclosure via the SDS

This study examined clinically relevant events through the creation of a novel instrument, the SDS. The SDS was developed based on Fouad et al.'s (2009) competency benchmarks, the current standard in the field for professional training. The hypothetical situations described within the SDS were created to exemplify the behavioral anchors of professional psychology competencies. Hence, the SDS provided a way to assess trainee disclosures related with measurable competencies, including the ethical treatment of clients, in order to directly tie disclosure with the functions of supervision. The SDS was found to have sound psychometric properties in this study, including high internal consistency and a normal distribution of scores across participants. These data analyses suggest that the SDS is a viable instrument for use in supervision research. The SDS showed a significant correlation with the bond component of the supervisory working alliance, a construct known to relate with disclosure based on past studies (Gray et al., 2001; Ladany et al., 1996; Hess et al., 2008; Mehr, 2011; Mehr et al., 2010). This provides further support to the importance of the supervisory working alliance in facilitating supervision.

Although a factor analysis did not reveal statistical significant differences between the SDS items, certain items seemed to be associated with a lower or higher than average mean for comfort with disclosure. For example, the lowest ratings were for comfort with disclosure related to experiencing sexual attraction towards a client and an item about disclosing a fellow trainee went against agency policy and gave his/her

personal phone number to a client. These findings suggest that these are areas that trainees are less comfortable discussing in supervision. Participants indicated higher likelihood to disclose as compared with comfort disclosing, with many results clustering around a rating of being “uncertain” about whether or not to disclose. This could indicate that supervisees are likely to disclose clinical events if they believe that they are obligated to (or should) even though they are personally uncomfortable doing so. It could also be indicative of behaving congruently with the significant discomfort that was raised by such topics. Not surprisingly, the highest average ratings were identified on items concerning positive clinical growth, good therapeutic outcome, self reflection and a desire for supervisory feedback on performance on the part of the trainee. It appears that overall trainees feel more comfortable discussing positive aspects of their clinical experiences and acknowledging clinical strengths.

The Supervisory Working Alliance

The second important aspect of the findings is the relationship between the supervisory alliance and disclosure. The supervisory alliance has been commonly cited as an important factor in the literature (Bordin, 1983; Falender & Shafranske, 2004; Ladany et al., 1996; Mehr et al., 2011). Interestingly in this study, the supervisory alliance had a stronger relationship with trainee likelihood of disclosure than it did with trainee comfort with disclosure. This finding may suggest that although trainees may experience discomfort with certain disclosures, they are more likely to disclose issues that raise trainee discomfort in the context of a strong supervisory bond. When supervisees perceive that supervisors like and support them they are less likely to be concerned about harsh judgment from supervisors, and thus, are more likely to be

forthcoming with clinically relevant events. It is therefore important that supervisors utilize the supervisory relationship as a tool to help trainees become more disclosing of clinical events that are relevant for a supervisor's tasks of protecting clients and promoting trainee learning. This finding has important implications for clinical training explored below.

Implications for Clinical Training

This study is the first to explicitly measure the relationship between supervisory working alliance (in this study specific to the alliance dimension of "bond") and disclosure of clinically relevant events. No known published study to date has measured clinically relevant events or a similar construct. Therefore this study lends further credence to the importance of the supervisory alliance because of its relationship to trainee disclosure, which is necessary to fulfill the functions of supervision. The findings therefore support the importance of working within the dyad to build and maintain a positive alliance, which facilitates disclosure of clinically relevant events. This goal of supervision should be made explicit within the supervisory dyad and an expectation of appropriate, relevant, and timely disclosure should be established with trainees. Supervisors may wish to delineate what material is expected to become part of supervision discussion and which material is less relevant to the task of supervision in order to make expectations of trainees clear from the outset of supervision.

This study also furthered the understanding of the role of the supervisory alliance, particularly the emotional bond between supervisor and supervisee, and disclosure. Therefore, clinical supervisors must be sensitive to creating a positive working alliance, including a bond with their supervisees. It is also true that even in strong supervisory

relationships, the quality of the bond was found to be related to disclosure. Supervisors are therefore advised to create safety, security, and a sense of emotional closeness that would facilitate trainee disclosure of material that is often uncomfortable to disclose. The results supported the idea that even when uncomfortable, supervisees are likely to disclose relevant information in supervision when the supervisory alliance is strong.

Limitations

Several methodological limitations were identified. This study employed exclusively self-report instruments when sampling trainees, which may result in self-report bias. In addition, the psychometric properties of the WAI/S are not well established and the SDS is a newly developed measure. Therefore, replication of these results in future studies is warranted to further substantiate the findings. Because a non-experimental approach was utilized, it is not possible to make causal inferences about the impact of the supervisory alliance on disclosure and vice versa. These variables may exist in a bidirectional relationship whereby alliance positively impacts disclosure and disclosure positively impacts the alliance. Finally, it was not possible to calculate the response rate since it is not known how many training directors received the invitations and forwarded it to their interns.

In addition, the results must be explained with certain caveats in mind because of threats to validity. External validity may be threatened due to sample size. The recruitment goal of 353 participants was not reached in this study, making it difficult to confidently generalize the results to the population of predoctoral interns in psychology, which has implications for external validity. (At the time of this manuscript, APPIC had not published the results of their Match Survey from 2012 so the demographic

characteristics of current interns were unavailable.) Similarly, the skew in results across the bond component of the supervisory alliance limits the conclusions that can be formed based on the data. For example, it is less clear how the supervisory alliance is related with disclosure of clinically relevant events for those reporting weaker supervisory alliances. It is also possible that participants with positive supervisory alliances self-selected to complete this study while those with weaker alliances were less likely to respond to recruitment due to their experiences. Despite these limitations in validity, the present study demonstrated strong psychometric properties in the SDS and moderate correlations between variables, making the findings meaningful and providing implications for future research.

Directions for Future Research

Because this is the first known study to examine the relationship between the bond component of the supervisory alliance and disclosure of clinically relevant events, replication studies are needed to corroborate the findings. Future research may aim to replicate the findings of the SDS, further establish its psychometric properties, and further examine the construct validity of the instrument by measuring it against variables known to be important for supervision, including trainee feelings of self-confidence/self-efficacy, trainee anxiety, and client outcomes. Future studies should focus on how the alliance and disclosure relate to actual outcomes in supervision. It will also be helpful to attain a sample size that is larger and that is representative of the larger intern population in order to address remaining research questions about the relationship between demographics and the supervisory alliance and disclosure of clinically relevant events.

Conclusions

The purpose of this study was to examine the relationship between the bond component of the supervisory working alliance and trainee disclosure of clinically relevant events. Although a literature base exists supporting the positive relationship between supervisory alliance and trainee disclosure, no prior investigation has attempted to explicitly connect disclosure with the functions of supervision. Three hundred and six predoctoral interns provided complete responses to study instruments regarding their most recent psychotherapy experience prior to internship. Results supported the hypothesis that the bond component of the supervisory working alliance was significantly related to trainee comfort with and likelihood of disclosing clinically relevant events to supervisors. This study was a needed addition to the supervision literature, as it is the first known of its kind to explicitly connect disclosure to the clinically relevant events, and thus to speak to disclosure pertaining to the supervisory functions of promoting trainee competence and ensuring client welfare. Disclosure has important implications for the training of clinicians and client outcomes and is an important variable for future research.

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Table 1

Participant Demographics (N = 306)

Characteristic	n	%
Gender		
Female	242	79.1
Male	58	19.0
Other	1	0.3
Not reported	5	1.6
Racial/ethnic identification		
African American/Black	12	3.9
Asian/Pacific Islander	19	6.2
Bi-racial/Multi-racial	11	3.6
Hispanic/Latino	12	3.9
Native American/Alaskan Native	0	0.0
White (non-Hispanic)	244	79.7
Other	3	0.9
Not reported	5	1.6
Sexual orientation		
Bisexual	18	5.9
Gay	5	1.6
Heterosexual	269	87.9
Lesbian	3	1.0
Other	2	0.6
Not reported	9	2.9
Primary theoretical orientation		
Cognitive-behavioral	164	53.6
Family systems	11	3.6
Humanistic/existential	24	7.8
Integrative/eclectic ^a	24	7.8
Psychodynamic	56	18.3
Other	22	7.1
Not reported	5	1.6
Type of doctoral program		
Clinical	239	78.1
Combined	7	2.3

(Continued)

Characteristic	n	%
Counseling	33	10.8
Forensic	4	1.3
School	18	5.9
Other	4	1.3
Not reported		
Degree sought		
Psy.D.	152	49.7
Ph.D.	148	48.4
Not reported	6	2.0
Program accreditation		
APA/CPA accredited	278	90.8
Not APA/CPA accredited	22	7.2
Not reported	6	2.0
Practicum training site		
Armed Forces Medical Center	1	0.3
Child/Adolescent/Psychiatric/Pediatrics	15	4.9
Community Mental Health	65	21.2
Medical School	10	3.3
Prison/Correctional Facility	17	5.6
Private General Hospital	12	3.9
Private Outpatient Clinic	20	6.5
Private Psychiatric Hospital	12	3.9
Psychology Department Training Clinic	23	7.5
School District	12	3.9
State/County/Other Public Hospital	18	5.9
University Counseling Center	42	13.7
VA Medical Center	31	10.0
Other	22	6.6
Not reported	6	2.0
Most recent psychotherapy training		
Training/academic year prior to internship	218	71.2
Two training/academic years prior to internship	52	17.0
Three or more academic years prior to internship	22	7.2
None psychotherapy emphasis in training	6	2.0
Not reported	8	2.6

Table 2

Supervisor Demographics

Characteristic	n	%
Gender		
Female	172	56.2
Male	129	42.2
Other	0	0.0
Not reported	5	1.6
Racial/ethnic identification		
African American/Black	11	3.6
Asian/Pacific Islander	14	4.6
Bi-racial/Multi-racial	5	1.6
Hispanic/Latino	12	3.9
Native American/Alaskan Native	0	0.0
White (non-Hispanic)	252	72.4
Other	4	1.3
Unknown	3	1.0
Not reported	5	1.6
Sexual orientation		
Bisexual	6	2.0
Gay	11	3.6
Heterosexual	241	78.8
Lesbian	9	2.9
Other	3	0.9
Unknown	31	10.0
Not reported	5	1.6
Primary theoretical orientation		
Cognitive-behavioral	155	50.7
Family systems	18	5.9
Humanistic/existential	20	6.5
Integrative/eclectic ^a	12	3.9
Psychodynamic	70	22.9
Other	23	7.5
Unknown	3	1.0
Not reported	6	2.0

APPENDIX A

Literature Review Tables

Literature Review Table: Disclosure and Nondisclosure in Supervision

Disclosure and Nondisclosure – Theoretical Publications

Author/Year	Research Questions /Objectives	Research Approach/ Design	Instrumentation	Sample	Major Findings
Ladany & Walker (2003)	To provide a framework for determining the effectiveness of supervisor self-disclosure in supervision	Conceptual/Theoretical	N/A	N/A	<ul style="list-style-type: none"> ▪ Describe 5 categories of supervisor self-disclosure, including personal material, therapy experiences, professional experiences, reactions to trainee’s clients, and supervision experiences ▪ Describe 3 personalization dimensions for each area of supervisor self-disclosure, including discordant or congruent to the needs of the trainee, nonintimate-intimate, and in the service of the supervisor versus trainee ▪ Suggest that supervisor self-disclosure has only a small influence on the outcome of supervision; however, the factors that are most influenced by supervisor self-disclosure are the supervisory working alliance (and most specifically, the bond component of working alliance), trainee self-disclosure, and trainee edification
Yerushalmi (1992)	Examine supervisee concealment in supervision, reasons for concealment are reviewed, authors argue that concealment in supervision should not carry a negative connotation, and different supervisee concealment styles are described	Conceptual Theoretical (mostly psychodynamic framework)	N/A	N/A	<p>Reasons for supervisee concealment of information in supervision include to manage anxiety, maintain a sense of individuation and privacy from supervisor, and protect the intimacy of their therapy with clients</p> <p>Concealment is a normal developmental process and occurs most commonly in the early stages of the supervisory relationship</p> <p>Categories of concealment</p>

					<p>include obsessive compulsive defensive operation (in which supervisees bring in the facts of the therapeutic encounter but leave out information about the intersubjective and emotional components of the encounter), narcissistic defensive operation (in which a supervisee is very exposing of themselves but not as disclosing of the therapeutic encounter), and depressive defensive operations (in which a supervisee is critical of themselves and invites criticism because exposure to criticism is more comfortable than exposure to other areas)</p> <p>Supervisors should attempt to be empathic and understanding of concealment and the dynamics underlying it, instead of confronting the supervisee which will result in greater anxiety</p>
Yourman (2003)	<p>Focus on trainee shame as a variable responsible for reducing trainee disclosure in supervision</p> <p>Rationale for focus on shame includes that it is an emotion that makes one want to hide, so in supervision this would manifest in nondisclosure, and also that trainees are engaged in clinical work that challenges their competence and sense of self, and therefore setting the stage for shame</p>	Literature review with case examples	N/A	N/A	<p>Describes Affect Theory by Tomkins (1962, 1963) which postulates that shame is an affect resulting from an interruption in positive affect and that this emotion results in reduced communication; this theory is then applied to the supervisory relationship since this is the context for supervisees being confronted with not meeting their own expectations, supervisor disapproval, and discussing clinical errors, even if met by supervisor support</p> <p>Author argues that supervision sets the stage for the supervisee to experience shame because “(a) There is usually positive feeling towards the supervisor (Yourman & Farber, 1996), (b) there is exposure to material that is likely to make the trainee appear less competent in both the eyes of the supervisor and then trainee,</p>

					<p>and (c) there is usually the trainee's desire to return to positive affect in the relationship with the supervisor" (p. 604).</p> <p>"Ruptures in supervisory relationships can disrupt or inhibit trainee disclosure, especially when shame is elicited" (p. 608).</p> <p>Trainees are often open with supervisors with the intention of enhancing their learning</p> <p>To facilitate trainee disclosure, supervisors should attend to what is happening in the supervisory dyad and assess whether the trainee appears open and spontaneous and what they are doing and thinking about their clinical work. Supervisors could also orient supervisees that they may experience disagreements and that they are encouraged to express disagreements and provide evaluation of supervision</p> <p>"Supervisors who are able to be both attentive and flexible in how they approach the issue of trainee disclosure and shame are likely to have better communication with their supervisees, leading to more satisfying experiences for both trainees and supervisors" (p. 609).</p>
Alonso & Rutan (1988)	<p>Examine shame in the context of supervision on the basis that beginning trainees are predisposed to experience shame</p> <p>Recommendation made for use of parallel process in supervision and supervisor willingness to</p>	<p>Theoretical</p> <p>Mainly borrows from psychodynamic theories</p>	N/A	N/A	<p>Describe conundrum in supervision when supervisor is balancing multiple roles of meeting trainee's needs, mentoring, didactic, support, patient care, etc.</p> <p>"The training milieu is responsible for the atmosphere that determines to a large part whether weakness and vulnerability in the staff is a source of shame, or an opportunity for new learning</p>

	expose shame as a way of facilitating trainee willingness to be exposed to shame				and creativity. To the extent that supervisors are willing to expose their own work, including their embarrassment at the inevitable errors and limitations that occur in all psychotherapy and in all supervision, the trainees will also feel open to exposure that is not unduly threatening. Similarly, if an institution is careful to institute a system of positive reinforcers for all its members, then negative critique will be experienced as a tolerable confrontation that does not constitute the sum of all feedback in the system. If supervisors work in an atmosphere where problems in supervising are resolved through study and consultation with supervisory peers, then the system may go a long way toward avoiding passing the blame down to the next person in the power structure.” (p. 581)
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Disclosure and Nondisclosure – Empirical Studies and Publications

Author/Year	Research Questions/ Objectives	Research Approach/ Design	Instrumentation	Sample	Major/Relevant Findings
Bleiweiss (2007) (Dissertation)	<ul style="list-style-type: none"> ▪ Impact of supervisee perception of goal-setting and feedback in supervision on supervisee disclosure ▪ Does supervisee perception of goal-setting and feedback in supervision impact perception of supervisor as expert/referent ▪ Does choosing supervisor 	Quantitative Survey	Measures completed online <ul style="list-style-type: none"> ▪ The Intern Self Disclosure Questionnaire (ISDQ; March, 2005): Scores range from 1-170, with higher scores reflecting higher disclosure. 34-item questionnaire on a 5-point Likert scale 	N = 59 doctoral students from APA accredited programs in the San Francisco area who received supervision at practicum or internship for at least one year <ul style="list-style-type: none"> ▪ Age 	<ul style="list-style-type: none"> ▪ Higher supervisee perception of supervisor goal-setting and feedback are related to higher levels of supervisee self-disclosure in supervision ▪ Higher supervisee perception of supervisor goal-setting and feedback are related to higher levels of supervisee perception of supervisor expert/referent power

	<p>impact level of supervisee disclosure?</p>		<p>from 1 (never to 5 (always) (modified from 6-point Likert scale for this study, the N/A option was excluded) developed by March for dissertation project to examine supervisee disclosure related to the following: microskills, counseling process, difficulty with client behavior, being aware of one's values, and cultural competence. Measure was based on existing disclosure instruments such as Ladany et al., 1996, Walsh et al., 2002, and Webb & Wheeler, 1998.</p> <ul style="list-style-type: none"> ▪ The Evaluation Process Within Supervision Index (EPSI; Lehrman-Waterman & Ladany, 2001) ▪ The Rahim Leader Power Inventory (RLPI, Rahim, 1988) 	<p>range: 23-65</p> <ul style="list-style-type: none"> ▪ 80% women, 20% men ▪ 77% Caucasian, 11% biracial, 7% Asian American, 3% African American, 2% Latino ▪ 86% Psy.D. students, 14% Ph.D. 	
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<p>Duan & Roehlke (2001)</p>	<p>To examine cross-racial supervisory dyads perceived the supervisory relationship, including supervisors attending to and addressing cultural differences within the dyad, supervisees perception of supervisors, and dyad's perception of supervisory relationship</p>	<p>Quantitative Descriptive statistics</p>	<p>Cross-Racial Supervision Survey: created for this study and consisted of scaled and open-ended items asking about supervisee and supervisor perceptions of addressing cross-cultural issues within the dyad, positive experiences, and the supervisory relationship</p>	<p>N = 60 predoctoral psychology interns at APA accredited university counseling centers sites in cross racial supervisory dyads with 58 supervisors (28 women, 30 men)</p> <p>At least one member of each dyad was Caucasian</p> <p>Among supervisees :</p> <ul style="list-style-type: none"> ▪ 40 women, 20 men 	<ul style="list-style-type: none"> ▪ Cross-racial dyads are overall satisfied in supervision ▪ Significant discrepancy in supervisee and supervisor perception of addressing cultural issues within the dyad ▪ Supervisee perceived positive feelings from supervisor were more associated with satisfaction with supervisory relationship than any particular personal characteristic of supervisor ▪ “Supervisees reported being more comfortable self-disclosing than their supervisors perceived them to be and this comfort level was positively correlated with the degree of positive attitudes and positive characteristics they perceived their supervisors to have” (p. 142). <p>Implications for supervisors:</p> <ul style="list-style-type: none"> ▪ To build an effective supervisory relationship with a supervisee of a different racial background, it is important to be open and show interest in supervisee's culture. ▪ In addition to trustworthiness, expertness, and helpfulness, which make for effective supervision in general, in a cross-racial dyad cultural sensitive is also needed, yet these qualities are still important ▪ Refrain from role of culture in evaluation of supervisee ▪ “The study results suggest that supervisees need to feel a basic trust and
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					<p>safety with supervisor to be open and to be comfortable self-disclosing” (p. 144).</p> <p>Implications for supervisees:</p> <ul style="list-style-type: none"> ▪ Supervisors are more satisfied with the supervisory relationship when trainees engage in high levels of self-disclosure ▪ Demonstrating an openness and commitment to learning are highly desirable by supervisors and may help them effectively facilitate discussion about cultural issues within the dyad
<p>Hess, Knox, Schultz, Hill, Sloan, Brandt, Kelley, & Hoffman. (2008)</p>	<ul style="list-style-type: none"> ▪ Explore interns experience of nondisclosure in supervision ▪ Focus primarily on intentional nondisclosure described as, “willful or intentional withholding is the result of supervisees’ conscious decisions to distort or not disclose significant information in supervision” (p. 400) ▪ Explore reasons for intentional nondisclosure ▪ Investigate content of intentional nondisclosure ▪ Extend the nondisclosure literature (by asking trainees whether there were factors that would have facilitated 	<p>Qualitative</p> <p>Use of consensual qualitative research (CQR), allowing for an in-depth exploration of area under study (non-disclosure)</p> <p>Interviews with psychology pre-doctoral interns in college counseling centers</p>	<p>Qualitative interview protocol, including semi-structured interview and pre-existing scales</p> <p>Semi-structured interview asking for the following about their internship experience: one instance of intentional nondisclosure in supervision with perceived significance on personal and professional growth, the supervisory relationship, or the therapeutic relationship, what contributed to nondisclosure, what might have facilitated disclosure, and what impact did nondisclosure have on intern</p>	<p>N = 14</p> <p>Pre-doctoral psychology interns in college counseling in the East Coast</p> <p>Demographic breakdown:</p> <ul style="list-style-type: none"> ▪ 11 women, 3 men ▪ Age range from 27 to 38 years (M 31.21, SD 3.68) ▪ 10 European American/ White (non-Latino), 2 African American 	<p>Qualitative analyses broke down 8 participants as having good supervisory relationships and 6 as having problematic supervisory relationships;</p> <p>In good relationships, nondisclosure was often related to trainee’s own reactions to client, whereas in problematic relationships, nondisclosure was related to negative supervisory events</p> <p>In problematic relationships, participants reported nondisclosure had negative impact on the supervisory relationships</p> <p>Both groups cited evaluation as reasons for nondisclosure</p> <p>Both groups cited nondisclosure as having negative impact on themselves & relationships with clients</p> <p>In terms of what would have helped interns disclose, those in good relationships said simply being asked would have led to disclosure, while those in</p>

	<p>disclosure)</p> <ul style="list-style-type: none"> ▪ Explore impact of nondisclosure on their professional development, supervisory relationship, and therapeutic relationship with clients ▪ Assess context of nondisclosure as related to satisfaction with supervision and supervisory style, two constructs previously identified in the literature 		<p>personal and professional development, supervisory relationship, and therapeutic relationships</p> <p>Pre-existing scales used:</p> <ul style="list-style-type: none"> ▪ The Supervisory Styles Inventory (SSI) Friedlander & Ward, (1984) ▪ The Supervisory Satisfaction Questionnaire (SSQ): assesses perceived satisfaction with supervision. Ladany et al. (1996) 	<p>n, 2 Asian American</p> <ul style="list-style-type: none"> ▪ 10 heterosexual, 2 lesbian, 1 bisexual, 1 gay ▪ 13 from counseling psychology Ph.D. programs, 1 from clinical psychology Psy.D. program ▪ Theoretical orientation (allowed to select more than one category): psychodynamic (n= 6), relational/interpersonal/humanistic (n=6), eclectic/integrative (n=4), cognitive-behavioral (n=2), developmental (n=1), existential (n=1), and feminist (n=1) 	<p>problematic relationships said nothing would have helped or did not know what would help</p> <p>Effects of nondisclosure were typically neutral in positive relationships and negative in problematic relationships (resulted in frustration, disappointment, lack of safety, less disclosure, less investment in supervision)</p> <p>Regardless of group, all interns cited negative personal effects of nondisclosure: (i.e. feeling insecure, embarrassed, guilty, doubting competence)</p> <p>All interns reported negative effects of nondisclosure on work with clients (feeling less present, anxious)</p> <p>Concern about evaluation in both groups</p> <p>This study makes a distinction between intentional & unintentional nondisclosure and examines intentional nondisclosure specifically</p> <p>Implications noted by authors: because all participants endorsed some degree of nondisclosure regardless of supervisory relationship, nondisclosure should be included as part of model of supervision since it is to be expected since all</p> <p>Supervisors should process conflict, be alert to nondisclosure, and self-disclose themselves to promote disclosure</p> <p>Strengths: use of qualitative approach differs from most</p>
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					<p>studies in area relying exclusively on paper-and-pencil measures</p> <p>Limitations: small N, asking specifically about info participants previously chose to intentionally withhold</p>
<p>Knox, Burkard, Edwards, Smith, Schlosser (2008)</p>	<ul style="list-style-type: none"> Examine use of Supervisor Self-Disclosure (SRSD), including antecedents and an example of SRSD 	<p>Qualitative</p> <p>Consensual qualitative research</p>	<ul style="list-style-type: none"> Demographic form Interview protocol included a semi-structured interview with standard questions about SRSD with interviewers asking follow-up questions and eliciting examples from participants 	<p>N = 16 supervisors</p> <ul style="list-style-type: none"> Age range: 30-67 9 men, 7 women 15 European American, 1 Asian 	<ul style="list-style-type: none"> Findings indicated that most supervisors used SRSD to facilitate trainee development and to normalize trainee experience, and did not use it when it interfered with the task or supervision or seemed inappropriate to share with trainees Participants reports that SRSD had positive effects on supervision, supervisory relationship, and supervision of other trainees
<p>Knox, Edwards, Hess, & Hill (2011)</p>	<p>Explore the impact of supervisor self-disclosure (SRSD) on supervisees, their experience of supervision, and their clinical work</p> <p>To extend the literature (first qualitative study of supervisee experience of SRSD in supervision)</p>	<p>Qualitative</p> <p>Consensual qualitative research</p>	<p>Demographics</p> <p>Interview protocol: semi-structured interview about supervisee's experience with SRSD, a specific example of SRSD, impact of SRSD on supervision, and reactions to interview</p>	<p>N = 12 clinical or counseling psychology graduate trainees (11 doctoral students and 1 masters student)</p> <ul style="list-style-type: none"> Age range: 24-51 10 women, 2 men 10 White European American, 2 Other 	<ul style="list-style-type: none"> Most SRSD was experienced as positive by supervisees, the intent of SRSD was experienced as clear, relevant, and helpful SRSD addressing supervisee's concerns may be helpful in decreasing anxiety and normalizing and it is important to make the intent of SRSD clear

<p>Ladany, Hill, Corbett, & Nutt (1996)</p>	<p>Examine nondisclosure in supervisees and the extent and nature of nondisclosure, including reasons for nondisclosure and content of nondisclosure</p> <p>Examine the reasons for different types of nondisclosure (e.g., would personal factors not be disclosed because of fear of negative evaluation?)</p> <p>Describe the manner in which supervisees avoid disclosure (i.e., passively not mention topic, actively inform supervisor that supervisee does not want to discuss topic, divert attention to another topic)</p> <p>Examine the importance of nondisclosure to supervisee functioning</p> <p>Examine how content and reason for nondisclosure correlate with supervisee satisfaction with supervision and supervisor style</p>	<p>Quantitative Correlational</p>	<ul style="list-style-type: none"> ▪ Demographics ▪ Supervisee Nondisclosure Survey (created for study): uses thought listing technique to indicate thoughts, feelings, reactions not disclosed to supervisor and given definitions and examples of 5 areas of nondisclosure ▪ Supervisory Style Inventory (SSI) Friedlander & Ward, (1984) ▪ Supervisory Satisfaction Questionnaire (SSQ), modified version of Client Satisfaction Questionnaire (Larsen, Attkisson, Hargreaves, & Nguyen, 1979) 	<p>N = 108 trainee therapists in masters or doctoral programs in counseling or clinical psychology</p> <ul style="list-style-type: none"> ▪ 86 women, 21 men, 1 unspecified ▪ Average age 30.47 (SD 7.21), range not reported ▪ 87 European Americans, 5 Hispanic Americans, 4 African Americans, 4 Asian Americans, 1 Native American, 7 unspecified ▪ 63% were in counseling psychology and 21% in clinical psychology programs 	<p>97.2% of participants withheld info from supervisor; "content of the nondisclosures most often involved negative reactions to the supervisor, personal issues not directly related to supervision, clinical mistakes, evaluation concerns, general client observations, &, to a lesser extent, negative reactions to clients, counter-transference, client-counselor attraction issues, positive reactions to the supervisor, supervision setting concerns, supervisor appearance, supervisee-supervisor attraction issues, and positive reactions to clients... typical reasons for the nondisclosures were perceived unimportance, the personal nature of the nondisclosure, negative feelings about the nondisclosure, a poor alliance with the supervisor, deference to the supervisor, impression management, and, to a lesser extent, the supervisor's agenda, political suicide, pointlessness, and a belief that the supervisor was not competent. The nondisclosures varied in perceived importance level, with the average being about 5 on a 10-point scale; the manner of the nondisclosures was typically passive." (p. 17-18)</p> <p>Supervisees less satisfied with supervision disclosed less about negative reactions to supervision, and also reported that a weak supervisory alliance was the primary reason for nondisclosure</p>
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<p>Mehr (2011) (Dissertation)</p>	<p>To replicate and extend research on the factors influencing trainee willingness to disclose in supervision</p> <p>To utilize structural equation modeling to test proposed relationships between variables believed to impact trainee disclosure (trainee anxiety, trainee self-efficacy, the supervisory working alliance)</p>	<p>Quantitative Correlational Structural equation modeling</p>	<p>Demographic Questionnaire</p> <p>Trainee Disclosure Scale (TDS) developed based on Ladany et al. (1996) study findings for this study is a self-report measure composed of 13-items on a 5-point Likert scale assessing disclosure in supervision</p> <p>Self Disclosure Index (SDI) is a modified version of the Supervisory Self Disclosure Index (SSDI) developed by Ladany & Lehrman-Waterman (2001); modified to ask about supervisees disclosure in supervision instead of supervisor self-disclosure</p> <p>Trainee Anxiety Scale (TAS) developed by Ladany, Walker, Pate-Carolan, & Gray-Evans (2007) is a 14-item 7-point Likert scale self-report questionnaire to measure trainee anxiety in supervision</p> <p>State-Trait Anxiety</p>	<p>N = 201 trainees</p> <ul style="list-style-type: none"> ▪ Age: M = 29.3 years (SD = 6.7) ▪ 171 women, 27 men, 3 unspecified ▪ 165 European-American/White, 11 African American/Black, 2 American Indian or Native Alaskan, 6 Asian American or Pacific Islander, 4 Hispanic/Latino, 8 Multiracial, 4 Other 	<ul style="list-style-type: none"> ▪ Several hypothesized relationships were supported: higher counseling self-efficacy predicted less anxiety in supervision, stronger supervisory alliance predicted less anxiety in supervision, stronger supervisory alliance predicted greater willingness to disclose ▪ The following hypotheses were not supported: less trainee anxiety will predict higher willingness to disclose in supervision and higher self-efficacy predicts stronger willingness to disclose in supervision ▪ “An environment ripe for trainee disclosure would be one in which the trainee perceives a strong alliance with the supervisor” (p. 61). ▪ Implications for practice of supervision: focus on developing supervisory alliance early in relationship (for example, through demonstrating respect, empathy, and collegiality), promote trainee confidence and self-efficacy, to openly discuss anxiety-provoking aspects of supervision (e.g. evaluation and power differences), not worry about trainees disclosing everything, only the information which is relevant to supervision ▪ Limitations: limited generalizability due to mostly female and white sample, self-selection for study participation, time between survey completion and next supervision session was asked about, recruitment
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			<p>Inventory (STAI) developed by Spielberger et al. (1983) is a 40-item 4-point Likert scale self-report measure used to assess both trait and state anxiety</p> <p>The Working Alliance Inventory/ Supervision (WAI-S): a 36-item 7-point Likert scale measure assessing the supervisory relationship with 3 subscales made up of 12-items each assessing agreement on goals, tasks, and bond. Created by Bahrck (1989)</p> <p>Counseling Activity Self Efficacy Scales (CASES) developed by Lent, Hill, & Hoffman (2003) is a 41-item, 10-point Likert scale self-report measure to assess counselor perception of abilities</p> <p>Self-Efficacy Inventory (SEI): a 21-item self-report 9-point Likert scale measure assessing trainee self-efficacy developed by</p>		<p>through training or program directors, confounding levels of experience in sample, use of self-report instruments, some trainees may have believed supervisors were already aware of issues due to recording sessions, and cannot establish causality.</p>
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			Friedlander & Snyder (1983). Higher scores (possible scores range from 0-189) indicate higher self-efficacy		
Mehr, Ladany, & Caskie (2010)	<p>To examine, in a single supervision session, the content of and reasons for trainee nondisclosure</p> <p>To examine trainee anxiety and ratings of the supervisory working alliance on amount of nondisclosure and willingness to disclose</p>	Qualitative and quantitative	<p>Demographic questionnaire</p> <p>Supervisee Nondisclosure Survey (SNS) developed by Ladany et al. (1996) and slightly modified from the original use to include narrative space for participants to specify why they did not disclose in supervision and content areas and reasons found most to relate to nondisclosure</p> <p>Trainee Disclosure Scale (TDS) developed based on Ladany et al. (1996) study findings for this study is a self-report measure composed of 13-items on a 5-point Likert scale assessing disclosure in supervision modified to ask about a single supervision session for this study</p> <p>Working Alliance Inventory-Supervision-</p>	<p>N = 204 trainee therapists</p> <ul style="list-style-type: none"> ▪ Age: M = 29.35 (SD = 7.41) ▪ 172 women, 28 men, 4 unspecified ▪ 181 European American/White, 2 African American, 2 American Indian or Native Alaskan, 7 Asian or Pacific Islander, 5 Hispanic/Latino, 4 Other, 3 Unspecified 	<ul style="list-style-type: none"> ▪ In a single supervision session, 84.3% of supervisees withheld info from supervisors ▪ Consistent with past findings, supervisees tended to withhold info related to supervision versus clinical info ▪ 20.6% of supervisees reported nondisclosure related to concerns about supervisor perceptions of supervisee ▪ Results supported hypothesis that trainee ratings of higher supervisory alliance were related with decreased nondisclosure ▪ Greater trainee anxiety related with decreased disclosure and decreased willingness to disclose

			<p>Short: a 12-item shortened instrument assessing the supervisory working alliance developed by Ladany et al. (2007)</p> <p>Trainee Anxiety Scale (TAS) developed by Ladany, Walker, Pate-Carolan, & Gray-Evans (2007) is a 14-item 7-point Likert scale self-report questionnaire to measure trainee anxiety in supervision</p>		
<p>Yourman (2000) (Dissertation)</p>	<p>Examine the role of internalized shame in inhibiting supervisee disclosure</p> <p>Examine the role of internalized representation of the supervisory process in trainee disclosure, and how this internalization may interact with internalized shame in facilitating disclosure</p> <p>To confirm results of earlier studies on nondisclosure</p>	<p>Quantitative</p> <p>Correlational</p> <p>Factor analysis</p> <p>Multiple regression with supervisee nondisclosure (as operationalized by SDS scores) as the outcome variable</p>	<p>Demographics</p> <p>The Supervisory Disclosure Scale (SDS): an 11-item, 7-point Likert scale self-report instrument developed by Farber & Yourman (1999) assessing frequency of nondisclosure in supervision based on Farber & Yourman's (1995) Supervision Questionnaire (SQ) which included 43 items</p> <p>Supervisor Representations Inventory (SRI): a self-report instrument developed by</p>	<p>N = 216 trainees currently receiving individual supervision</p> <ul style="list-style-type: none"> ▪ Age range: 22-60 (M = 29.5; SD = 5.9) ▪ 80% women, 20% men ▪ 79% Caucasian, 7% Hispanic, 6% African American, 6% Asian, 2% Other, 1 answered 	<ul style="list-style-type: none"> ▪ Trainee perception of the strength of the supervisory working alliance are predictive of trainee disclosure in supervision (positive correlation) ▪ Although shame-proneness in trainees was found to be significantly negatively correlated with trainee disclosure, these results become insignificant when the supervisory alliance and social desirability are added to the regression equation. These results suggest that trainee disclosure is more related to the working alliance than to shame. Shame proneness may have more of an impact at extreme ends of the shame spectrum ▪ Overall, trainees are generally highly disclosing to supervisors

			<p>Geller & Schaffer (1988) assessing in detail aspects of the supervisory relationship, including supervisee internal representations of supervisor and the supervisory working alliance</p> <p>The Marlowe-Crowne Social Desirability Scale-Short Form: a 33-item True/False instrument developed by Crowne & Marlowe (1960) assessing respondent's need to present self in a favorable manner</p> <p>Internalized Shame Scale (ISS): 30-item, 5-point Likert scale self-report measure developed by Cook (1990) assessing trainee level of shame</p>		<p>Conclusion: supervisee perception of a strong supervisory working alliance is more important in facilitating disclosure than supervisee tendency to experience shame</p>
Yourman & Farber (1996)	<ul style="list-style-type: none"> ▪ Examine patterns of nondisclosure and conscious distortion in supervision ▪ Explore extent of nondisclosure by supervisee ▪ Explore factors impacting supervisee nondisclosure 	Quantitative Questionnaire	<ul style="list-style-type: none"> ▪ Supervision Questionnaire (SQ) – a 66-item self-report instrument with items assessing supervisee experience in supervision and their supervisors; responses rated on a 7- 	<p>N = 93 doctoral students from the NY metropolitan area (97.8% in clinical psychology doctoral programs)</p> <ul style="list-style-type: none"> ▪ Age range: 	<ul style="list-style-type: none"> ▪ Most supervisees present an honest picture most of the time, however "as many as 30–40% of supervisees withhold information (e.g., perceived clinical errors) at moderate to high levels of frequency. The findings suggest that nondisclosure, distortion, and concealment may be an inevitable aspect of supervision." ▪ 91.3% of participants

			point Likert scale	<p>22-49</p> <ul style="list-style-type: none"> ▪ 67 women, 26 men ▪ Caucasia n (n = 69), Hispanic America n (n = 11), African America n (n = 5), Asian America n (n = 4), foreign (n = 2), Native America n (n = 1), 1 no response ▪ Theoretical orientation: psychodynamic (n = 58, 62.4%), cognitive-behavioral (n = 21, 22.6%), eclectic (n = 5, 5.4%), other/undecided (n = 5, 5.4%), and behavioral (n = 3, 3.2%); left blank (n = 1) 	<p>reported not disclosing to supervisors interactions with clients they believe supervisors will disapprove of</p> <ul style="list-style-type: none"> ▪ 38.8% of participants withheld information related to perceived clinical errors ▪ “The results of this study suggest that in training settings there should be discussion aimed at easing trainees' anxieties about having to be right all the time—as noted above, it should be made clear that mistakes are an expected part of the training process, and perhaps the best way to learn is by examining presumed errors.” (p. 574) ▪ Confirms the suggestions by Wallace & Alonso (1994) that audio or video taping sessions does not ensure that supervisees will disclose in supervision ▪ Demographic variables were not found to be significantly related to nondisclosure ▪ Nondisclosure related most to events in supervision and the supervisory relationship
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Literature Review Table: Supervisory Working Alliance

Supervisory Working Alliance – Theoretical Publications

Author/Year	Research Questions/ Objectives	Research Approach/ Design	Instrumentation	Sample	Major Findings
Bordin (1983)	Author adopts his working alliance model (originally examining therapeutic working alliance (1979)), to supervision	Theoretical/ conceptual	N/A	N/A	<ul style="list-style-type: none"> ▪ Any relationship between partners can be conceptualized as having a working alliance ▪ Working alliance between therapist and patient can be extended to working alliance between supervisor and trainee ▪ Conditions for supervisory working alliance are the same as working alliance in therapy or in other dyadic relationship and is made-up of 3 components: agreement on goals, agreement on tasks (to establish goals), and an emotional bond between partners as a result of working towards agreed upon goals in the agreed upon way ▪ Goals differ depending on alliance, and generally refer to thoughts, feelings, and behaviors ▪ Tasks refer to methods for achieving goals ▪ Bond refers to process of agreed upon goals and tasks and resulting feelings of trust, caring, and liking between partners ▪ Important to agree on goals and tasks

					<p>early in supervision, which will help bond develop (albeit more slowly than goals and tasks)</p> <ul style="list-style-type: none"> ▪ Agreement on goals and tasks and a strong bond is associated with a strong supervisory working alliance ▪ The goals of supervision include developing skills, increasing self-awareness, increasing ability to conceptualize clients, increased awareness of therapeutic process, addressing factors hindering development and mastery of skills, understanding psychological theory, identifying research targets, and ensuring service standards. ▪ The supervisory working alliance impacts a trainee's development and supervision outcome ▪ Change process in supervisee may be a direct result of building and rebuilding the supervisory working alliance
Friedlander (2012)	Introduce conceptual model of <i>Supervisor Responsiveness</i> based on literature for Therapist Responsiveness as a common factor accounting for treatment outcome, and apply model as a potential way to	Conceptual	N/A	N/A	Propose working definition for supervisor responsiveness across theoretical orientations: "In the teaching function of supervision, responsiveness refers to accurate attunement and adaptation to a supervisee's emerging needs for knowledge, skills, (inter)personal

	explain effective outcome of supervision				<p>awareness with respect to the needs to the client(s) with whom the supervisee is working” (p. 106).</p> <p>One important difference between therapist responsiveness and supervisor responsiveness is related to the evaluative and gatekeeping function of supervision. For example, if a supervisee discloses too much anxiety to supervisor they risk a negative evaluation; however, if the supervisor is unaware of the trainee’s difficulties then he or she cannot adequately respond to the trainee’s needs</p> <p>Author suggests that this construct be studied further</p>
Ladany (2004)	<p>Invited article by author to speak to his ideas about conducting research on psychotherapy supervision based on his personal experience</p> <p>Ladany sought to answer 4 questions based on his supervision research: “ If nothing else, what should a supervisor do? What are some of the worst things a supervisor can do? What secrets do supervisors and trainees keep from one another?</p>	<p>Author outlines critical incidents in training leading to his own focus on supervision research, answers the 4 questions that were the topic of article, and concludes with propositions for supervision and supervision research.</p>	N/A	N/A	<p>Includes table of variables in the supervision literature listing supervisor characteristics, trainee characteristics, supervision process (including supervisory working alliance, supervisee disclosure and nondisclosure), supervision outcome, and external events.</p> <p>1. If nothing else, what should a supervisor do?</p> <ul style="list-style-type: none"> ▪ Argues that Bordin’s (1983) model of supervisory working alliance should serve as the foundation for determining supervision effectiveness ▪ Outlines past

	<p>What about sex?" (p. 1)</p>			<p>research findings regarding supervisory working alliance (mostly measured by Bahrck's 1990 WAI)</p> <ul style="list-style-type: none"> ▪ Suggests that supervisors attend to alliance in the early stages of relationship and when there are ruptures in relationship (use therapy skills to form alliance with supervisee, that alliance most readily develops in the first 3-5 sessions, and attend to ruptures and repairs in the relationship) and use technical skills when alliance is strong to promote trainee development <p>2. What are some of the worst things a supervisor can do:</p> <ul style="list-style-type: none"> ▪ Ignore the alliance ▪ Use supervision models without modifying to each unique trainee's ability level and skills ▪ Not uphold ethical standards ▪ Not explain how trainees are evaluated and apply subjective standards only to evaluation ▪ Show bias towards certain cultural groups and not discuss multicultural and diversity issues in supervision or address trainee questions about these issues
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				<p>3. What secrets do supervisors and trainees keep from one another?</p> <ul style="list-style-type: none"> ▪ Specific content areas that trainees rarely disclose to supervisors include: negative reactions to supervisors, personal issues, clinical mistakes, evaluation concerns, countertransference to clients, positive reactions to supervisor, attraction to supervisor. ▪ Content of nondisclosure relates to reason of nondisclosure (common is impression management, deference to supervisor, fear of negative evaluation) <p>4. What about sex?</p> <ul style="list-style-type: none"> ▪ Findings indicate that trainees rarely disclose sexual attraction to client or to supervisor ▪ Interestingly, reason for nondisclosure appears to be perceived unimportance instead of embarrassment or weak supervisory alliance <p>Propositions for supervision:</p> <ul style="list-style-type: none"> ▪ No evidence on current practices of supervision as efficacious so new methods of supervision must be investigated and studied ▪ Evaluation should be done by multiple
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					<p>parties, not just supervisor</p> <ul style="list-style-type: none"> ▪ Supervisors without specific training in supervision are generally not be as effective ▪ Impairment in supervisors is harmful to trainees ▪ In terms of conducting supervision research, author recommends the following sources: <p>Bernard and Goodyear (1998), Bradley and Ladany (2001), Ellis and Ladany (1997), Ladany and Muse-Burke (2001), Lambert and Ogles (1997), and Neufeldt, Beutler, and Banchemo (1997)</p>
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Supervisory Working Alliance – Empirical Studies and Publications

Author/Year	Research Questions/Objectives	Research Approach/Design	Instrumentation	Sample	Major Findings
Bahrnick (1989) (Dissertation)	<p>To develop the Working Alliance Inventory – Supervision (WAI-S) for the supervisory alliance</p> <p>To assess the impact of role induction, which prepares the supervisees for supervision by introducing a framework for understanding the goals and tasks of supervision, on the supervisory relationship</p>	<p>Quantitative</p> <p>Experimental, single-blind design utilizing an experimental control group</p> <p>Psychometric</p> <p>Instrument development</p>	<p>The Working Alliance Inventory/ Supervision (WAI-S): a 36-item 7-point Likert scale measure assessing the supervisory relationship with 3 subscales made up of 12-items each assessing agreement on goals, tasks, and bond. Created for this study based on Horvath and Greenberg's</p>	<p>N = 17 trainees (10 experimental and 7 control group) plus 10 supervisors</p> <p>All trainees were in their first or second year of a counseling psychology doctoral program at Ohio State University</p> <ul style="list-style-type: none"> ▪ 13 women, 4 men 	<ul style="list-style-type: none"> ▪ Psychometric properties of the WAI-S were established in terms of inter-rated reliability. Specifically, inter-rater reliability was at 97.6% agreement for items assessing the bond, 60% agreement for items assessing the goals component, and 64% agreement for items assessing the task component. ▪ Positive association with supervision was related more to bond scale than to goals and tasks ▪ Bond scale may get more at emotional processes, whereas goals and tasks may relate more to

			<p>(1985) Working Alliance Inventory measuring the therapeutic working alliance between therapist and client</p> <p>The Supervisory Emphasis Rating Form: a 60-item Likert scale measure assessing the specific area a supervisor emphasized with a trainee developed by Lanning (1986).</p> <p>A semantic differential procedure (Osgood, 1952) was used for trainees to provide an evaluation of their individual supervisors</p>		<p>cognitive processes</p> <ul style="list-style-type: none"> ▪ Hypotheses related to role induction procedure were not supported <p>Limitations: small N, heterogeneity among participants in terms of experience, ceiling effects of instruments, individual effects of supervisors, and the role induction procedure itself.</p>
Carifio & Hess (1987)	Examine literature to answer the questions, “who is the ideal supervisor?,” “what does the ideal supervisor do?,” and “how does the ideal supervisor perform supervision?”	Literature review	Classify and integrate literature	Reviewed recent studies focusing on traditional individual supervision in graduate students in mental health fields	<ul style="list-style-type: none"> ▪ Ideal supervisors have high levels of empathy, respect, genuineness, flexibility, concern, investment, and openness (similar to ideal therapists) ▪ Ideal supervisors appear knowledgeable, experienced, and concrete ▪ They are supportive and noncritical ▪ Maintain boundaries between supervision and psychotherapy
Chen & Bernstein (2000)	To examine the supervisory working alliance with complementarity, a well-established process construct	Research-informed case study method	Demographics Supervisory Styles Inventory (SSI): developed by Friedlander &	N = 10 supervisory dyads made up of masters level supervisee and doctoral level	<ul style="list-style-type: none"> ▪ Support for sequential order of themes in developing trainees (competence, emotional awareness, supervisory relationship, and purpose and direction identified by

	<p>from psychotherapy literature</p>		<p>Ward (1984) is a 33-item 7-point Likert scale measure assessing supervisor self-reported supervision style with 3 subscales: attractive, interpersonally sensitive, and task-oriented</p> <p>Critical Incidents Questionnaire (CIQ): developed by Hepner & Roehlke (1984) is a 3-open ended question measure examining critical incidents from the perspective of supervisors and supervisees in the most recent supervision session, what made the incident critical, and when in the supervision session did the critical incident occur</p> <p>Supervisory Working Alliance Inventory (SWAI) developed by Patton et al. (1992) with 19 items for supervisees and 23 items for supervisors on a 7-point Likert</p>	<p>counseling psychology student enrolled in supervision course</p> <ul style="list-style-type: none"> ▪ All participants were Caucasian ▪ Supervisees age range: 25-50 ▪ Supervisor age range: 30-45 	<p>supervisees more frequently than other factors)</p> <ul style="list-style-type: none"> ▪ Issues endorsed by high WA and low WA dyads were similar, and differences were noted around personal issues and the supervisory relationship ▪ Personal issues theme rated as most important by low WA dyad, which was explained by authors as indicating that close exploration of personal issues early in supervision before supervisory relationship fully develops may delay building a strong working alliance or even harm development of the supervisory alliance ▪ Exploration of personal issues should occur only when safety is established in the relationship since trainees may need more assurance in initial phase of relationship with supervisor ▪ For low WA dyads, conflict and tension increased over the session ▪ Complementarity was associated with satisfaction with supervision ▪ High WA dyads rated supervisor as high in attractiveness, higher in interpersonal sensitivity, and moderate in task orientation
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			<p>scale assessing supervisory working alliance</p> <p>To assess complementarity two measures were used: Topic Determination/Initiation Coding System (TDCS) developed by Tracey (1981, 1988, 1991) and the Relational Communication Coding System developed by Ericson & Rogers (1973)</p>		
<p>Cheon, Blumer, Shih, Murphy, & Sato (2009)</p>	<p>To explore how matching on contextual variables (age, ethnicity, gender, religious/spiritual preferences, sexual orientation) influences conflict, the supervisory working alliance, and supervisee satisfaction in MFT supervisees</p>	<p>Quantitative</p> <p>Survey design using web-based survey</p>	<p>Working Alliance Inventory – Supervisee (WAI-S): a 36-item 7-point Likert scale measure developed by Baker (1991)</p> <p>The Role Conflict (RC) subscale of the Role Conflict and Role Ambiguity Inventory (RCRAI) developed by Olk & Friedlander (1992) consists of 13 items rated on a 5-point Likert scale</p> <p>Supervision Outcomes Survey (SOS): 15 items were selected from</p>	<p>N = 132 MFT students</p> <ul style="list-style-type: none"> ▪ Age: M = 29, SD = 7.19 ▪ 80.3% women, 19.7% men ▪ 80.3% White, 5.3% African American, 3.8% Asian American, 1.5% Latina, 8.3% Multiracial ▪ 63.6% identified with Christianity ▪ 89.4% identified as heterosexual 	<ul style="list-style-type: none"> ▪ Supervisory working alliance is the most significant variable related to supervisee satisfaction with supervision ▪ Supervisory alliance in context of private practice was most significantly related to satisfaction with supervision as compared with academic context. Authors postulate that this is because academic settings include more of an evaluative component in comparison with a private practice setting ▪ Matching on contextual variables did not have a significant relationship on supervisory working alliance (replicating results from Gatmon et al., 2001) ▪ “Overall, it appears that it is the presence of a strong, positive working alliance that is most important in determining satisfaction” (p. 62) ▪ Increase in conflict was related with a decrease in satisfaction; however, this finding was only true when

			<p>this 20-item 7-point Likert scale survey measuring self-reported satisfaction and perception of supervision</p> <p>Contextual and environmental variables were measured via a survey asking for information related to demographics, settings, duration in current training site, etc.</p>		<p>the supervisory relationship was removed from the analyses. When accounting for the supervisory working alliance, this relationship became insignificant</p>
<p>Daniel (2008) (Dissertation)</p>	<p>To examine the relationship between the supervisory working alliance and pre-doctoral interns' disclosure of countertransference reactions in supervisions</p> <p>To examine the influence of demographic characteristics (e.g., age, gender, ethnicity, theoretical orientation) and match on those characteristics with supervisor on comfort with and likelihood of disclosing countertransference reactions in supervision</p>	<p>Quantitative</p> <p>Correlational</p>	<p>Demographics</p> <p>Working Alliance Inventory-Supervisee Form (WAI-S) – 36-item 7-point Likert scale measure developed by Bahrack (1990)</p> <p>Reaction Disclosure Questionnaire: created by author for the purposes of this study this is an 8-item measure of hypothetical scenarios involving trainee countertransference to clients and the comfort level and likelihood of trainee disclosure to supervisors, each rated on a 7-point Likert</p>	<p>N = 175 pre-doctoral psychology interns in APPIC member internship sites completing a doctorate in clinical, counseling or school psychology</p>	<ul style="list-style-type: none"> ▪ Positive relationship between the supervisory alliance and comfort and likelihood of countertransference disclosure in supervision ▪ No significant relationship between match on demographic variables and supervisory working alliance

			scale (1 = extremely uncomfortable to 7= extremely comfortable).		
Efstation, Patton, & Kardash (1990)	To develop an instrument assessing trainee's and supervisor's ratings of the supervisory alliance	Scale development	Supervisory Working Alliance Inventory (SWAI): 30-item, 7-point Likert scale measure developed based on factor analysis assessing trainee and supervisor ratings of working alliance Supervisory Styles Inventory (SSI) developed by Friedlander & Ward (1984) is a 33-item 7-point Likert scale measure assessing supervisor self-reported supervision style with 3 subscales: attractive, interpersonally sensitive, and task-oriented Self-Efficacy Inventory (SEI): a 21-item self-report 9-point Likert scale measure assessing trainee self-efficacy developed by Friedlander & Snyder (1983). Higher scores	N = 178 trainees & 185 supervisors	<ul style="list-style-type: none"> ▪ Argue that working alliance is a significant construct for supervision ▪ SWAI scores demonstrated reliability and validity (established through comparison with other measures administered) ▪ Scores on trainee ratings of Client Focus and Rapport subscales of the SWAI were significantly predictive of SEI ratings

			(possible scores range from 0-189) indicate higher self-efficacy (administered to trainees only in this investigation)		
Gatmon, Jackson, Koshkarian, Martos-Perry, Molina, Patel, & Rodolfa (2001)	To explore discussions of cultural variables in supervision, specifically focusing on ethnicity, gender and sexual orientation and their influence on supervisee satisfaction with supervision and the supervisory working alliance	Exploratory study	<p>Demographics</p> <p>The Working Alliance Inventory: a 36-item 7-point Likert scale measure developed by Horvath & Greenberg (1989) to assess the working alliance</p> <p>The Supervision Questionnaire – Revised: a 3-item measure developed by Worthington & Roehlke (1979) to assess supervisee ratings of supervision effectiveness and satisfaction</p> <p>Discussion of cultural variables questions asked participants about discussions of gender, ethnicity, and sexual orientation in supervision, who initiated discussions, and Likert scale items assessing supervisee</p>	<p>N = 289 pre-doctoral psychology interns at APA accredited internship sites</p> <ul style="list-style-type: none"> ▪ 203 women, 86 men ▪ 212 European American, 19 African American, 17 Asian American, 15 Chicano/Latino, 15 Jewish/Caucasian, 9 Multiracial, 1 Arab American ▪ 254 heterosexual, 18 homosexual, 15 bisexual 	<ul style="list-style-type: none"> ▪ Overall low frequency of cultural discussions and low frequency of cultural discussions initiated by supervisors, especially for issues related to sexual orientation ▪ 12.5% to 37.9% reported discussions of cultural variables within supervisory relationship ▪ When cultural issues are discussed in supervision, supervisees report greater satisfaction and higher working alliance ▪ Safe atmosphere, depth of dialogue, and frequency in discussion of cultural variables was associated with greater satisfaction and a stronger working alliance ▪ Cultural match between supervisee and supervisor was not significantly related with working alliance and satisfaction

			perceptions of depth, frequency, safety, and satisfaction with such discussions		
Gray, Ladany, Walker, & Ancis (2001)	<p>To examine counterproductive events in supervision in depth</p> <p>Counterproductive event defined as: “any experience that was hindering, unhelpful, or harmful in relation to the trainee’s growth as a therapist” (p. 371).</p> <p>To examine impact of counterproductive event on supervisory relationship, process, and outcome</p> <p>To examine trainee disclosure of counterproductive events</p> <p>To examine impact of counterproductive event on therapeutic process and outcome</p>	Qualitative	<p>Interview: Semi-structured interview based on McCracken (1988) open-ended interview format created for this study after a review of the literature and piloting earlier versions of the measure. Interview questions were divided into the following areas: describing the counterproductive event in detail (antecedents, feelings, behaviors, etc.), perception of supervisors before, after, and during event, desired response from supervisor and from trainee, impact on supervisory relationship, impact on supervision after event, influence on trainee’s work with client, impact of event on evaluation of supervisor, disclosure of event, info about supervisor and approach to</p>	<p>N = 13 students in counseling psychology graduate programs</p> <ul style="list-style-type: none"> ▪ Age range: 23-29; mean = 25.92, SD = 2.10) ▪ 10 women, 3 men ▪ 11 white, 1 described as person of color 	<ul style="list-style-type: none"> ▪ Counterproductive events typically involved supervisors dismissing trainee’s thoughts and feelings ▪ Events led to negative interaction with supervisor ▪ Most participants indicated they did not believe supervisors were aware of the event ▪ All participants reported that counterproductive events negatively impacted supervisory relationship and led to a change in how they interact with supervisor and approach supervision ▪ Events were generally believed to negatively impact work with clients ▪ Most supervisees did not disclose event to their supervisors

			<p>supervision, biographical questionnaire, and SSQ</p> <p>Supervisee Satisfaction Questionnaire (SSQ) is an 8-item self-report measure of trainee satisfaction with 4 aspects of supervision, initially developed from Client Satisfaction Questionnaire (CSQ) by Larsen, Attkisson, Hargreaves, & Nguyen (1979)</p>		
Horvath (2001)	Examine findings from two decades of research on the therapeutic alliance from 90 empirical studies	Meta-analysis of the literature	N/A	N/A	<ul style="list-style-type: none"> ▪ Therapist and patient ratings of working alliance typically converge over time ▪ Early alliance (as early as 5th session) is predictive of therapy outcome ▪ Early focus on therapy should be developing alliance, which takes precedence over specific interventions ▪ More difficult to develop alliance with severe patients, particularly for less experienced therapists
Ladany, Brittan-Powell, & Pannu (1997)	Examine impact of supervisee perception of supervisory racial interactions, supervisee racial identity, racial matching on supervisory working alliance and development of multicultural competence	Quantitative	<p>Demographics</p> <p>Cultural Identity Attitude Scale (CIAS) a 50-item, 5-point Likert scale measure developed by Helms & Carter (1990) to assess racial identity in supervisees who are people</p>	<p>N = 105 trainees</p> <ul style="list-style-type: none"> ▪ Age: M= 29.85, SD= 7.63 ▪ 81 women, 23 men, 1 unspecified ▪ 70.5% white, 10.5% African American, 4.8% Asian, 	<ul style="list-style-type: none"> ▪ Supervisees reporting sharing higher racial attitudes also reported a stronger agreement on goals and tasks of supervision ▪ Supervisees reporting lower levels of racial awareness and reporting higher levels of supervisory racial awareness rated the next highest working alliance ▪ Supervisees reporting negative racial interaction

			<p>of color</p> <p>White Racial Identity Attitude Scale (WRIAS) a 60-item, 5-point Likert scale measure developed by Helms & Carter (1990) assessing white supervisee's racial identity</p> <p>Perceptions of Supervisor Racial Identity (PSRI) created for this study to assess supervisee ratings of perceptions of supervisor racial identity</p> <p>Working Alliance Inventory - Trainee Version (WAI-T) developed by Bahrck (1990) to assess supervisee ratings of supervisory working alliance</p> <p>Cross Cultural Counseling Inventory Revised (CCCI-R): a 20-item instrument developed by LaFromboise, Coleman, & Hernandez (1991) assessing counselor's abilities to work</p>	<p>11.4% Latino, 1% Native American, 1% Pacific Islander, 1% Latino/Indian</p>	<p>with supervisors reported weaker supervisory working alliance</p> <ul style="list-style-type: none"> ▪ Those reporting higher levels of racial interactions reported greater supervisor influence on multicultural competence ▪ Racial matching did not significantly predict ratings of working alliance ▪ Racial matching did impact supervisee perception of supervisor influence on multicultural competence. Specifically, supervisors of color were perceived to influence multicultural competence for supervisees of color and for white supervisees
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			with individuals from different cultures		
Ladany, Ellis, & Friedlander (1999)	<p>To test Bordin's (1983) notion of the supervisory working alliance</p> <p>To test the following hypotheses: Changes in trainee ratings of supervisory working alliance would predict changes in trainee ratings of self-efficacy and changes in trainee ratings of satisfaction with supervision over time, taking into account trainee level of clinical experience (taken as a covariate). Variables were predicted to have a positive relationship.</p>	<p>Quantitative</p> <p>Correlational study with 2 time points to measure changes over time from early in the supervisory relationship to one year into relationship</p>	<p>Demographic questionnaire (completed at baseline only; all other instruments completed at two assessment points)</p> <p>Working Alliance Inventory-Supervisee – Trainee version (WAI-T) – 36-item 7-point Likert scale measure developed by Bahrlick (1990)</p> <p>Self-Efficacy Inventory (SEI): a 21-item self-report 9-point Likert scale measure assessing trainee self-efficacy developed by Friedlander & Snyder (1983). Higher scores (possible scores range from 0-189) indicate higher self-efficacy</p> <p>Trainee Personal Reaction Scale – Revised (TPRS-R): a 12-item 5-point Likert scale measure assessing trainee satisfaction with</p>	<p>N = 107</p> <ul style="list-style-type: none"> ▪ Age mean = 29.91, SD = 6.41 ▪ 72 women, 35 men ▪ 86% White, 7% African American, 3% Latino, 2% Asian American, 3% did not report ▪ Mean of 22.51 months of prior supervised experience, SD = 29.5 	<ul style="list-style-type: none"> ▪ Only one of the hypotheses was supported by the results: trainee ratings of the emotional bond component of supervisory working alliance was significantly related to trainee satisfaction with supervision <ul style="list-style-type: none"> ○ When emotional bond component of supervisory working alliance was viewed as becoming stronger over time in supervision, trainees judged themselves and their supervisors more favorably and were more comfortable in supervision. ○ The opposite relationship also exists such that when trainees perceived the emotional bond component of supervisory alliance as becoming weaker over time, they judged themselves and their supervisors more negatively and were less comfortable in supervision. ▪ No unique contributions independently of two other working alliance components (goals & tasks) ▪ Changes in alliance did not predict changes in self-efficacy ▪ No significant relationship between level of experience and outcome (may be a result of instrumentation) <p>Implications:</p> <ul style="list-style-type: none"> ▪ Reason to equate the therapeutic and supervisory working alliance theoretically (but

			supervision developed by Holloway & Wampold (1984). Higher scores (possible scores range from 12-60) reflect higher satisfaction.		<p>carefully consider differences)</p> <ul style="list-style-type: none"> ▪ Bordin's (1983) model may be inadequate in addressing the evaluative and involuntary components of supervision (which may make it different than the therapeutic alliance) ▪ Emotional bond between supervisor and supervisee may be especially important to develop, and can facilitate trainee disclosure ▪ Trainees seem to gain self-efficacy over time regardless of the supervisory relationship <p>Limitations:</p> <ul style="list-style-type: none"> ▪ Non-experimental design: can't assume directionality or casualiity between emotional bond and greater supervisee satisfaction is a threat to internal validity ▪ External validity may only extend to individuals matching in demographics with sample ▪ Self-report
Ladany & Friedlander (1995)	To test is trainees perceptions of the supervisory working alliance would be negatively related to with their self-reported role conflict and role ambiguity	Quantitative Correlational	<p>Demographics</p> <p>Working Alliance Inventory – Trainee Version (WAI-T) developed by Bahrck (1990) previously described measure of supervisory working alliance</p> <p>Role Conflict and Role Ambiguity Inventory (RCRAI): a 29-item, 5-point Likert scale</p>	N = 123 trainees	<ul style="list-style-type: none"> ▪ Age: M= 30.07, SD= 6.42 ▪ 81 women, 42 men ▪ 85.4% White, 8.1% Black, 2.4% Latino, 1.6% Asian American, 2.4% did not specify <ul style="list-style-type: none"> ▪ Significant relationship between ratings of supervisory alliance and role conflict and ambiguity ▪ Trainees reporting stronger alliance reported experiencing less role conflict and role ambiguity, and trainees reporting weaker alliance reported experiencing more role conflict and role ambiguity ▪ Bond component was particularly strongly related to role conflict and role ambiguity (with greater bond related with less role conflict and ambiguity) ▪ Trainees reporting lower agreement on goals and tasks reported more role

			measure developed by Olk & Friedlander (1992) assessing trainee perceptions of role difficulty in the context of supervision		<p>conflict</p> <ul style="list-style-type: none"> Trainees reporting greater agreement on goals and tasks reported less role ambiguity, suggesting that they were clearer of what is expected of them
Ladany, Lehrman-Waterman, Molinaro, Wolgast (1999)	<p>To examine supervisee perception of supervisor adherence to ethical guidelines</p> <p>To examine supervisee reactions to perceived ethical violations</p> <p>To examine the relationship between supervisor ethical behavior, the supervisory alliance, and supervisee satisfaction</p>	<p>Quantitative</p> <p>Descriptive statistics</p> <p>Ex post facto design to measure correlation between variables</p>	<p>Demographics</p> <p>Supervisor Ethical Practices Questionnaire (SEPQ) created for the purposes of this study and piloted, the final version include open-ended questions that allowed participants to describe supervisor ethical violations with definitions and examples of 15 ethical guidelines identified in the process of scale development (plus an additional space for another ethical guideline, if any) and then asked to respond to a series of questions about each situation (if participants discussed their concern with the supervisor, with another person, with a person in power, how it</p>	<p>N = 151 graduate level trainees</p> <ul style="list-style-type: none"> Age: M = 31.51, SD = 7.92 114 women, 36 men, 1 unspecified 121 White, 12 African American, 9 Asian American, 4 Latino, 1 Native American, 4 unspecified 	<ul style="list-style-type: none"> 51% of participants reported at least one ethical violation by supervisor, although a majority of supervisors adhered to a majority of ethical guidelines 33% of respondents reported ethical violations related to evaluation of supervisee 18% of respondents reported ethical violation related to confidentiality issues in supervision 18% of respondents reported that supervisor was unwilling to use theoretical orientation different than their own 13% of respondents reported violation related to keeping respectful boundaries around supervision session 9% reported violation related to adequate orientation to site expectations 9% reported violations related to supervisor's inadequate expertise or competence in dealing with clientele 8% reported supervisor did not address how to disclose trainee status to clients 8% reported supervisors did not model addressing ethical issues 7% reported violations related to inadequate crisis intervention or emergency coverage

			<p>impacted work with clients</p> <p>Supervisor Ethical Behavior Scale (SEBS) also created for the purposes of this study and piloted, this measure consisted of 45 closed-ended items (3 for each of the 15 identified ethical guidelines) and asked about supervisor ethical or unethical behavior</p> <p>Working Alliance Inventory – Trainee Version (WAI-T) developed by Bahrck (1990) and described above</p> <p>Supervisee Satisfaction Questionnaire (SSQ) is an 8-item self-report measure of trainee satisfaction with 4 aspects of supervision, initially developed from Client Satisfaction Questionnaire (CSQ) by Larsen, Attkisson, Hargreaves, & Nguyen (1979)</p>	<ul style="list-style-type: none"> ▪ 7% reported supervisors were insensitive to client’s culture & 7% reported supervisors were culturally insensitive to supervisee ▪ 6% reported violations related to dual roles ▪ 5% reported violations around termination issues ▪ 5% reported violation around differentiating supervision from person therapy ▪ 1% (2 cases only) report ethical violations related to sexual or romantic issues ▪ Over one third of participants discussed concern about ethical violation with their supervisor ▪ Supervisees reporting greater supervisor ethical adherence reported a stronger supervisory working alliance and the converse relationship was also found for supervisees reporting greater ethical violations showing a weaker alliance. Moreover much of the variance may be due to ethical adherence ▪ Supervisees reporting greater adherence to ethical guidelines were more satisfied with supervision
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Ladany, Walker, & Melincoff (2001)	Examine the relationship supervisor perception of their supervisory styles and their ratings of the supervisory alliance and self-disclosure in supervision	Quantitative Correlational	Demographics Supervisory Styles Inventory (SSI) developed by Friedlander & Ward (1984) is a 33-item 7-point Likert scale measure assessing supervisor self-reported supervision style with 3 subscales: attractive, interpersonally sensitive, and task-oriented Working Alliance Inventory – Supervisor Version (WAI-S): a 36-item 7-point Likert scale measure developed by Baker (1991) Supervisor Self-Disclosure Inventory (SSDI): a 9-item 5-point Likert scale self report measure developed by Ladany & Lehrman-Waterman (1999) assessing the type of information supervisors disclose in supervision	N = 137 supervisors of psychology trainees <ul style="list-style-type: none"> ▪ Age: M = 45, SD = 10.40 ▪ 80 women, 55 men, 2 unspecified ▪ 119 White, 6 African American, 4 Asian American, 3 Latina, 1 other, 4 unspecified 	<ul style="list-style-type: none"> ▪ Supervisor perception of own style was significantly related to the supervisory working alliance ▪ Supervisors with higher ratings on attractiveness (perceived self as warm, friendly, and supportive) reported higher agreement on goals and tasks ▪ Supervisors approaching their trainees from a didactic perspective more likely to rate greater agreement on tasks of supervision ▪ Implications for using more than one style to develop all three components of supervisory working alliance ▪ Supervisors reporting greater attractive and interpersonally sensitive style, more likely to see themselves as self-disclosing
Lehrman-Waterman & Ladany (2001)	To develop the Evaluation Process Within Supervision Inventory (EPWI),	Quantitative Psychometric	Demographics Evaluation Process Within Supervision	N = 274 psychology trainees <ul style="list-style-type: none"> ○ Age: 	<ul style="list-style-type: none"> ○ Showed 2 theoretically sound factors for effective supervision: goal setting (specific and measurable goals)

	<p>a measure that examines evaluation practices in clinical supervision</p> <p>Measured efficacy of supervision by validating measure on agreement on goals & tasks + feedback</p>	<p>Instrument development</p>	<p>Inventory (EPSI): created for this study, this 21-item self-report scale with 7-point Likert scale responses (1 = strongly disagree, 7 = strongly agree) for trainees to rate the degree to which their supervision was effective in terms of goal-setting and feedback</p> <p>Working Alliance Inventory – Trainee (WAI-T), - developed by Bahrck (1990)</p> <p>Self-Efficacy Inventory (S-EI) developed by Friedlander & Snyder (1983) is a 21-item self-report measure for trainee perception of self-efficacy</p> <p>Supervisee Satisfaction Questionnaire (SSQ) is an 8-item self-report measure of trainee satisfaction with 4 aspects of supervision, initially developed from Client Satisfaction Questionnaire (CSQ) by</p>	<p>mean = 29.08, SD = 5.76</p> <ul style="list-style-type: none"> ○ 211 women, 63 men ○ 223 White, 19 African American, 11 Asian American, 12 Hispanic, 6 biracial, 2 unspecified ○ 	<p>and feedback (clear, timely, balanced feedback)</p> <ul style="list-style-type: none"> ○ Effective goal-setting and feedback practices related with stronger working alliance, trainee satisfaction with supervision, trainee perception of supervisor facilitation of greater self-efficacy
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			Larsen, Attkisson, Hargreaves, & Nguyen (1979)		
Livni, Crowe, & Gonzalves (2012)	<p>Assess how supervisory process and structure contributed to outcomes in terms of satisfaction, well-being, and burnout for supervisees in Alcohol and Other Drugs (AOD) rehabilitation settings</p> <p>Examine relationship between supervisory alliance and perceived supervision effectiveness</p> <p>Examine if supervisory alliance and perceived effectiveness predicted supervisee satisfaction, well-being, and burnout</p> <p>Explore any differences between supervision in individual or group format</p>	<p>Naturalistic study</p> <p>Repeated measures design to account for the passage of time; measures administered at 3 time points over a 9-month period</p> <p>Control group received group supervision</p>	<p>Demographics</p> <p>Supervisory Working Alliance Inventory (SWAI) – Supervisee/Therapist Form: a 23-item, 7-point Likert scale measure developed by Efstation, Patton, & Kardash (1990) assessing self-report of the supervisory working alliance</p> <p>Supervision Evaluation Questionnaire (SEvQ): a 37-item, 7-point Likert scale measure developed by Gonsalvez (2007) assessing evaluation with supervision experiences with higher scores indicating a more positive evaluation of supervision. This measure provides an overall score and the supervision effectiveness subscale was also used in analyses for this</p>	<p>N = 52 (42 supervisees and 10 supervisor; data from only 37 supervisees was used in final analysis due to incomplete data) health service AOD workers in New South Wales, Australia</p> <ul style="list-style-type: none"> ▪ Age range: 25-60 for supervisees; 45-60 for supervisors (participants selected from brackets instead of entering age to maintain confidentiality) ▪ Supervisee gender: 22 women, 7 men, 8 unanswered. Supervisors: 5 women, 5 men 	<ul style="list-style-type: none"> ▪ Perceived alliance, perceived supervision effectiveness, and evaluation of supervision all increased with time in supervision ▪ Unexpectedly, increased time in supervision was related with higher burnout and lower well-being, but the relationship was not statistically significant suggesting that other factors likely contributed to change in those ratings ▪ Ratings of supervision satisfaction and supervision effectiveness were high in both individual and group modalities ▪ Group cohesion was found to be positively related to supervision evaluation ▪ Group cohesion was equally predictive of supervision evaluation and supervisory alliance ▪ In group condition, neither alliance nor supervision evaluation were significantly related to job satisfaction, burnout, and well-being ▪ Supervision alone will not result in decreased burnout and higher job satisfaction and well-being; however supervisory alliance is associated with these variables suggesting that a relationship with supervisor may have some protective benefits ▪ Alliance was more strongly related to outcomes in individual versus group conditions

			<p>study</p> <p>The Maslach Burnout Inventory (MBI): a 22-item, 7-point Likert scale measure developed by Maslach & Jackson (1981) assessing worker burnout with higher scores indicating higher job satisfaction</p> <p>Scales of Psychological Well-Being (SPW): a 12-item, 7-point Likert scale measure developed by Ryff (1989) with higher scores indicating higher well-being</p> <p>California Psychotherapy Alliance Scale – Group-Modified (CPAS-G-M): a 12-item, 7-point Likert scale measure developed by Gaston & Marmar (1994) assessing group cohesion with higher scores indicating higher cohesion</p>		
Nelson & Friedlander (2001)	<ul style="list-style-type: none"> ▪ “To uncover common themes in supervisee’s phenomenologi 	<p>Qualitative</p> <p>Mixed</p>	Semi structured interview guide to elicit trainee responses about	N = 13 doctoral and masters level trainees	<ul style="list-style-type: none"> ▪ Qualitative interviews uncovered two main themes: power struggles characterized most

	<p>cal experiences of harmful conflict in supervision” (p. 385)</p>	<p>methods using some quantitative measures</p>	<p>their experiences in supervision, their impact on their self-concept, behavior, and professional development.</p> <p>Role Conflict and Role Ambiguity Inventory (RCRAI): a 29-item, 5-point Likert scale measure developed by Olk & Friedlander (1992) assessing trainee perceptions of role difficulty in the context of supervision</p> <p>Supervisory Styles Inventory (SSI): developed by Friedlander & Ward (1984) is a 33-item 7-point Likert scale measure assessing supervisor self-reported supervision style with 3 subscales: attractive, interpersonally sensitive, and task-oriented</p>	<ul style="list-style-type: none"> ▪ Age range: 29-52 ▪ 9 women, 4 men ▪ 11 White, 1 Chicano/a, 1 Asian American 	<p>supervisory relationships that trainees reported as harmful, and secondly, dual relationship, even when subtle, created confusion for trainees</p> <ul style="list-style-type: none"> ▪ Themes uncovered by analysis related to role conflict and role ambiguity ▪ Supervisor doubt about own competence can lead to them being less helpful to trainees and to “pull rank” (p. 392) in response ▪ In some cases trainees felt their training needs were neglected and they were regarded as an employee ▪ Supervisees in negative supervisory relationships did not experience a sense of warmth or trust in the relationship ▪ Many relied on supports and felt that they resolved the conflict without the help of their supervisor ▪ Negative experiences had adverse impact on health ▪ Supervisors would benefit from training in how to manage relationships where there is a power differential ▪ Quote from Mueller & Kell (1972): “They stated, “only if the therapist trusts that the supervisor is genuinely interested in assisting him to be a better therapist will he endanger himself by providing the supervisor with information relevant to those events which make him anxious” (Mueller & Kell, 1972, pp. 30-31). ▪ It is advisable to have a role induction procedure for both partners in the supervisory dyads and to plan for how conflict might be managed early in the relationship
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<p>Patton & Kivlighan (1997)</p>	<ul style="list-style-type: none"> ▪ To establish relationship between supervisory relationship and therapeutic relationship with supervisee's clients ▪ To examine some of the ways in which the supervisory relationship contributes to variables in a trainee's clinical work with clients, which is presumed to be one outcome of supervision 	<p>Quantitative</p> <p>Correlational</p>	<p>Working Alliance Inventory (WAI): a 36-item, 7-point Likert scale measure developed by Horvath & Greenberg (1989) to measure Bordin's (1983) model of the working alliance; 3 subscales with 12 items each related to agreement on goals, agreement on tasks, and emotional bond</p> <p>Supervisory Working Alliance Inventory (SWAI) – Supervisee Form: 19 items on a 7-point Likert scale measure developed by Efstation, Patton, Kardash (1990) assessing the supervisory working alliance in terms of two subscales (Client Focus & Rapport)</p> <p>Vanderbilt Therapeutic Strategies Scale (VTSS): a 21-item, 5-point Likert scale measure developed by</p>	<p>N = 75 trainee therapists</p> <ul style="list-style-type: none"> ▪ Age range: 22-51 ▪ 53 women, 22 men ▪ 64 European American, 11 African American <p>Clients N = 75 volunteer undergraduate students</p> <ul style="list-style-type: none"> ▪ 59 women, 16 men ▪ 69 European American, 8 African American <p>Supervisors N = 15</p> <ul style="list-style-type: none"> ▪ 8 women, 7 men ▪ All European American 	<ul style="list-style-type: none"> ▪ Supervisee perception of supervisory working alliance was significantly related to client's ratings of counseling alliance and to treatment adherence ▪ Assumed that trainees are taking knowledge from supervisory relationship and applying it to therapeutic relationship ▪ No relationship between techniques in supervision and supervisory alliance, parallel results with clients ▪ Alliance measures were most predictive
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			Butler, Henry, & Strupp (1992) assessing therapist adherence to Time Limited Dynamic Psychotherapy		
Ramos-Sanchez, Ensil, Goodwin, Riggs, Touster, Wright, Ratanasiripong, and Rodolfa (2002)	<ul style="list-style-type: none"> To examine the relationship between trainee developmental level, attachment style, the supervisory alliance, and negative events in supervision 	<p>Qualitative</p> <p>Used Marshall & Rossman (1999) recommended strategies to organize data by themes</p> <p>Survey</p> <p>Mailed packets to randomly selected APA doctoral programs and internship sites; response rate was 28%</p>	<p>Demographics</p> <p>Negative events in supervision</p> <p>Relationship Questionnaire: developed by Bartholomew & Horowitz (1991) to measure attachment style</p> <p>Working Alliance Inventory – revised by Baker (1990) based on Horvath & Greenberg’s (1989) measure to measure the supervisory working alliance</p> <p>Supervisee Levels Questionnaire – Revised (SLQ-R) developed by McKneill, Stoltenberg, & Romans (1992) to measure supervisee developmental level. This measure produces a global rating of supervisee developmental level in addition to a rating on</p>	<p>N = 126 psychology practicum students or interns</p> <ul style="list-style-type: none"> Age range: 23-31 (M = 30.7) 73% women, 27% men 79% Caucasian/European American 21% other 54% pre-doctoral interns, 46% practicum students 	<ul style="list-style-type: none"> Participants reporting negative events in supervision had weaker supervisory alliance than those not reporting negative events: “The breach in the alliance likely led to a supervisee’s reporting negative experiences in supervision, particularly in the most frequently reported category of interpersonal relationship and style” (p. 200). Unethical behavior in supervisor may have also led to weaker alliance. Participants reporting negative events had lower satisfaction with supervision as compared with those not reporting negative events Participants reporting negative events also indicated that supervision negatively impacted their training, clinical work with clients, and future career goals <p>Implications:</p> <ul style="list-style-type: none"> Although evaluation is a necessary part of supervision, overly harsh and critical feedback impacts a trainee’s clinical work, and evaluation should include both supervisor and supervisee input Developing a strong relationship is especially important early in supervisee development Supervisory relationship has very strong impact on

			three subscales: Self- and Other Awareness, Motivation, and Dependency/ Autonomy		<p>trainee satisfaction with training</p> <ul style="list-style-type: none"> ▪ Negative events related to ethical violations and multicultural issues had especially harmful effects on supervisees. It is advisable that these be addressed promptly ▪ Self awareness is important part of training and study had implications for recommending that supervisees seek personal psychotherapy, which can help with developing the supervisory alliance
Riggs & Bretz (2006)	<ul style="list-style-type: none"> ▪ To explore the relationship between interpersonal variables, such as attachment, and the supervisory alliance ▪ To expand on Ramos-Sanchez et al. (2002) qualitative study findings that negative events in supervision related to interpersonal style and were associated with a weaker supervisory alliance and negatively impacted training ▪ Specific targets included finding more empirical support that it is useful and relevant to look at attachment styles in relation to the supervisory relationship 	Quantitative Exploratory Web-based survey	<p>Five-part web-based survey:</p> <p>Demographics</p> <p>The Working Alliance Inventory (Horvath & Greenberg, 1986, 1989, 1994) developed based on Bordin's (1983) model used to assess the supervisory working alliance</p> <p>Measure of Parental Style developed by Parker et al. (1997) used to assess early parent-child relationship</p> <p>The Reciprocal Attachment Questionnaire developed by West and Sheldon-Keller (1994) used to assess</p>	<p>N = 86 psychology pre-doctoral interns</p> <ul style="list-style-type: none"> ▪ Age range 25-54 (M = 32.6) ▪ 77% (66) women, 23% (20) men ▪ 78.2% Caucasian, 9.2% Asian American/Pacific Islander, 3.4% Latino, 1.1% African American, 4.6% biracial or other 	<ul style="list-style-type: none"> ▪ Findings support previous theoretical and empirical literature suggesting a relationship between attachment style and supervisory relationship ▪ Attachment construct and events in childhood and relationships are relevant to events in supervision ▪ Supervisee attachment style not significantly related to supervisory working alliance ▪ Perceived supervisor attachment style predicts ratings of task component of supervisory working alliance (perception of supervision as structured and useful contributed most to supervisory working alliance) <p>Limitations: Design – exploratory, supervisor ratings based on supervisee self-report, statistical analyses conducted cannot suggest causality</p>

	<ul style="list-style-type: none"> ▪ Hypotheses: memories of parental indifference and overcontrol would be related to lower ratings of supervisory alliance, supervisee pathological attachment behavior would be associated with lower ratings of supervisory alliance, secure attachment styles in both supervisors and supervisees would be associated with greater supervisory alliance ratings, secure supervisory dyads would report greater alliance than supervisory dyads with at least one insecurely attached member 		<p>pathological attachment behaviors</p> <p>Relationship Questionnaire (RQ) developed by Bartholomew and Horowitz (1991) used to assess participant ratings of own and supervisor's attachment styles</p>		
Sterner (2009)	<ul style="list-style-type: none"> ▪ To explore the influence of the supervisory working alliance on work stress and work satisfaction in professional settings ▪ To extend the supervision literature beyond academic settings to professional 	Quantitative Correlational	<p>Demographics</p> <p>Supervisory Working Alliance – Trainee (SWAIT): a 19-item 7-point Likert scale measure developed by Efstation, Patton, & Kardash (1990) assessing self-report of the supervisory working</p>	<p>N = 79 members of the American Mental Health Counseling Association currently or previously in supervision</p> <ul style="list-style-type: none"> ▪ Age range: 29-73 ▪ 68% women, 31% men, 1 did not respond 	<ul style="list-style-type: none"> ▪ Higher ratings on supervisory working alliance related with higher work satisfaction ▪ Higher ratings on supervisory working alliance related with less work related stress ▪ Supervision may mediate work-related stress for supervisees

	settings		<p>alliance. 13 items map on to Rapport subscale and 6 items map on to Client Focus subscale</p> <p>Minnesota Satisfaction Questionnaire – Short Form (MSQ): 20 item 5-point Likert scale measure developed by Weiss, Dawis, England, & Lofquist (1967) to measure employee work satisfaction</p> <p>Occupational Stress Inventory – Revised (OSI-R): a 140-item, 5-point Likert scale measure developed by Osipow (1998) to assess occupational stress</p>	<ul style="list-style-type: none"> 90% Caucasian, 4% Latino American, 3% biracial or multiracial, 1% African American, 1% Native American 	
Walker, Ladany, Pate-Carolan (2007)	<ul style="list-style-type: none"> Examine gender-related events (GRE) in supervision from the perspective of female trainees According to authors, study sought to explore 3 questions: how gender dynamics impact supervision, content and frequency of GRE in supervision, and impact of GRE on trainee 	<p>Quantitative and Qualitative (to explore the nature of GRE)</p> <p>Web-based survey of psychology trainees across developmental levels</p>	<p>Demographics</p> <p>Gender-Related Events Survey, created for the purposes of this study, using an open prompt to elicit examinee response with some examples</p> <p>Working Alliance Inventory (WAI-T) developed by Bahrack (1990)</p> <p>Trainee Disclosure Scale (TDS)</p>	<p>N = 111 female trainees</p> <ul style="list-style-type: none"> Average age: 31 91 white, 9 African American, 4 Asian, 3 biracial, 3 Latina, 1 other 70% counseling psychology, 18% clinical psychology 	<p>Relevant findings include that GRE do occur in supervision and can be categorized as supportive or non-supportive in nature</p> <ul style="list-style-type: none"> Supportive GRE were related to stronger agreement on supervisory task and stronger bond Non-supportive GRE (e.g. supervisors making stereotypical comments related to gender) related with weaker alliance Supportive GRE related to greater disclosure <p>Limitations: unable to generalize results because of demographic constraints (all female, mostly white),</p>

	perception of supervisory working alliance and on trainee self-disclosure		developed based on Ladany et al. (1996) study findings for this study is a self-report measure composed of 13-items on a 5-point Likert scale assessing disclosure in supervision		participant self-selection, unable to calculate response rate due to using web-based survey, design was non-experimental so a casual link between GRE and supervisory working alliance cannot be inferred
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APPENDIX B

Demographics Questionnaire

Demographics Questionnaire

Instructions: For each item, please select the answer choice that is most appropriate for you. If there is not an answer that is appropriate, select “other” and type your response in the box provided. If you prefer not to answer any item, you may leave it blank. **When responding to items about your supervisor, please base your answers on your primary supervisor at your most recent practicum site, prior to internship.**

1. Type of doctoral program:

- A. Clinical
- B. Counseling
- C. School
- D. Combined
- E. Other _____

2. Degree sought:

- A. Ph.D.
- B. Psy.D.
- C. Ed.D.
- D. Other _____

3. Is your doctoral program APA or CPA accredited?

- A. Yes
- B. No

4. Which of the following best describes your most recent **pre-internship practicum training site** that had a psychotherapy emphasis:

- A. Armed Forces Medical Center
- B. Child/Adolescent Psychiatric/Pediatrics
- C. Community Mental Health Center
- D. Consortium
- E. Medical School
- F. Prison/Other Correctional Facility
- G. Private General Hospital
- H. Private Outpatient Clinic
- I. Private Psychiatric Hospital
- J. Psychology Department Training Clinic
- K. School District
- L. State/County/Other Public Hospital
- M. University Counseling Center
- N. Veterans Affairs Medical Center
- O. Other _____

5. How recent was your last pre-internship practicum training that had a psychotherapy emphasis:

- A. Training/academic year prior to internship (2011-2012)
- B. Two training/academic years prior to internship (2010-2011)
- C. Three or more training/academic years prior to internship
- D. Did not receive any practicum training emphasizing psychotherapy

6. Which of the following best describes your primary theoretical orientation?

- A. Cognitive-Behavioral (including cognitive and behavioral)
- B. Existential/Humanistic
- C. Family Systems
- D. Psychodynamic
- E. Other _____

7. What is your age?

8. Which gender do you identify with?

- A. Female
- B. Male
- C. Other (trans, intersex) _____

9. Which of the following best describes your racial/ethnic identification? Check all that apply.

- A. African-American/Black
- B. American Indian/Alaskan Native
- C. Asian/Pacific Islander
- D. Hispanic/Latino
- E. White (non-Hispanic)
- F. Bi-racial/Multi-racial
- G. Other _____

10. What is your sexual orientation?

- A. Heterosexual
- B. Gay
- C. Lesbian
- D. Bisexual
- E. Other _____

When answering the following questions, please answer about the primary supervisor at your most recent practicum site that included a psychotherapy emphasis.

11. Which best describes your primary supervisor's primary theoretical orientation (please answer for your primary supervisor at your most recent pre-internship practicum training site)?

- A. Cognitive-behavioral (includes cognitive and behavioral)
- B. Family systems
- C. Humanistic/existential
- D. Psychodynamic
- E. Other _____

12. Which gender does your primary supervisor identify with?

- A. Female
- B. Male
- C. Other (trans, intersex) _____
- D. Unknown

13. Which best describes your primary supervisor's racial/ethnic identification?

- A. African-American/Black
- B. American Indian/Alaskan Native
- C. Asian/Pacific Islander
- D. Hispanic/Latino
- E. White (non-Hispanic)
- F. Bi-racial/Multi-racial
- G. Other _____
- H. Unknown

14. What is your primary supervisor's sexual orientation?

- A. Heterosexual
- B. Gay
- C. Lesbian
- D. Bisexual
- E. Other _____
- F. Unknown

APPENDIX C

Working Alliance Inventory – Supervision

Working Alliance Inventory--Supervision: Supervisee Form

Instructions: On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her supervisor. As you read the sentences, mentally insert the name of your current (or most recent) primary supervisor in place of _____ in the text. If you have more than one primary supervisor, select the one with whom you spend the most time.

Beside each statement there is a seven point scale:

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

If the statement describes the way you always feel (or think), circle the number “7”; if it never applies to you, circle the number “1”. Use the numbers in between to describe the variations between these extremes.

Please work fast. Your first impressions are what is wanted.

1. I feel uncomfortable with _____.
2. _____ and I agree about the things I will need to do in supervision.
3. I am worried about the outcome of our supervision sessions.
4. What I am doing in supervision gives me a new way of looking at myself as a counselor.
5. _____ and I understand each other.
6. _____ perceives accurately what my goals are.
7. I find what I am doing in supervision confusing.
8. I believe _____ likes me.
9. I wish _____ and I could clarify the purpose of our sessions.
10. I disagree with _____ about what I ought to get out of supervision.
11. I believe the time _____ and I are spending together is not spent efficiently.
12. _____ does not understand what I want to accomplish in supervision.
13. I am clear on what my responsibilities are in supervision.
14. The goals of these sessions are important to me.
15. I find what _____ and I are doing in supervision is unrelated to my concerns.
16. I feel that what _____ and I are doing in supervision will help me to accomplish the changes that I want in order to be a more effective counselor.
17. I believe _____ is genuinely concerned for my welfare.
18. I am clear as to what _____ wants me to do in our supervision sessions.
19. _____ and I respect each other.
20. I feel that _____ is not totally honest about his or her feelings towards me.
21. I am confident in _____'s ability to supervise me.

22. _____ and I are working towards mutually agreed-on goals.
23. I feel that _____ appreciates me.
24. We agree on what is important for me to work on.
25. As a result of our supervision sessions, I am clearer as to how I might improve my counseling skills.
26. _____ and I trust one another.
27. _____ and I have different ideas on what I need to work on.
28. My relationship with _____ is very important to me.
29. I have the feeling that it is important that I say or do the “right” things in supervision with _____.
30. _____ and I collaborate on setting goals for my supervision.
31. I am frustrated by the things we are doing in supervision.
32. We have established a good understanding of the kinds of things I need to work on.
33. The things that _____ is asking me to do don’t make sense.
34. I don’t know what to expect as a result of my supervision.
35. I believe the way we are working with my issues is correct.
36. I believe _____ cares about me even when I do things that he or she doesn’t approve of.

Scoring Key for the Working Alliance Inventory

TASK Scale	2	4	7	11	13	15	16	18	24	31	33	35
Polarity	+	+	-	-	+	-	+	+	+	-	-	+
BOND Scale	1	5	8	17	19	20	21	23	26	28	29	36
Polarity	-	+	+	+	+	-	+	+	+	+	-	+
GOAL Scale	3	6	9	10	12	14	22	25	27	30	32	34
Polarity	-	+	-	-	-	+	+	+	-	+	+	-

Working Alliance Inventory--Supervision: Supervisee Bond Scale Only

Instructions: On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her supervisor. As you read the sentences, mentally insert the name of **your most recent practicum primary supervisor prior to internship** in place of _____ in the text. If you had more than one primary supervisor, select the one with whom you spend the most time.

Beside each statement there is a seven-point scale:

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

If the statement describes the way you always feel (or think), circle the number “7”; if it never applies to you, circle the number “1”. Use the numbers in between to describe the variations between these extremes.

Please work fast. Your first impressions are what is wanted.

1. I feel uncomfortable with _____.
2. _____ and I understand each other.
3. I believe _____ likes me.
4. I believe _____ is genuinely concerned for my welfare.
5. _____ and I respect each other.
6. I feel that _____ is not totally honest about his or her feelings towards me.
7. I am confident in _____’s ability to supervise me.
8. I feel that _____ appreciates me.
9. _____ and I trust one another.
10. My relationship with _____ is very important to me.
11. I have the feeling that it is important that I say or do the “right” things in supervision with _____.
12. I believe _____ cares about me even when I do things that he or she doesn’t approve of.

Scoring Key for the Working Alliance Inventory – Bond Scale

BOND Scale	1	5	8	17	19	20	21	23	26	28	29	36
Polarity	-	+	+	+	+	-	+	+	+	+	-	+

Permission to use Working Alliance Inventory-Supervision

From: "Bahrack, Audrey S"
Subject: **RE: Request for Permission: Working Alliance Inventory/Supervision**
Date: June 27, 2012 7:33:13 PM PDT
To: "Ofek, Ayala (student)"

Dear Ayala

Yes, I am happy to give you permission to use the Working Alliance Inventory/Supervision for your dissertation project. Best of luck with this interesting research.

Audrey

Audrey S. Bahrack, Ph.D.
Staff Psychologist
University Counseling Service
The University of Iowa

APPENDIX D

Supervisee Disclosure Scale

Supervisee Disclosure Questionnaire

Instructions: The following items include scenarios that may be encountered in the course of clinical training. Please read each scenario and rate how comfortable you would have been discussing these scenarios in supervision and the likelihood that you would have discussed these scenarios in supervision. **When responding, please base your answers on your primary supervisor at your most recent practicum site, prior to internship.**

1. Your client has been struggling financially and after session asks you to borrow a dollar because he/she does not have enough money to get home. You only have a five-dollar bill in your wallet, which you give to your client.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

2. You feel that you have been able to flexibly and effectively apply knowledge acquired through independent reading, coursework, and supervision in your therapeutic work with a client.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

3. After an intake session you realize that the client has several risk factors for suicide (i.e., depressed mood, family history of suicide, substance abuse, and little social support). You are concerned that you did not explicitly ask the client about his/her own past or current suicidality.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

4. Your client tells you about a painful traumatic event in his or her past and you begin to tear up in session. You are not sure your client noticed.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

5. After session, your adult client extends his/her arms out and moves in to hug you. You are unsure how to respond but in the moment hug your client.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

6. Your client reports subjective improvement and you have been using objective measures that indicate positive change. You sense that therapy is helping your client

make progress towards his or her goals.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

7. You notice one of your fellow trainees give a client his or her personal phone number after session, although that is inconsistent with the policies of the agency.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

8. You routinely end sessions 10 minutes late with one of your clients. You do not do this with any of your other clients.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

9. Your supervisor assigned reading to inform your work with a client whose cultural background you are not at all familiar. Your workload has been so demanding in recent weeks that you have not gotten around to doing the reading.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

10. You sense that your client is sexually attracted to you. You also find this client very attractive and have had sexual thoughts about the client outside of session.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

11. Your supervisor suggests that your client is being defensive in session. You believe your client's behavior is consistent with his or her cultural background based on past clinical experiences with individuals of the same background.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

12. You have been reviewing taped session material and reflecting on your work with your client outside of session. You note some clinical strengths as well as areas for further growth in your work with this client, and want feedback from your supervisor.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

13. You have been experiencing a number of personal stressors that are impacting your ability to focus on your work with clients.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

14. Your client has political and/or religious views that differ greatly from your own. Your client is unaware of your beliefs and regularly speaks disparagingly about those holding the same beliefs as you. You are unsure if and how you should address this with your client.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

15. Your supervisor advised that you use specific interventions in your work with a client. You are not sure that the interventions your supervisor suggested are appropriate for your client at this time.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

16. Nearing the end of session your new adult client revealed a history of physical abuse by his/her parents, including towards his/her minor siblings. Because there was little time left in the session, you do not further assess for child abuse.

How comfortable would you have been discussing this with your supervisor?

1	2	3	4	5	6	7
Extremely uncomfortable	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable	Extremely comfortable

What is the likelihood that you would have actually discussed this with your supervisor?

1	2	3	4	5	6	7
Extremely unlikely	Very unlikely	Unlikely	Uncertain	Likely	Very likely	Extremely likely

Table 3

SDS Item Number and Competency Measured (Competencies as Outlined in Fouad et al., 2009)

SDS Item Number	Competency Benchmark(s)
Item 1	Ethical Conduct Professionalism (Integrity-Honesty) Professionalism (Accountability) Professionalism (Concern for the welfare of others)
Item 2	Scientific Knowledge and Methods Reflective Practice Self-Assessment Professional Identity
Item 3	Ethical Legal Standards and Policy Professionalism (Concern for the welfare of others)
Item 4	Relationships (Affective Skills) Professionalism (Department)
Item 5	Relationships (Affective Skills) Ethical Conduct Professionalism
Item 6	Self-Assessment Scientific Knowledge and Methods
Item 7	Relationships (Interpersonal Relationships) Relationships (Affective Skills) Ethical Legal Standards and Policy Professionalism (Integrity-Honesty)
Item 8	Reflective Practice Relationships (Affective Skills) Relationships (Interpersonal Relationships)

(Continued)

SDS Item Number	Competency Benchmark(s)
Item 9	Individual and Cultural Diversity Awareness Self-Care Professionalism (Accountability)
Item 10	Reflective Practice Relationships (Affective Skills) Professionalism (Concern for the welfare of others)
Item 11	Individual and Cultural Diversity Awareness Relationships (Affective Skills) Relationships (Interpersonal Relationships)
Item 12	Reflective Practice Self-Assessment Professionalism (Accountability)
Item 13	Self-Care Self-Assessment Reflective Practice Professionalism (Concern for the welfare of others) Relationships (Affective Skills)
Item 14 Awareness	Individual and Cultural Diversity Relationships
Item 15	Relationships (Affective Skills) Relationships (Interpersonal Relationships)
Item 16	Ethical Legal Standards and Policy Relationships (Affective Skills)

APPENDIX E

Recruitment Letter to Training Directors

Subject: Invitation for Research Participation Open to Pre-doctoral Interns

Dear Training Director,

I am a doctoral student in clinical psychology at Pepperdine University. As part of my dissertation project, I am examining intern ratings of the supervisory alliance and disclosure of clinically relevant events. This study pertains to interns' supervision experiences prior to internship, and not with their current supervisors. I am contacting all APPIC-member internship sites and requesting their assistance with my study. It would be much appreciated if you would kindly forward this e-mail to your interns. The Institutional Review Board at Pepperdine University approved this study.

Participation in this study entails completing an online survey about supervision experience prior to internship in addition to rating comfort in disclosing to supervisors hypothetical scenarios that may be encountered in clinical training. Information regarding participant demographics and program type will also be collected, although no identifying information is collected regarding interns or their academic and training programs as part of this study. Completion time for this study is approximately 10 to 15 minutes.

If you have any questions or comments, please do not hesitate to contact me, at ayala.ofek@pepperdine.edu. You may also contact Dr. Edward Shafranske, Dissertation Chairperson, at edward.shafranske@pepperdine.edu or Dr. Doug Leigh, Chairperson of the Pepperdine University Graduate and Professional Schools Institutional Review Board, at (310) 568-2389.

Thank you in advance for your assistance with the completion of this study.

Sincerely,

Ayala Ofek, M.A.
Clinical Psychology Doctoral Student
Pepperdine University

APPENDIX F

Recruitment Letter to Participants

Dear Psychology Intern,

I am a clinical psychology doctoral candidate at Pepperdine University conducting a study to meet my dissertation requirements under the supervision of my faculty advisor, Edward Shafranske, Ph.D., ABPP. I am conducting a brief study examining the supervisory alliance and disclosure of clinically relevant events in supervision. Participation in this study entails completing an online survey about your supervision experience *prior to internship* in addition to rating comfort in disclosing to supervisors hypothetical scenarios that may be encountered in clinical training. Information about your demographics and program type will also be collected; however, no identifying information is collected regarding interns or their academic and training programs as part of this study. This study has been approved by the Institutional Review Board at Pepperdine University.

I believe that as a pre-doctoral intern, you are in the unique position of offering invaluable insights about pre-internship training experiences that may be helpful to future trainees and their supervisors. I would greatly appreciate your assistance with my study. **Participation in this study is entirely voluntary and is expected to take no more than 15 minutes.** Participation is open to all current pre-doctoral psychology interns. Please feel free to forward this invitation to any psychology interns you know.

The surveys are on the website SurveyMonkey. A link to the web address of the surveys can be found below this message.

Upon completion of this study, you will have the opportunity to be entered into a drawing for one of four \$25 gift certificates to Amazon.com.

Thank you in advance for your assistance with the completion of this study.

Sincerely,

Ayala Ofek, M.A.
Clinical Psychology Doctoral Student
Pepperdine University

<http://www.surveymonkey.com/>

APPENDIX G

Follow-up Letter to Training Directors

Dear Training Director,

A few weeks ago, I sent you an invitation for study participation to be forwarded for your interns. If you have not forwarded this invitation to your interns, I hope that you will consider forwarding this invitation so your interns may have the opportunity to inform supervision practices for future trainees and their supervisors. If you have already forwarded this invitation to your interns, I truly appreciate you taking the time to do so. Information about the study sent in my previous correspondence can be found below.

I am a doctoral student in clinical psychology at Pepperdine University. As part of my dissertation project, I am examining intern ratings of the supervisory alliance and disclosure of clinically relevant events. This study pertains to interns' supervision experiences prior to internship, and not with their current supervisors. I am contacting all APPIC-member internship sites and requesting their assistance with my study. It would be much appreciated if you would kindly forward this e-mail to your interns. The Institutional Review Board at Pepperdine University approved this study.

Participation in this study entails completing an online survey about supervision experience prior to internship in addition to rating comfort in disclosing to supervisors hypothetical scenarios that may be encountered in clinical training. Information regarding participant demographics and program type will also be collected, although no identifying information is collected regarding interns or their academic and training programs as part of this study. Completion time for this study is approximately 10 to 15 minutes.

If you have any questions or comments, please do not hesitate to contact me, at ayala.ofek@pepperdine.edu. You may also contact Dr. Edward Shafranske, Dissertation Chairperson, at edward.shafranske@pepperdine.edu or Dr. Doug Leigh, Chairperson of the Pepperdine University Graduate and Professional Schools Institutional Review Board, at (310) 568-2389.

Thank you in advance for your assistance with the completion of this study.

Sincerely,

Ayala Ofek, M.A.
Clinical Psychology Doctoral Student
Pepperdine University

APPENDIX H

Follow-up Letter to Participants

Dear Psychology Intern,

A few weeks ago, I sent you an invitation for study participation. If you have not completed this brief survey, I hope that you will consider participating in this opportunity to inform supervision practices for future trainees and their supervisors. If you have already completed this survey, I truly appreciate you taking the time to do so. The link to access the survey and information about the study sent in my previous correspondence can be found below.

<http://www.surveymonkey.com/>

I am conducting a brief study examining your ratings of the supervisory alliance and disclosure of clinically relevant events. I believe that as a pre-doctoral intern, you are in the unique position of offering invaluable insights about pre-internship training experiences that may be helpful to future trainees and their supervisors. I would greatly appreciate your assistance with my study. This study has been approved by the Institutional Review Board at Pepperdine University.

Participation in this study is entirely voluntary and is expected to take no more than 15 minutes. Participation is open to all current pre-doctoral psychology interns. Please feel free to forward this invitation to any psychology interns you know.

Participation in this study entails completing an online survey about your supervision experience *prior to internship* in addition to rating comfort in disclosing to supervisors hypothetical scenarios that may be encountered in clinical training. Information about your demographics and program type will also be collected; however, no identifying information is collected regarding interns or their academic and training programs as part of this study.

The surveys are on the website SurveyMonkey. A link to the web address of the surveys can be found below this message.

Upon completion of this study, you will have the opportunity to be entered into a drawing for one of four \$25 gift certificates to Amazon.com.

Thank you in advance for your assistance with the completion of this study.

Sincerely,

Ayala Ofek, M.A.
Clinical Psychology Doctoral Student
Pepperdine University

<http://www.surveymonkey.com/>

APPENDIX I

Introduction to Survey and Consent to Participate

***INFORMED CONSENT FOR PARTICIPATION IN RESEARCH
ACTIVITIES***

Principal Investigator: Ayala Ofek, M.A.

Title of Project: The Supervisory Alliance and Trainee Disclosure of Clinically Relevant Events in Supervision

1. I agree to participate in a research study being conducted by Ayala Ofek, M.A., doctoral candidate in clinical psychology at Pepperdine University who is conducting this study to fulfill dissertation requirements. This study is supervised by Dr. Edward Shafranske, professor in Pepperdine University's Graduate School of Education and Psychology.
2. I understand that participation in this study is completely voluntary and that there will be no negative consequences if I choose not to participate. In addition, I understand I may choose to stop participating in the study at any time, for any reason, and there will be no adverse consequences to me.
3. I have been asked to participate in this study because I am currently a predoctoral psychology intern.
4. The overall purpose of this research is to survey psychology interns' perceptions of the supervisory alliance and their comfort and likelihood of disclosing clinically relevant events to their most recent clinical supervisor prior to internship.
5. My participation in this study will consist of completing one brief web-based questionnaire. As part of the questionnaire I will be asked to respond to the following areas: degree of comfort with and likelihood of discussing hypothetical clinical scenarios with most recent pre-internship clinical supervisor, items assessing the supervisory alliance with most recent pre-internship clinical supervisor and demographic items (age, gender, primary theoretical orientation, etc.).
6. I understand that participation in this study will be confidential. I will not be asked to divulge any personally identifying information on any of the research forms or questionnaire. Any findings from this study that are published in professional journals or shared with other researchers will only involve group data with no personally identifying information included.
7. My participation in the study will take approximately 10 to 15 minutes to complete. I understand that the questionnaire is written in English.

8. I understand that there is no direct benefit for me to participate in this research; however, the results of the study may further understanding of clinical supervision and be of benefit to future and trainees and supervisors. I may feel a sense of satisfaction from contributing to research on psychology training. I understand that at the end of the survey I will be given an opportunity to enter a drawing for one of four \$25.00 gift certificates to Amazon.com. If I choose to enter the drawing, I understand I will be asked to provide an email address. I understand that if I choose to participate in the drawing, my email address will not be linked to my survey responses and will be destroyed once the certificates have been awarded. However, my anonymity as a participant will be compromised as the researcher may learn my identity. Following the data collection period, the drawing will be conducted and I will be notified if I win via the email address I provide. Winners will receive the gift certificate via email.
9. I understand that participation in this study involves no more than minimal risk. Such risk is similar to what is encountered in daily life or during the completion of routine psychological questionnaires. It is possible that I may experience some emotional discomfort in responding to certain questions about my supervisory relationship or to hypothetical clinical scenarios. I understand that I am free to not answer any questions that I do not want to answer. I also understand that I will be provided contact information for the principal investigator and faculty supervisor should I have any concerns I want to discuss further. Additionally, in the unlikely event that emotional distress continues well past the point of study participation, I may contact the principal investigator or faculty supervisor to help locate a psychotherapy referral in my area. If I experience any other adverse events, I understand I may notify the principal investigator and/or discontinue participation.
10. During data collection, data will be kept on the investigator's password protected computer and a USB flash drive. Following study completion, data will be stored on a USB flash drive and kept by the investigator in a locked file for 5 years before being destroyed.
11. I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact Ayala Ofek at ayala.ofek@pepperdine.edu or Dr. Edward Shafranske at eshafran@pepperdine.edu if I have other questions or concerns about this research. If I have questions about my rights as a research participant, I understand that I may contact Dr. Doug Leigh, Chairperson of the Graduate and Professional Schools Institutional Review Board (GPS IRB), Pepperdine University, 6100 Center Drive, Los Angeles, CA 90045, or by telephone at 310-568-2389.
12. I understand to my satisfaction the information regarding participation in the research project. All my questions have been answered to my satisfaction. I hereby consent to participate in the research described above.

Please indicate one of the following responses:

Yes, I give my consent to participate in this study.

No, I do not give my consent to participate in this study.

APPENDIX J

Pepperdine University IRB Submission

**PEPPERDINE IRB
APPLICATION FOR APPROVAL OF RESEARCH PROJECT**

Date: November 7, 2012

IRB Application/Protocol #:

Principal Investigator: Ayala Ofek, M.A.

School/Unit: Faculty Staff Student Other
 GSBM GSEP Seaver SOL

SPP Administration Other:

Street Address: 6100 Center Drive, 5th floor

City: Los Angeles
90045

State: CA

Zip Code:

Telephone (work): (310) 625 - 4745 Telephone (home): () -

Email Address: ayala.ofek @ pepperdine . edu

Faculty Supervisor: **Edward Shafranske, Ph.D., ABPP** (if applicable)

School/Unit: GSBM GSEP Seaver SOL

SPP Administration Other:

Telephone (work): (949) 223 - 2521

Email Address: eshafran @ pepperdine . edu

Project Title: The Supervisory Alliance and Trainee Disclosure of Clinically Relevant Events

Type of Project (Check all that apply):

- | | |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Dissertation | <input type="checkbox"/> Thesis |
| <input type="checkbox"/> Undergraduate Research Study | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Classroom Project Research | <input type="checkbox"/> Faculty |
| <input type="checkbox"/> Other: | |

Is the Faculty Supervisor Review Form attached? Yes No N/A

Has the investigator(s) completed education on research with human subjects? Yes
 No

Please attach certification form(s) to this application. See attached

Is this an application for expedited review? Yes No

If so, please explain briefly, with reference to Appendix C of the Investigator's Manual.
This is an application for expedited review as the project meets the applicability criteria as stipulated in Appendix C of the Investigator's Manual. Specifically, research activities (1) present no more than minimal risk to human subjects, and (2) employ a survey methodology. Note that study participants are clinical psychology predoctoral interns

who, in light of their graduate education are familiar with risks commonly associated with survey research and have already taken coursework on supervision and training.

Additionally, risk in this study is minimized in several ways, including protecting participant anonymity by not collecting any identifying information, limiting discomfort in response to study items by using survey items that participants are likely to have responded to in the past (e.g., demographic items from APPIC intern survey), and asking participants to respond to hypothetical scenarios instead of inviting them to describe their personal experiences. A Waiver of Documentation of Informed Consent is also submitted so participants can complete the survey online without disclosing their identity to the investigator, thus providing anonymity. Participants will be asked to confirm that they have read the consent document outlining the procedures, potential risks and benefits, and that participation is entirely voluntary and can be discontinued at any time.

1. Briefly summarize your proposed research project, and describe your research goals and objectives: This study aims to examine the relationship between the supervisory alliance and psychology trainees' disclosure of clinically relevant events in clinical supervision. A review of the relevance of this topic, research objectives and hypotheses, and outline of the proposed study is below:

Supervision is a critical component of training in clinical psychology because it fulfills the important functions of facilitating trainee competence and ensuring clients receive appropriate care (Falender & Shafranske, 2004). However, much of what is discussed in supervision is at the discretion of the trainee (Ladany et al., 1996). Disclosure by trainees in supervision is necessary in order for supervision to fulfill the important functions of building clinical competency and safeguarding the integrity of care provided to clients. Nondisclosure in supervision has been associated with barriers to trainee development of competence and to client care (Farber & Yourman, 1996; Hess et al., 2008; Ladany et al., 1996). Although nondisclosure in supervision has significant implications for trainee professional development and the quality of care provided to clients, research in this area has been scant.

One factor believed to promote trainee disclosure and effective supervision overall is the supervisory working alliance (Ladany et al., 1996; Ladany, Friedlander, & Nelson, 2005; Hess et al., 2008; Mehr, 2011). The supervisory working alliance can be conceptualized as agreement between supervisee and supervisor on the tasks and goals in supervision, as well as a relational bond (Bordin, 1983).

The purpose of this study is to expand upon existing understanding on the relationship between the supervisory alliance and supervisee disclosure and nondisclosure. The proposed study aims to examine the relationship between the supervisory working alliance and trainee comfort with and likelihood of disclosure of clinically relevant events. Clinically relevant events can be conceptualized as those that have implications to supervisee learning and client care (e.g., clinical interactions, personal factors influencing clinical work, experiences in supervision influencing clinical work).

Specifically, the following research hypotheses will be tested: (1) trainee self-report of comfort with disclosure of clinically relevant events in supervision is positively correlated to trainee self-report of the supervisory working alliance bond, and (2) trainee self-report of likelihood of disclosure of clinically relevant events in supervision is positively correlated to trainee self-report of the supervisory working alliance bond. The supervisory working alliance is the independent variable (continuous) and the willingness and likelihood of disclosure are dependent variables (continuous). In conjunction with the research hypotheses, the following research questions will be explored: (1) do trainee self-reported personal and supervisor demographic variables impact comfort with disclosure in supervision, and (2) do trainee self-reported personal and supervisor demographic variables impact the likelihood of disclosure in supervision.

The population under study will include current predoctoral psychology interns enrolled in APPIC-member programs and will be recruited via email and internet communication with internship training directors and APPIC listserves.

This study will utilize a quantitative design using an online survey approach to data collection and correlational and descriptive statistics approaches to data analysis.

2. Estimated Dates of Project:

From: December 1, 2012 To: November 30, 2013

3. Cooperating Institutions and Funded Research. Circle and explain below; provide address, telephone, supervisor as applicable.

- 3.1 Yes No This project is part of a research project involving investigators from other institutions.
- 3.2 Yes No Has this application been submitted to any other Institutional Review Board? If yes, provide name of committee, date, and decision. Attach a copy of the approval letter.
- 3.3 Yes No This project is funded by or cosponsored by an organization or institution other than Pepperdine University.

Internal Funding (indicate source):

External funding (indicate source):

Funding Status: Funded Pending Explain, if needed:

4. Subjects

4.1 Number of Subjects: 100 - 400 Ages: ≥ 18 (23-64 was age range for internship applicant based on APPIC Match Survey 2011)

Discuss rationale for subject selection. Participants recruited for this study will be doctoral students in psychology currently completing their predoctoral internship, (hereof referred to as interns). Recruitment of participants will be limited to predoctoral interns at sites with membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC) for two primary reasons. First, APPIC publishes data about its interns, providing the investigator with estimates of the population size and characteristics. Second, contact information for APPIC sites is publically available, making recruitment to these sites possible.

The Training Directors at APPIC sites will be contacted via email addresses listed in the APPIC directory and asked to forward to their current interns a link to the web-based survey. APPIC reports that 3,152 individuals matched to their member sites for the 2012-2013 training year (APPIC March 26, 2012 <http://www.appic.org/Match/MatchStatistics/MatchStatistics2012Combined.aspx>). Ideally, this study will sample 353 participants in order to achieve adequate power to run statistical analyses (Israel, 1992/2009) and a sample representative of the larger population. Although the number of interns is known, it will not be known how many potential participants will receive the invitation to participate in the research. Therefore, this study aims to recruit and sample a ranging from **100 to 200 interns**, which is consistent with previous studies utilizing a similar design (Daniel, 2010; Pakdaman, 2011), and will allow to run correlational analyses on the variables.

4.2 *Settings from which subjects will be recruited. Attach copies of all materials used to recruit subjects (e.g., flyers, advertisements, scripts, email messages):*

Participants will be recruited from all APPIC member sites and the APPIC listserves in an attempt to sample all current APPIC predoctoral psychology interns. In order to make the study available to as many predoctoral interns as possible, recruitment will occur via two main approaches. First, the Training Directors of APPIC-member sites will be contacted via email addresses listed in the APPIC Directory and asked to forward an invitation for study participation to their current interns. The cover letter will note that the study pertains to trainee disclosure of clinical training experiences and the supervisory working alliance and that the study investigator is seeking to collect information related to interns' supervision experience in their most recent psychotherapy practicum placement, and not their current sites. Next, invitations for study participation will be posted to APPIC list-serves used largely by predoctoral interns, such as the Intern Network and Postdoctoral Network APPIC list-serves. Finally, these announcements will invite recipients to forward the survey to any predoctoral interns who are eligible for study participation. This type of snowball sampling method allows participants who may not have received the invitation from their training directors or through the list-serves to access the survey and participate in the study. One drawback of using this recruitment method is that participants may receive an invitation to participate more than once and that they will have the opportunity to participate more than once. However, the web-based program housing the survey will only allow each computer IP address to access the

survey once, although the IP addresses will not be recorded or stored to protect participant anonymity. Participants will be advised to participate only once. Three weeks after the recruitment letter is emailed to program directors and posted to listserves, a follow-up email will be sent to directors as a reminder to forward the recruitment letter to their students (please see Appendices for all recruitment materials).

4.3 Criteria for inclusion and exclusion of subjects: The criteria for inclusion in this study is that participants must be current psychology graduate students predoctoral interns in APPIC-member internship sites.

This study will include adults only, as there are no individuals under the age of 18 currently completing their doctoral internship. Graduate students who are pre or post internship will not be included in order to standardize the approximate level of training for study subjects. Individuals completing their internship at non-APPIC-member sites will also be included since their demographics and contact information for sites are not known. There are no further inclusion or exclusion criteria.

4.4 Yes No Will access to subjects be gained through cooperating institutions? If so, discuss your procedures for gaining permission for cooperating individuals and/or institutions, and attach documentation of permission. **You must obtain and document permission to recruit subjects from each site.** Training directors will give implicit permission to recruit participants by forwarding through email the invitation to participate to predoctoral interns in their internship program.

4.5 Yes No Will subjects receive compensation for participation? If so, discuss your procedures. No compensation will be provided for study participation.

However, as an incentive to complete the questionnaires, participants will have the opportunity to be entered in a drawing for one of four \$25 gift certificates to Amazon.com. This statement will be included on the final page of the survey: "If you would like to be entered in the drawing for a \$25 gift certificate to Amazon.com, please email XXXXX and type Amazon in the subject line. The researcher will randomly select four email addresses and will contact the individuals by email to inform them they have won the drawing. The winners will also receive an email from Amazon.com with a claim code for the gift certificate. Your email address will not be linked to your survey responses. However, your anonymity as a participant will be compromised as the researcher may learn your identity."

After the study has been completed, the researcher will randomly select four email addresses to be the winners of the drawing. The researcher will email the individuals to inform them they have won the drawing. The individuals will also receive an email from Amazon.com with a claim code for the gift certificate. The winner will receive the following email:

"CONGRATULATIONS! You are the winner of a \$25 gift certificate to Amazon.com. You provided your email address to me after you completed the

questionnaires for my study. You will receive an email from Amazon.com with a claim code for the gift certificate. I will delete your email address after I receive confirmation that you have received the gift certificate from Amazon.com. Thank you again for your participation in my dissertation research on trainee disclosure of clinically relevant events and the supervisory alliance. If you have questions or concerns, please email me at XXXXX”

4.6 Describe the method by which subjects will be selected and for assuring that their participation is voluntary. In order to make the study available to as many predoctoral interns as possible, recruitment will occur via two main approaches. First, the Training Directors of APPIC-member sites will be contacted via email addresses listed in the APPIC Directory and asked to forward an invitation for study participation to their current interns. The cover letter will note that the study pertains to trainee disclosure of clinical training experiences and the supervisory working alliance and that the study investigator is seeking to collect information related to interns’ supervision experience in their most recent psychotherapy practicum placement, and not their current sites. Next, invitations for study participation will be posted to APPIC list-serves used largely by predoctoral interns, such as the Intern Network and Postdoctoral Network APPIC list-serves. Finally, these announcements will invite recipients to forward the survey to any predoctoral interns who are eligible for study participation. This type of snowball sampling method allows participants who may not have received the invitation from their training directors or through the list-serves to access the survey and participate in the study. One drawback of using this recruitment method is that participants may receive an invitation to participate more than once and that they will have the opportunity to participate more than once. However, the web-based program housing the survey will only allow each computer IP address to access the survey once, although the IP addresses will not be recorded or stored to protect participant anonymity.

At the beginning of the survey, there will be a statement of introduction and consent to participate (see Appendix), in which the individual must confirm that he or she understands that he or she is voluntarily consenting to participate in the research. Implicit consent will be obtained when the participant completes the survey. Participation will imply that the participant volunteers to complete the survey and comprehends the nature of the research as well as the risks and benefits of participation. Additionally, participation in the drawing for the gift certificate is voluntary.

5. Interventions and Procedures to Which the Subject May Be Exposed

5.1 Describe specific procedures, instruments, tests, measures, and interventions to which the subjects may be exposed through participation in the research project. Attach copies of all surveys, questionnaires, or tests being administered. Recruitment for study participants will occur following study approval by Pepperdine University’s Institutional Review Board (IRB) and no sooner than December 1, 2012. Following final IRB approval, recruitment will open for a period of three months (e.g., December 1, 2012 through February 28, 2013). Initial invitations will be sent on December 1, 2012 (or after final IRB approval, whichever is later), with one follow-up reminder after approximately

three weeks. (Note: Because it is not possible to determine the date of final IRB approval, the investigator will seek approval for a one-year period in order to recruit as many participants as possible, although it is estimated that recruitment and data collection will span only three months.) In order to make the study available to as many predoctoral interns as possible, recruitment will occur via two main approaches. First, the Training Directors of APPIC-member sites will be contacted via email addresses listed in the APPIC Directory and asked to forward an invitation for study participation to their current interns. The cover letter will note that the study pertains to trainee disclosure of clinical training experiences and the supervisory working alliance and that the study investigator is seeking to collect information related to interns' supervision experience in their most recent psychotherapy practicum placement, and not their current sites. Next, invitations for study participation will be posted to APPIC list-serves used largely by predoctoral interns, such as the Intern Network and Postdoctoral Network APPIC list-serves. Finally, these announcements will invite recipients to forward the survey to any predoctoral interns who are eligible for study participation. This type of snowball sampling method allows participants who may not have received the invitation from their training directors or through the list-serves to access the survey and participate in the study. One drawback of using this recruitment method is that participants may receive an invitation to participate more than once and that they will have the opportunity to participate more than once. However, the web-based program housing the survey will only allow each computer IP address to access the survey once, although the IP addresses will not be recorded or stored to protect participant anonymity.

Data collection will occur through the use of a web-based survey instrument designed specifically for this study and containing three primary components, 1) demographics questionnaire, 2) the supervisory working alliance, and 3) supervisee disclosure of hypothetical clinical situations in supervision. Description of each instrument is below. Copies of all study instruments are attached.

Demographics Questionnaire. The Demographics Questionnaire (DQ) is an instrument developed for the purposes of collecting information regarding demographics of study participants (e.g., age, gender, ethnicity, program type, degree type, supervision setting, theoretical orientation) as well as the demographic characteristics of supervisors, by trainee self-report. This measure consists of force-choice items with an option to select "Other" and specify a different response to items. This measure was designed to match the information collected by the APPIC Match Survey (2012) of internship applicants, as to allow for comparison to the population under study.

Working Alliance Inventory – Supervisee Form. The Working Alliance Inventory- Supervisee Form was developed by Audrey Bahrck (1989) to measure the strength of the supervisory working alliance. Bahrck developed this measure based on a pre-existing scale measuring the therapeutic alliance, the Working Alliance Inventory (WAI), developed by Horvath and Greenberg (1989). The Working Alliance Inventory- Supervisee Form (WAI/S) provides for an effective way of measuring the construct of the supervisory alliance (Falender & Shafranske, 2004; Ladany, 2004) and is one of the most commonly utilized measures of the supervisory alliance found in the literature (Ladany,

2004). The WAI/S contains 36 items regarding the supervisory relationship (e.g., “I believe _____ is genuinely concerned for my welfare”) arranged on a 7-point Likert-scale from 1 (“Never”) to 7 (“Always”). The 36 items on the WAI/S load onto three separate subscales: Task, Bond, and Goal. Each subscale consists of 12 items. Bahrlick (1990) reported that the WAI/S inter-rater agreement was 64% for the task scale, 97.6% for the bond scale, and 60% for the goal scale for expert ratings of item relevance. Face validity for WAI/S items has been established and additional tests of psychometric properties for this measure have not been reported (Bahrlick, 1990; Daniel, 2008).

The proposed study will include items comprising the Bond scale only as a measure of the supervisory working alliance. As was aforementioned, the Bond scale of the WAI/S has the highest known psychometric properties (97.6% inter-rater agreement) as compared with the other subscales. Similarly, a large sample study (N = 332) of psychology trainees provided strong reliability ratings for the WAI/S Bond scale at .90, with 0.94 reliability for goals and 0.73 reliability for tasks (Pakdaman, 2011). Past studies have found that the Bond scale of the WAI/S was most related to trainee self-reported feelings of comfort in supervision, and that the goals and tasks agreement subscales did not uniquely contribute to trainee feelings of comfort (Ladany, Ellis, & Friedlander, 1999), which has implications for disclosure. Ladany et al. (2005) argued that “the bond is the keystone of the supervisory alliance” (p. 13). Theoretically, the Bond scale should capture components of the goals and task scale because agreement on goals and tasks is believed to contribute to a relational bond over time (Bordin, 1983). Moreover, reducing the WAI/S from 36 to 12 items will reduce burden on participants and may increase sample size by decreasing participation time. Permission to use the WAI/S for the purposes of this study was granted by Dr. Audrey Bahrlick (see Appendix A).

The WAI/S has been studied in relation to other constructs related with alliance that demonstrate its construct validity. Construct validity for the WAI/S was previously established by showing a negative relationship with supervisee role conflict and role ambiguity (Ladany & Friedlander, 1995). Similarly, the WAI/S was found to relate positively with favorable racial identity interactions with supervisors (Ladany et al., 1997), a construct known to be relevant to alliance.

Supervisee Disclosure Scale. The Supervisee Disclosure Scale (SDS) is a self-report instrument developed for the purposes of this investigation assessing comfort with and likelihood of supervisee disclosure for clinically relevant events. The SDS consists of hypothetical situations that may be encountered in clinical practice and training. It includes 16 items measuring supervisee comfort to disclose and supervisee likelihood of disclosure (e.g., “You routinely end sessions 10 minutes late with one of your clients. You do not do this with any of your other clients. How comfortable would you be discussing your feelings with your supervisor? What is the likelihood that you would have actually discussed this with your supervisor?”). Supervisee comfort with and likelihood to disclose for each of the 16 hypothetical scenarios are arranged on a 7-point Likert-scale ranging from 1 (“Extremely uncomfortable,” “Extremely unlikely”) to 7 (“Extremely comfortable,” “Extremely likely”) to disclose. Items on the SDS were specifically selected based on behavioral anchors of foundational competencies identified by Fouad et al. (2009) that serve as competency benchmarks in the practice of

psychology. Such competencies are presumably evaluated most readily based on supervisee disclosure. Although the scenarios are hypothetical, in addition to the competency literature they are also informed by the clinical and supervisory experience of the investigators.

There are several advantages to the use of hypothetical scenarios in the study of disclosure, including standardization of content and ensuring that the specific competencies under investigation in this study are represented. The use of hypothetical scenarios instead of asking participants for their personal experiences minimizes risk to participants by limiting the likelihood of a strong negative reaction, reduces the variance in responses, and allows for the collection of quantitative data needed to answer the research questions. Previous studies employing a similar design examining disclosure and the supervisory alliance used a measure of hypothetical scenarios (i.e. Daniel, 2008, Mack, 2011, and Pakdaman, 2011). One example of an item to which trainees are asked to rate their willingness and likelihood to disclose is as follows: “After session, your adult client extends his/her arms out and moves in to hug you. You are unsure how to respond but in the moment hug your client.”

Respondents are provided the following instructions: “The following items include scenarios that may be encountered in the course of clinical training. Please read each scenario and rate how comfortable you would have been discussing these scenarios in supervision and the likelihood that you would have discussed these scenarios in supervision.”

See appendix for all study instruments.

5.2 Yes No Are any drugs, medical devices or procedures involved in this study? Explain below.

5.3 Yes No No Are the drugs, medical devices or procedures to be used approved by the FDA for the same purpose for which they will be used in this study? Explain below.

5.4 Yes No Does your study fall under HIPAA? Explain below. No individually identifiable health information will be collected in this investigation.

6. Describe all possible risks to the subject, whether or not you consider them to be risks of ordinary life, and describe the precautions that will be taken to minimize risks. The concept of risk goes beyond physical risk and includes risks to the subject's dignity and self-respect, as well as psychological, emotional, and behavioral risk. Discuss the procedures you plan to follow in the case of adverse or unexpected events. This study is thought to pose no greater than minimal risk to participants. Risks include inconvenience due to time spent participating in the study (approximately 10-15 minutes), fatigue, and the potential for distressing reactions in response to survey items. Risk for this study will be minimized by attempting to make the administration as convenient as possible, through not collecting any identifying information regarding participants, and through suggesting that participants seek assistance to deal with any distress related to participation. Although the risk of distressing emotional reactions is minimized in this

study through use of hypothetical scenarios and by sampling psychology predoctoral interns familiar with supervision issues, it is possible that participants will have experienced similar situations or experience discomfort related to recalling distressing elements of their supervisory relationships. Therefore, participants will be provided the name and contact information of the researcher, the project advisor, and advised to contact a trusted mentor or clinician whom they know in the event the study procedure results in distress. In the event that the researcher and/or project advisor are contacted by participants reporting distress, they will locate a psychotherapy referral via the local psychological association in the participant's geographical area.

7. Describe the potential benefits to the subject and society. Participants may not directly benefit from study participation. However, it is believed that this study will provide information related to effective supervision that may help future psychology trainees. Potential benefits may include the opportunity to reflect on their supervisory relationship and their work with clients, which is also a foundational competency for clinical practice (Fouad et al., 2009).

8. Informed Consent and Confidentiality and Security of the Data

- 8.1 Yes No Is a waiver of or alteration to the informed consent process being sought? If yes, please attach the **Application for Waiver or Alteration of Informed Consent Procedures form**. If not, describe the ability of the subject to give informed consent. Explain through what procedures will informed consent be assured. Application for Waiver of Documentation of Informed Consent is attached.
- 8.2 Attach a copy of the consent form. Review the *Instructions for Documentation of Informed Consent* in Section VII.A of the Investigator Manual.
- 8.3 Yes No Is the subject a child? If yes, describe the procedures and attach the form for assent to participate.
- 8.4 Yes No Is the subject a member of another vulnerable population? (i.e., individuals with mental or cognitive disabilities, educationally or economically disadvantaged persons, pregnant women, and prisoners). If yes, describe the procedures involved with obtaining informed consent from individuals in this population.
- 8.5 If HIPAA applies to your study, attach a copy of the certification that the investigator(s) has completed the HIPAA educational component. Describe your procedures for obtaining Authorization from participants. Attach a copy of the Covered Entity's HIPAA Authorization and Revocation of Authorization forms to be used in your study (see Section

XI. of the Investigator Manual for forms to use if the CE does not provide such forms). If you are seeking to use or disclose PHI without Authorization, please attach the **Application for Use or Disclosure of PHI Without Authorization** form (see Section XI). Review the HIPAA procedures in Section X. of the Investigator Manual. Not applicable.

8.6 Describe the procedures through which anonymity or confidentiality of the subjects will be maintained during and after the data collection and in the reporting of the findings. Confidentiality or anonymity is required unless subjects give written permission that their data may be identified. The investigator will utilize the online service, SurveyMonkey (available at <http://www.surveymonkey.com>), to administer the survey. The website enables the investigator to create a survey in which the responses are anonymous (the website will not request or track any personal information), and the survey will be configured so that no IP addresses are tracked.

If participants choose to enter the drawing to win the Amazon.com gift certificate, their anonymity will be compromised, as they will need to email the investigator from their email address; however the investigator will not be able to link the survey responses to the participant's email. If during the drawing the participant's email address is randomly selected as the winner, the investigator will send an email informing the participant that he or she has won. In addition, an email from Amazon.com will be sent to the participant's email address with the claim code for the gift certificate. Throughout the study, any email addresses will be kept confidential, and all participant email addresses will be deleted after the gift certificate has been awarded. There is no way to link email address to survey responses.

8.7 Describe the procedures through which the security of the data will be maintained. During data collection, data will be kept on the investigator's password protected computer and a USB flash drive. Following study completion, data will be stored on a USB flash drive and kept by the investigator in a locked file for 5 years; the data files will then be destroyed.

I hereby certify that I am familiar with federal and professional standards for conducting research with human subjects and that I will comply with these standards. The above information is correct to the best of my knowledge, and I shall adhere to the procedure as described. If a change in procedures becomes necessary I shall submit an amended application to the IRB and await approval prior to implementing any new procedures. If any problems involving human subjects occur, I shall immediately notify the IRB Chairperson. I understand that research protocols can be approved for no longer than 1 year. I understand that my protocol will undergo continuing review by the IRB until the study is completed, and that it is my responsibility to submit for an extension of this protocol if my study extends beyond the initial authorization period.

Principal Investigator's Signature

Date

Faculty Supervisor's Signature
(if applicable)

Date

Appendices/Supplemental Material

Use the space below (or additional pages and/or files) to attach appendices or any supplemental materials to this application.

List of Appendices is found on attached page.