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Pepperdine University  
Graduate School of Education and Psychology

THE SUPERVISORY ALLIANCE AND PSYCHOLOGY INTERNS DISCLOSURES OF  
CLINICALLY RELEVANT EVENTS IN SUPERVISION

A dissertation submitted in partial satisfactions

Of the requirements for the degree of

Doctor of Psychology

by

Mark Ian Miller

August, 2016

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

This clinical dissertation, written by

Mark I. Miller

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

Doctoral Committee:

Edward Shafranske, Ph.D., ABPP, Chairperson

Carol Falender, Ph.D.

Aaron Aviera, Ph.D.

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## DEDICATION

To my family, living and passed, who have supported me through this learning process.

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## VITA

### **EDUCATIONAL HISTORY**

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- 2011 – 2016 **Doctor of Psychology (Psy.D.)**, Anticipated Spring July 2016  
*Pepperdine University, Graduate School of Education and Psychology (GSEP),  
Los Angeles, CA*
- 2008 – 2010 **Master of Arts in Psychology**, Summer 2010  
*Pepperdine University, GSEP, Los Angeles, CA*
- 1998 – 2000 **Master of Public Health**, Fall 2006  
*San Diego State University – San Diego, CA*
- 1989 – 1994 **Bachelor of Arts, Bioethics Major**, May 1994  
*Pitzer College, Claremont, CA*

### **CLINICAL EXPERIENCE**

---

- 2015 – 2016 **Pre-Doctoral Intern, APA-Accredited Doctoral Internship**  
*University of Southern California Student Counseling Services (SCS), Los Angeles, CA*
- 2014 – 2015 **Pre-Doctoral Extern Child and Adolescent Assessment**  
*Los Angeles County & University of Southern California Medical Center, Los Angeles, CA*
- 2013– 2014 **Pre-Doctoral Therapist**  
*University of Southern California Student Counseling Services (SCS), Los Angeles, CA*
- 2012 – 2013 **Pre-Doctoral Extern, Field Capable Clinical Services**  
*Harbor-UCLA Medical Center, Los Angeles, CA*
- 2013 – 2014 **Pre-Doctoral Therapist**  
*Pepperdine University Psychological and Educational Clinic, Los Angeles, CA*

### **SUPERVISORY EXPERIENCE**

---

- 2015 – 2016 **Intern Supervisor for Psychology Practicum and Social Work Students**  
*University of Southern California Student Counseling Services (SCS), Los Angeles, CA*
- 2013 – 2014 **Peer Supervisor, Therapy Doctoral Trainees**  
*Pepperdine University Psychological and Educational Clinic, Los Angeles, CA*

## ABSTRACT

The purpose of this study was to examine the relationship between the bond component of the supervisory alliance and trainee disclosure of clinically relevant events in supervision. This is a procedural replication of Okek's 2013 study using a novel analog-based survey assessing for willingness and likelihood of disclosure provided scenarios in psychotherapy practice, as well as bond, degree of collaboration in the supervisory relationship, and degree of hierarchy within the respondents' respective internship training sites. One hundred, eighty-nine predoctoral psychology interns ( $N = 189$ ) completed the web-based self-report questionnaires assessing willingness and likelihood of disclosure provided scenarios in psychotherapy practice, as well as alliance bond, degree of collaboration in the supervisory relationship, and degree of hierarchy within the respondents' respective internship training sites, and demographic items. Analyses revealed statistically significant positive correlations between (a) the supervisory alliance and comfort with and likelihood of disclosure, (b) supervisory alliance and participants' perception of collaboration within their supervisory relationships. No relationship was found between supervisory alliance and perceived degree of hierarchy at respondents' training sites. This study supports and expands on previous research on disclosure and supervisory alliance. Implications for supervision and clinical practice are explored.

## Introduction

Supervision serves a variety of formative roles in the training and development of clinical psychologists. Falender and Shafranske (2004) define these roles as ensuring the quality of services provided to patients, to develop clinical competence in the trainee, and to serve as a gatekeeper for the profession (Falender & Shafranske, 2016). In service of these roles, supervisors must assess, evaluate and provide feedback to trainees with regards to their development and performance, while maintaining a supervisory relationship that encourages self-disclosure and growth by the trainees. It is important to note that these functions are often in conflict with one another (Falender & Shafranske, 2004, 2016; Ladany, 2004; O'Donovan, Halford, & Walters, 2011).

These inherent conflicts stem from the functions supervision serves in trainee development; specifically, the evaluative function may induce fear of poor evaluation, potentially resulting in shame and poor attunement (Duan & Roehlke, 2001; Ladany, 2004; Ladany, Brittan-Powel, & Pannu, 1997; Ladany, Ellis, & Friedlander, 1999; Mehr, Ladany, & Caskie, 2010; Yerushalmi, 1992). Poor handling of these potential role conflicts, for example by a lack of transparency, may lead to strains in the supervisory relationship, causing trainees to withhold, distort, or conceal information from their supervisors (Hess et al., 2008; Yourman, 2003a; Yourman & Farber, 1996).

The importance of the supervisory alliance cannot be overstated. The American Psychological Association's supervision guidelines highlight the relationship between supervisory alliance and disclosure (American Psychological Association [APA], 2014, 2015), in part because supervisors depend on trainee disclosure to track trainee performance and client safety (Alonso & Rutan, 1988; Yerushalmi, 1992), and a strong supervisory working

relationship, or supervisory working alliance, is associated with trainee disclosure (Falender & Shafranske, 2004, 2014a; Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999) among other benefits. In contrast, nondisclosure by trainees may be a natural result of acquisition of clinical skill, judgment and confidence (Yerushalmi, 1992), but regardless, it presents real challenges for supervisors.

Weak supervisory working alliance is associated with trainee nondisclosure in supervision (Ladany et al., 1996). A strong supervisory working alliance has been shown to increase the likelihood of trainee disclosure of countertransference reactions (Daniel, 2008; Pakdaman, 2011), and Ofek (2013) found a positive relationship between the presence of a strong supervisory working alliance and the likelihood of trainees disclosing clinically relevant events in supervision.

The purpose of this research was to further examine the impact of supervisory alliance on the likelihood of disclosure and comfort in disclosure of clinically significant events by surveying the opinions of current psychology interns, replicating Ofek's (2013) original study. More specifically, this study attempted "to understand supervisee disclosure of clinically relevant events that are key to serving the aforementioned functions of supervision, and how disclosure of such clinically relevant events is related to the supervisory working alliance" (p. 2). For the purposes of this study, clinically relevant events were defined as service-related occurrences that may have implications for client care and supervisee learning and training. Examples of such events include supervision experiences, clinical interactions with clients, perceived or potential clinical errors, and involvement of personal factors that may influence clinical work. Given that Ofek (2013) demonstrated moderate correlations between the disclosure of clinically relevant

events and supervisory alliance, a replication of her study will be valuable in furthering this area of study.

## **Background**

An overview of the literature is offered in this section, including discussion of: (a) the supervisory working alliance, (b) disclosure and nondisclosure by trainees in supervision, and (c) gaps and limitations in the literature relating to supervision, specifically, to supervisory working alliance and disclosure by trainees in supervision.

## **Supervisory Working Alliance**

Ladany (2004) argued that Bordin's application of his therapeutic working alliance model of psychotherapy to the supervisory relationship formed the "foundation for determining the effectiveness of supervision" (p. 4), and went on to outline the basic structure of the supervisory alliance, namely "(a) a mutual agreement between the trainee and supervisor about the goals of supervision, (b) a mutual agreement between the trainee and supervisor about the tasks of supervision, and (c) an emotional bond between the trainee and supervisor" (p. 5). Echoing Ladany, Watkins (2014) states in the conclusion of his review of the body of research on supervisory working alliance developed over the last three decades,

The relevance of supervisory alliance for supervisory process and outcome is now seemingly a given across supervision perspectives—an accepted and incontrovertible pillar of good practice: It indeed appears to be a highly essential supervision common factor of transtheoretical applicability and may well be the quintessential integrative variable in that respect. (p. 159)

Although supervisory working alliance is key, the power differential between supervisor and trainee, it should be noted, perhaps most obviously illustrated by the evaluative nature of the supervisory relationship, and this differential is present regardless of the strength of the working alliance (Falender & Shafranske, 2004; Ladany, 2004; Ladany et al., 1996; O'Donovan et al., 2011; Watkins, 2014).

More specifically, several factors have been shown to be related to the supervisory working alliance for supervisors and trainees. For supervisors, a good supervisory working alliance has been shown more likely to have increased self-disclosure (Knox, Burkard, Edwards, Smith, & Schlosser, 2008; Knox, Edwards, Hess, & Hill, 2011) and increased willingness on the part of the supervisor to discuss diversity issues in supervision (Duan & Roehlke, 2001; Gatmon et al., 2001).

It has also been shown that a weaker or relatively absent positive supervisory working alliance can have a range of negative training and clinical impacts. For example, associations have been found with increased trainee role ambiguity and conflict (Ladany & Friedlander, 1995), negative supervisory events with destructive impacts on both supervision and trainee development (Gray et al., 2001; Ramos-Sánchez et al., 2002), and supervisee candor in reporting supervisorial ethical transgression in self-report measure (Ladany et al., 1999). Trainee disclosure has also been shown to decrease within the context of a weaker supervisory working alliance. (Ladany et al., 1996).

Impacts of positive supervisory working alliance for the trainee include such factors as trainees reporting higher levels of satisfaction with supervision (Ladany, et al. 1999), and increased cultural competence between both supervisor and trainee, and trainee and their patients

(Ladany, Brittan-Powell, & Pannu, 1997). Perhaps of most direct importance to this study, Ladany (2004) found that strong supervisory working alliance increases trainee self-disclosure, and Ofek (2013) showed 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” (p. 36).

### **Trainee Disclosure in Supervision**

Supervision, by its very nature, is a situation in which supervisors do not have direct access to data they need to provide adequate, well-informed guidance. Trainees possess a great deal of power and discretion over what they disclose within the supervisory relationship (Bordin, 1983; Ladany et al., 1996); however, it is the supervisors who hold the power to evaluate trainee performance, and, ultimately, to decide whether a trainee may enter the profession of psychology (Falender & Shafranske, 2004; Ladany, 2004; Ladany et al., 1996). Although supervisors may have access to recordings, these resources tend to be used sparingly during supervision (Wallace & Alonso, 1994), and even with access to video, trainees must voluntarily offer information about their internal processes and content, such as their countertransference, ethical concerns, and moment to moment experience of the client. It has been stated by several authors that because of the evaluative nature of supervision (Falender & Shafranske, 2014b; Ladany, 2004; Ladany et al., 1996; O’Donovan et al., 2011; Watkins, 2014) issues such as shame, hesitance to share material that is believed to be too personal or, alternatively, insignificant, and worries of negative evaluation reaction from the supervisor may lead to trainee’s not disclosing clinically relevant material in supervision (Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010; Yourman, 2000; Yourman & Farber, 1996).

Ladany et al. in their 1996 study explored the nature, extent, content and importance of nondisclosure in supervision, and they found that 97.2% of surveyed trainees admitted to not disclosing clinically relevant material to their respective supervisors. Furthermore, the content area most commonly avoided by trainees in supervision was negative reactions to supervisors; specifically, the most common reasons included “deference to the supervisor, impression management, and fear of political suicide. These reasons may be reflective of power differences and the evaluative nature inherent in counselor supervision” (p. 18).

Clinical mistakes occupy the second most common category of content not disclosed to supervisors (Ladany et al., 1996). Yourman and Farber found that over 91% of their study’s participants reported nondisclosure of client interactions that they believed supervisors would disapprove of. Moreover, Yourman and Farber’s (1996) work indicated that 39% of trainees they studied did not disclose occurrences in the therapy room they felt to be clinical errors at medium to high frequencies, and, similarly, Ladany et al. (1996) showed that 44% of trainees did not disclose clinical errors in supervision.

Ladany et al. (1996) also identified evaluation concerns as a major driver of nondisclosure in supervision, and they identified that 44% of trainees they surveyed did not disclose their worries about evaluation to their supervisors. Interestingly, Ladany et al. (1996) did not propose any other interpersonal dynamics between supervisors and trainees in their study, beyond issues of physical attraction.

Yourman and Farber (1996) addressed trainee shame within a series of studies. They found that 30-40% of trainees in their study reported withholding shame-inducing material



(whether clinical errors or disagreements with supervisors). Yourman (2003b) added that trainees are generally highly disclosing to their supervisors with the intention of enhancing their learning.

Trainees' perception of relevance of clinical material may also play a role in nondisclosure. Trainees attributed their nondisclosure to the perceived lack of importance to their clinical work of clinical or supervisory material (Ladany et al., 1996; Mehr et al., 2010; Yourman & Farber, 1996); for this reason, among others, nondisclosure tends to be passive, not actively offering clinically relevant information in the absence of the supervisor making queries (Yourman & Farber, 1996).

### **The Relationship Between Supervisory Working Alliance and Nondisclosure.**

Given that most trainees want to disclose clinically relevant material in supervision, what effect does supervisory working alliance have on trainee disclosure? The quality of the supervisory relationship has been studied from several researchers and identified as a major factor driving trainee disclosure and nondisclosure (Gray, Ladany, Walker, & Ancis, 2001; Hess et al., 2008; Ladany et al., 1996; Mehr, 2011; Mehr et al., 2010; Yourman, 2000), and often when trainees perceive their supervisory working alliance to be weak, they are less likely to disclose clinically relevant material (Hess et al., 2008; Ladany et al., 1996; Mehr, 2011; Mehr et al., 2010; Reichelt et al., 2009). Although, Yourman and Farber (1996) found, as mentioned above, a significant number of trainees avoided disclosure of shame-inducing clinically relevant material in supervision, but more importantly Yourman (2000) found that "Trainee disclosure depends primarily not upon the degree of shame proneness, but rather upon the way the trainee perceives the working relationship with his or her supervisor" (p. 61), and that trainee disclosure, including disclosure of shame-inducing material, could be predicted by the trainees' perceptions

of the strength of the working alliance with their supervisors. More generally, Daniel (2009), Pakdaman (2011) and Pakdaman, Shafranske, and Falender (2014) showed that trainees' countertransference reactions with clients would more likely be disclosed in supervision when the supervisory working alliance was stronger. Ofek (2013) found that "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" (p. 32).

Duan and Roehlke (2001) found trainees' comfort with supervisors and satisfaction with the supervisory relationship led to more open and frequent self-disclosure in supervision, and cultural and racial differences between trainees and supervisors played little role in willingness to disclose in supervision. Moreover, it was found that matching culture and race of trainees and supervisors did not improve the quality of relationship or willingness to disclose compared to unmatched supervision dyads (Daniel, 2009; Gatmon et al., 2001). Disclosure by supervisors has been shown to increase the likelihood of subsequent trainee disclosure during supervision, indicating that supervisor openness positively impacts the supervisory working alliance, and in turn encourages trainee disclosure (Knox et al., 2008; Knox et al., 2011).

Essentially, all trainees engage in non-disclosure, including in supervision dyads with strong working alliances (Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010; Yourman & Farber, 1996), and some theorists have made the claim that trainee concealment and nondisclosure are inevitable in all supervisory relationships (Yourman & Farber, 1996). Others have argued that concealment by trainees may in some cases be a sign of clinical growth,

professionalism, and appropriate boundaries with the supervisor (Ladany et al., 1996; Mehr, 2011; Mehr et al., 2010; Yourman & Farber, 1996), and concealment can be conceptualized as making appropriate decisions regarding information that not overtly relevant and extremely personal (Ladany et al., 1996).

In summary, nondisclosure of relevant clinical material by trainees in supervision may be unavoidable, pervasive, normative, and, in some cases appropriate and a sign of growth as a clinician, nondisclosure presents supervisors with real limitations in their ability to provide the educational and patient safety functions foundational to supervision practice (APA, 2014; Falender & Shafranske, 2004; Ladany, 2004; Yourman & Farber, 1996). Although nondisclosure and concealment may be unavoidable, the literature has consistently shown over the last two decades that as strong supervisory working alliance enables disclosure of clinically relevant material within supervision (Daniel, 2009; Hess et al., 2008; Ladany, 2004; Ladany et al., 1996; Mehr, 2011; Mehr et al., 2010; Ofek, 2013; Yourman & Farber, 1996).

### **Collaboration, Hierarchy and the Supervisory Working Alliance**

Several models of supervision have included collaboration as a key element for successful supervision; however, none define or operationalize what collaboration or collaborative supervision is (Bordin, 1983; Falender & Shafranske, 2004; Milne, 2007). Others have defined collaboration along a range theoretical approaches including feminist (Szymanski, 2003) and postmodern (Fine & Turner, 2002), both of which attempt to flatten hierarchy or reduce authoritarian structures through mutually agreed upon decision making, increase trainees' autonomy, and increase transparency, especially around evaluation of trainee performance, within the supervisory relationship (Fine & Turner, 2002; Szymanski, 2003). Rousmaniere and

Ellis (2013) argued that these definitions ultimately fall short for three reasons. One, they presume high levels of collaboration within the supervisory relationships that is ultimately impossible to maintain. Two, they assume that relationships cannot be both hierarchical and collaborative. Third, and most important for this study, Rousmaniere and Ellis (2013) argued that none of the theories have been empirically tested.

Perhaps the model of supervision that most intuitively integrates notions of collaboration into the supervisory relationship is Bordin's (1983) Supervisory Working Alliance (SWA). Bordin (1983) based his model within three dimensions, tasks, agreement on goals, and bond, which constitute a "collaboration for change." Each dimension is based on agreements forged between supervisor and trainee and in the quality of the emotional bond developed between the two parties. By their very nature, the agreements and bond, which make up the SWA, are related to collaboration; however, the relationship between SWA and collaboration has never been empirically (Rousmaniere & Ellis, 2013). Rousmaniere and Ellis (2013) conducted a study to examine this relationship, and defined "collaborative clinical supervision in the context of the supervisory relationship as the extent to which the supervisor and supervisee(s) mutually agree and work together on the processes and activities of clinical supervision" (p. 300). They found that variables including whether supervisors and trainees discuss the helpfulness of supervision, the supervisory relationship, activities of supervision, and how supervision is conducted had a significant and moderate correlative relationship with total scores on the WAI-S.

### **Gaps in the Related Literature**

Although clinical supervision has received more attention and exploration in the literature in the last several years (Falender & Shafranske, 2004), including studies of the relationship

between nondisclosure and supervisory working alliance (Ladany, 2004), few quantitative, large sample size studies have looked closely at this area of study. Moreover, there have been no replication studies of the landmark studies conducted by Ladany et al. (1996), Yourman & Farber (1996), Mehr et al. (2010). Additionally, few studies have looked at the professional and clinical competence and clients' safety and welfare functions of supervision in relationship to these variables, with no studies looking at the relationship of nondisclosure of clinically relevant material in supervision and its impact on patient safety and well being. Similarly, the relationships between these variables and various sets of professional practice competencies suggested in the literature and by the APA (2014) that encompass practice areas such as clinical skills, practice ethics, and supervision have had no little or no attention allotted to them.

Ofek (2013) argued that past studies focused almost exclusively on “supervision-related issues versus clinical issues” (p.11), and stated that to date no studies, other than the one she had conducted, focused “exclusively on disclosure of clinically-relevant events in supervision” (p.11). Because her study recruited only pre-doctoral interns for their responses about their final practicum training year, there is a gap in the literature for studying supervisory working alliance and its relationship to the disclosure of clinically-relevant events in supervision for other populations of trainees, including early practicum trainees, pre-doctoral interns, and post-doctoral fellows, as well as needed replication of Ofek's original study.

As noted above, the relationship between supervisory working alliance, including bond, and collaboration between supervisors and trainees has only been examined by Rousmaniere and Ellis (2013). Because they used only the total score of the WAI-S in their study, it is unknown what the relationship between collaboration and the bond dimension of the supervisory working

alliance is. Additionally, the literature makes no note of hierarchy outside of the supervisory relationship, possibly ignoring the influence of power structure of training sites overall.

### **Purpose of this Study**

The purpose of this study was to replicate Ofek's (2013) study with a similar population, i.e., pre-doctoral interns, but with a different temporal focus, namely asking current interns to report likelihood and comfort in disclosure and to complete the bond subtest of the WAI-S in respect to their current internship placement, instead of their previous practicum placements. Given that this is a replication of Ofek's (2013) study, the purpose of this study reflects that of Ofek's original study. Ofek (2013) proposed her study would "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" (p. 12). Additionally, this study provides an initial exploration of the relationship between interns' perception of collaboration with supervisors, hierarchy within training sites and the bond component of the supervisory alliance.

### **Research Hypotheses and Questions**

This study tested the following hypotheses:

- Self-report of comfort with disclosure of clinically relevant events in supervision is positively correlated with the self-report of the supervisory working alliance bond.

- Self-report of likelihood of disclosure of clinically relevant events in supervision is positively correlated with the self-report of the supervisory working alliance bond.
- Self-report of the perceived degree of supervisorial collaboration will be positively correlated with the self-report of the supervisory working alliance bond.
- Self-report of the perceived degree of hierarchy within the internship programs will be negatively correlated with the self-report of the supervisory working alliance.

### **Exploratory Research Questions**

The following research questions were also explored:

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

## **Method**

### **Research Approach**

The approach to this study was primarily a replication of the methodology used by Ofek (2013) in her study of the pre-doctoral internship population. Schmidt and Oh (2016) have argued that the sequential model, which uses replication studies to support or falsify the studies they replicate, is an incorrect view of building scientific knowledge. Alternatively, they proposed that meta-analyses are useful in understanding data collected across similar studies, and they can help to clarify distortion introduced by lower powered studies.

A correlational analysis of data collected through questionnaire surveys was performed on survey data collected. To determine whether to reject or accept the research hypotheses, the relationships between trainee disclosure of clinically relevant events and quality of supervision were explored through correlational data analysis.

The literature demonstrates a general trend of calling for an increase in replication studies to validate findings of earlier studies and posits they are not undertaken often enough (Makel et al., 2012; Makel & Plucker, 2014; Smith, 1970). Smith (1970) in his landmark article made the argument that he found overall neglect of replication and cross validation studies in psychological training and research. He lamented the lack of review of replication techniques in research textbooks, a general lack of studies in the journals, and he stated that published articles did not provide enough information to allow for proper replication. He also argued that psychology should move away from imitating the physical sciences that can use replication in more literal and exact terms. Forty-two years later, Makel et al. (2012) argued that the dearth of replication studies had only improved marginally, and possibly only because of concerns with fraud prevention. They noted that just over one percent of publications in major psychology journals were replication studies. They also reported that the majority of replications were successful, but that the chances of success go down when there was no overlap in the authors among articles.

The apparent need for replication studies appears to be nearly universal, but there is little agreement about how to execute them and what technical function they serve. For instance, Smith (1970) argued that an exact replication, like those seen in the physical sciences, is impossible, and similarly, Klein et al. (2014) argued that every replication is different in



innumerable ways from the original study it is attempting to replicate. In contrast, Brandt et al. (2014) insisted that a proper replication should aspire to follow the methodology of the original study as closely as possible.

Another point of contention within the literature revolves around whether replications are simply verifications of single studies or whether they should be seen as adding to the larger body of knowledge. Makel and Plucker (2014) argue researchers should not conflate replication and meta-analysis, and “the purpose of replication is to verify the accuracy of previous findings, whereas meta-analyses seek to synthesize those previous findings” (p. 28). They state that meta-analyses do not lead to consensus within psychology, and meta-analyses do not necessarily confirm findings even though they may be technically and conceptually replications. Stanley and Spence (2014) counter by stating they “suggest moving from a mind-set focused on verification of individual studies to one that is based on estimation. Researchers must shift their mind- set from thinking that individual studies provide definitive insight into the validity of a research hypothesis to a mind-set in which the results of a single study are viewed as a mere estimate of an underlying reality. The estimation mind-set implies that multiple approximations need to be averaged to determine the true underlying reality” (p 316).

## **Participants**

A significant difference between this study and Ofek’s (2013) was the task asked of the participant base. Whereas Ofek recruited pre-doctoral interns to examine the relationship between disclosure and supervisory alliance in participants’ final year of practicum training, this study recruited pre-doctoral interns to examine that same relationship in participants’ current training year.

Participants were psychology doctoral students in clinical, counseling, school, and combined programs, and currently in their predoctoral internship. Participant recruitment was targeted at internship training sites who were members of the Association of Psychology Postdoctoral and Internship Centers (APPIC) with listings in the APPIC training site directory for the current 2015-2016 training year. Two hundred and twenty-nine interns initiated participation and completed consent forms; however, 13 respondents left all the study items blank, and were thereby excluded from the analysis of the data. Of the remaining 216 participants, 27 were excluded because of missing non-demographic (SDS, WAI/S, collaboration and hierarchy), which left a final sample of 189.

**General characteristics of participants.** The general demographic and professional characteristics are presented below, including age, gender, race/culture, sexual orientation, type of clinical graduate program, type of degree sought, and type of internships training site.

**Age.** Participants' ages ranged from 24 to 51 years (Mean age = 30.77, Standard deviation = 4.59, Mode = 28), which were similar to the match statistics collected by APPIC (Range = 23-70, Mean 29.9, Standard deviation = 5.0, Mode = 27).

**Gender.** One hundred sixty-one (85.2%) identified as female, 25 (13.2%) identified as male, and two identified as other (1.1%). Of those who identified as other one (0.5%) identified as "gender neutral," and one (0.5%) identified as "non-identified," and there was one missing report of gender (0.5%). APPIC match statistics indicated that 80% of applicants were female and 20% were male, while a negligible number indicated themselves as other.

**Race/Culture.** One hundred, thirty-nine of participants identified as White (non-Hispanic, 73.5%), 14 as Hispanic/Latino (7.4%), 12 as Asian/Pacific Islander (6.3%), 11 as African

American/Black (5.8%) , 10 as Bi-racial/Multi-racial (5.3%), 1 Other (0.5%), and 2 did not report their racial/ethnic identification (1.1%). APPIC found that 74% of participants identified as White (non-Hispanic), 9% as Hispanic/Latino, 8% as Asian/Pacific Islander, 7% as African American/Black, 4% as Bi-racial/Multi-racial, and 3% Other.

***Sexual orientation.*** Of the participants, 163 identified as heterosexual (86.2%), 7 as gay (3.7%), 6 bisexual (3.2%), 5 as lesbian (2.6%), 7 other (i.e., pansexual, queer, non-identified) (3.7%), and 1 did not report their sexual orientation (0.5%). APPIC match respondents identified themselves as 89% identified as heterosexual, 3% as gay, 5% bisexual, 2% as lesbian, and 1% other (appic)

***Type of doctoral program.*** One hundred, forty-two were enrolled in clinical programs (75.1%), 33 in counseling programs (17.5%), 6 in school psychology programs (3.2%), 3 in combined programs (1.6%), 5 in forensic programs (2.6%), and 1 selected other program types (0.5%), as compared to the APPIC match respondent statistics reported as 80% were enrolled in clinical programs, 12% in counseling programs, 5% in school psychology programs, 3% in combined programs, and 1% selected other program types

***Degree types sought.*** Of the participants 96 were pursuing a Psy.D (50.8%)., 92 were pursuing a Ph.D. (48.7%), and 1 were earning a Ed.D (0.5%) as compared to the APPIC population which was reported as being composed of 56% seeking Ph.D. degrees, 44% seeking Psy.D. degrees and 0% seeking both Ed.D and other degrees.

***Theoretical orientation.*** Of the participants, 95 described their orientation as Cognitive-Behavioral (50.3%), 34 as psychodynamic (18.0%), 23 as humanistic/existential (12.2%), 8 as

family (4.2%), 29 as other (e.g., interpersonal, feminist, integrated, DBT, eclectic) (15.3%).

APPIC did not report information about respondents' theoretical orientations.

***Type of predoctoral internship site.*** With regards to type of internship site, 50 participants reported as training at university counseling centers (26.5%), 38 at community mental health centers (20.1%), 33 at Veterans Affairs medical centers (17.5%), 18 at state/county/other public hospitals (9.5%), 10 at child/adolescent psychiatric/pediatric sites 5.3%, with the remaining 37 at other types of sites (e.g. school districts, medical schools, private hospitals) (20%). APPIC reported 14% at university counseling centers, 12% at community mental health centers, 17% at Veterans Affairs medical centers, 7% at state/county/other public hospitals, 9% at child/adolescent psychiatric/pediatric sites.

### **Instrumentation**

Surveys were composed of self-report instruments distributed through Internet-based platform channels. Ofek (2013) noted that self-report questionnaires are used commonly in the “supervision” literature, and that her own study design was consistent with similar studies utilizing web-based surveys to examine psychology interns’ supervision experiences. The individual instruments bundled into the survey were the Demographic Questionnaire (Ofek, 2013), the Bond component of the Supervisory Working Alliance –Trainee Form (Bahrack, 1989), and the Supervisee Disclosure Scale (Ofek, 2013). Questionnaires were accessed by participants through an web-based data collection solutions, Survey Monkey. Advantages of internet delivery methods included easy access to large populations, increased speed, reduced costs, reduced time and error of data entry, and higher response quality as compared to paper-

and-pencil format (Hoonakker & Carayon, 2009) while generating equivalent data collection quality and reliability results (Weigold, Weigold, & Russell, 2013).

**Demographic questionnaire.** The Demographics Questionnaire (DQ) is an instrument developed by Ofek (2013) to collect items regarding demographic variables of study participants (e.g., age, gender, ethnicity, program type, degree type, supervision setting, theoretical orientation). It also collected, per trainee report, supervisors' demographic characteristics. This measure consisted of forced-choice items. The option to select "Other" was provided where appropriate, and free-form space was provided to collect different responses should this "Other" be selected. Ofek (2013) designed the DQ to match the information collected by the APPIC internship application's Match Survey, and although the current study is recruiting post-doctoral trainees, the DQ will be maintained in its original form given that participants' internship year was examined.

Two items were added to the Demographic Questionnaire for the purposes of the current study. These items asked the trainees to rate the levels of collaboration with their supervisors and the degree to which their training sites were hierarchical, overall. The inclusion of these items expanded and enriched this study's focus on the relationship between bond with the supervisory working alliance and trainees' willingness to disclose.

**Working alliance inventory – trainee form.** Developed by Audrey Bahrack (1989), the Working Alliance Inventory–Supervisee Form (WAI-T) measures the quality and depth of the supervisory working alliance. Bahrack based the WAI-T on the Working Alliance Inventory (WAI), a measure of the therapeutic working alliance between client and therapist developed by Horvath and Greenberg (1989). The Working Alliance Inventory–Trainee Form (WAI-T)

“provides useful tools to evaluate alliance factors in the supervisory relationship” (Falender & Shafranske, 2004, p. 237), is helpful in testing the construct of supervisory working alliance because it is based in Bordin’s original supervisory working alliance theory (Ladany, 2004). Additionally, it was one of the more commonly used instruments to study the supervisory working alliance (Ladany, 2004).

The WAI-T, 36-item a self-report instrument, consisted of statements describing the supervisory relationship from the trainee’s point of view, and a 7-point Likert-scale from 1 (“Never”) to 7 (“Always”) for the subject’s rating of the frequency or degree to which these statements match the trainee’s experiences in supervision with a given supervisor. WAI-T items loaded onto three separate subscales. Task, Bond, and Goal subscales consisted of 12 items, each, and a range of scores between 7 and 84, inclusive, can be generated on each scale. Higher scores for each scale represented higher degrees of supervisory working alliance.

Inter-rater reliability was 97.6% for the bond scale, 64% for the task scale, and 60% for the goal scale for expert ratings of item relevance. Face validity for WAI-T items was established; however, goals and tasks were shown to be interrelated and overlapping concepts (Bahrlick, 1989). Additionally, “construct validity for the WAI-T was previously established by showing a negative relationship with supervisee role conflict and role ambiguity (Ladany & Friedlander, 1995, p. 221). Similarly, the WAI-T was found to relate positively with favorable racial identity interactions with supervisors (Ladany et al., 1997), a construct known to be relevant to alliance” (Ofek, 2013, p. 33).

Ofek (2013) offered two sets of interrelated reasons she elected to use the Bond Scale as the only measure of supervisory working alliance: psychometric and theoretical. The Bond scale

possessed strong and preferable psychometric properties, including the highest known previously reported psychometric inter-rater agreement (Bahrack, 1989), and high reliability, Bond scale at 0.90, with 0.94 reliability for the goal scale and 0.73 reliability for the task scale in a large sample study of the WAI-T with psychology trainees (Pakdaman, 2011). Ofek (2013) found strong internal consistency for the Bond Scale in her own study as well (Cronbach's Alpha of .92).

For theoretical support in selecting the Bond Scale, Ofek (2013) looked to Ladany, Friedlander, and Nelson (2005) who argued that, "the bond is the keystone of the supervisory alliance" (p. 13). Watkins (2014) echoed their thoughts when he stated that the "bond/rapport component—a common trans theoretical alliance element in reach and scope—serving as foundation of and impetus for all that follows" (p. 158), namely the more cognitive and structural elements composing the goal and task components of supervision.

For these reasons, Ofek (2013) argued the Bond scale should capture elements of the goals and task scale, not only because a strong bond will facilitate the formulation of the agreed upon goals and tasks, but also because agreement on goals and tasks was theorized to contribute to relational bond as the supervisory alliance matures (Bordin, 1983).

Similarly, Ofek (2013) reasoned it is comfort and emotional support that would make the disclosure of clinically significant events possible in supervision, and it has been the Bond scale is most related to trainee self-reported feelings of comfort in supervision, while neither the goals and task agreement subscales contributed significantly to trainee feelings of comfort and being understood in supervision (Ladany et al., 1999).

On a practical note, reducing the WAI-T from 36 to 12 items increased the probably of participants completing the instrument. Ofek (2013) obtained permission to use the WAI-T for the purposes of this study by Dr. Audrey Bahrick, and Dr. Bahrick granted permission for use of the WAI-T in this study.

**Supervisee disclosure scale.** The Supervisee Disclosure Scale (SDS) was a self-report measure developed by Ofek (2013). Ofek used this instrument to measure supervisee's overall willingness to disclose clinically relevant events to a given supervisor; specifically, it measured the likelihood the supervisee disclosed and their level of comfort making the disclosure. The measure was composed of 16 hypothetical situations that may be encountered in the spheres of clinical practice and training. Examples of scenarios included "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?" (Ofek, 2013, p. 105). Two 7-point Likert-scales ranging from 1 ("Extremely uncomfortable," "Extremely unlikely") to 7 ("Extremely comfortable," "Extremely likely") were used to capture the level of comfort with and likelihood of disclosing, respectively. The range of possible scores was 112. Lower scores indicated lower levels of comfort with or the likelihood of disclosure, and higher scores indicated higher comfort and likelihood.

To generate scenario items for the SDS, Ofek (2013) utilized Fouad's (2009) identified behavioral anchors of foundational competencies for the practice of psychology, and validated those scenarios with her own supervisory experience. Ofek (2013) enumerated several advantages to the use of hypothetical scenarios. Foremost, she contended that standardization of



content ensured the representation of specific competencies under investigation. Additionally, she argued that “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” (p. 19) was reduced by the use of hypothetical scenarios instead of requesting supervisees for narratives of personal experiences.

## **Procedures**

In this section, the procedures involved in conducting the study are described. Specifically, recruitment, consent for participation, and potential risks and benefits are discussed.

**Recruitment.** 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 APPIC directory from the current year (2015-2016) was used.

Overall, recruitment practices followed Ofek’s (2013) study. Pre-doctoral interns were recruited after Pepperdine University’s Institutional Review Board (IRB) approved the study methodology. Initially, three approaches were planned in recruiting as many predoctoral interns as possible. First, training directors of APPIC-member internship training sites were contacted at the email addresses listed in the APPIC Directory. Invitations were, initially, sent via email, and a single follow-up reminder was sent as reminder approximately two weeks later. Training directors were asked in a cover letter to forward the invitation to participate in the study to their current interns, and it was explained that the study was investigating trainee disclosure of clinical training experiences and the supervisory working alliance related to their supervision experiences in their current internship position.

The second planned approach consisted of posting invitations for study participation on APPIC list-serves frequented by pre-doctoral interns, including Intern Network and Postdoctoral Network APPIC list-serves; however, since Ofek completed her study, APPIC no longer allowed for research to be announced on their list-serves. The third approach involved using a snowball sampling method to maximize recruitment. In this approach, all invited interns were asked to forward the link to the survey to any other interns they knew. Although this approach may have reached interns the other approach may have missed, it presented the risk that interns may have received more than one invitation. The web-based survey program had the ability to filter out multiple survey completions from the same IP address and this was utilized in the data collection. Please find the recruitment materials in Appendices E through I, below.

**Human research subject protection.** The study proposal was submitted to the Pepperdine University's Graduate and Professional Schools IRB for approval of the protocol prior to undertaking the study. This ensured protection of participants. The investigator sought and acquired expedited IRB review and approval because the study presented minimal risk to participants.

**Consent for participation.** The investigator applied for a Waiver of Documentation of Informed Consent from the Pepperdine University IRB. Statements of informed consent were included in the web-based surveys.

**Potential risks and benefits.** Given the nature of this study, it posed only minimal risk to the participants. The risks of this study included distressing responses to the survey, the time dedicated to participating, and fatigue caused by the effort exerted in completing the questionnaire. The risks of distressing responses to the survey were minimized by the use of hypothetical scenarios instead of eliciting narratives of actual experiences from the participants.

Participants were provided with the name and contact information of the investigator, the project chairperson. Participants were also advised to contact a trusted friend, family member, mentor, mental health services, or emergency services if they experienced distress as a result of participation in the study. The participant would be provided with psychotherapy referrals by way of a local psychological association in case any of the study participants contacted the study researchers or advisors in distress.

### **Data Analysis**

Using the same procedure as Ofek (2013), data was obtained from the completed web-based surveys; the raw data was examined for omissions and errors, and data was sorted for inclusion or exclusion in the final dataset for analysis. Data was then transferred to a data analysis software package. An analysis including descriptive statistics and correlation analysis was performed. Specifically, the demographic statistics were used to report on demographic categorical variables of both the post-doctoral fellows and their supervisors from their internship placement, including ethnicity, gender, and sexual orientation. The analysis included one-tailed correlations, and elucidated relationships between WAI-T responses and SDS responses (Ofek, 2013), as well as between WAI-T responses and responses to the new questions about organizational hierarchy and collaboration in the supervisory relationship.

### **Results**

The purpose of this study was to further examine the relationship between the supervisory alliance's bond component and supervisee comfort with and likelihood of disclosure of clinically significant events in supervision, replicating and building upon the initial investigation conducted by Ofek in 2013. The distributions for each of the variables, aggregate scores for comfort and likelihood of disclosure, aggregate supervisory alliance bond score, and

ratings for hierarchy of internship programs and the measure of the degree of supervisor willingness to be collaborative, were examined for the 189 completed surveys. Similar to Ofek's (2013) findings, the comfort with disclosure and likelihood of disclosure of clinically relevant events were found to be normally distributed with skewness and kurtosis within limits to perform statistical analyses. Unlike Ofek's (2013) findings, the distribution of scores for the bond component of the supervisory alliance was also found to have a relatively normal distribution with acceptable skewness and kurtosis. The measure of supervisor willingness to be collaborative was shown to have a slight negative skew in the negative direction indicating the majority of participants reported that their supervisors were generally collaborative in their supervisory relationships. Similarly, the measure of kurtosis showed that scores tended to be moved towards the positive end of the scores and away from the mean. Results of Pearson R correlations involving this score should be interpreted with some caution, and, to this end, a Spearman R was also performed, showing that, although the distribution was not normal, the skewness and kurtosis were not within limits that would allow for performing additional data analyses. The distribution of score of the degree of hierarchy perceived by interns in their internship training programs was determined to be normal with acceptable skewness and kurtosis.

### **Hypothesis 1**

The first hypothesis predicted there would be a positive association between trainee self report of the supervisory alliance bond component (WAI/S bond) and self-reported comfort with supervisee disclosure of clinically relevant events. Overall, findings indicated this hypothesis was supported. Use of the Pearson's R showed the WAI/S bond subscale was significant and moderate in strength in association with a trainee's level of comfort in making disclosures of

clinically relevant events in supervision (bond  $R = 0.48$ ,  $p = 0.01$ ). This finding supports and generally similar to Ofek's (2013) finding of a moderate and significant correlation for this hypothesis, bond  $R = 0.44$ ,  $p = 0.01$  (including Spearman's rank correlation because in Ofek's study bond was not distributed normally, bond  $r_s = 0.44$ ,  $p = 0.01$ ).

## **Hypothesis 2**

Research hypothesis 2 was that there would be positive association between trainee self-report of the supervisory alliance bond component and self-reported likelihood of supervisee disclosure of clinically relevant events. Results of a Pearson's  $R$  correlational analyses showed that the WAI/S bond subscale was significant and moderate in strength in predicting a trainee's level of likelihood of disclosures, which supports this hypothesis (bond  $R = 0.49$ ,  $p = 0.01$ ). This replicates Ofek's similar finding for this hypothesis (bond  $R = .50$ ,  $p = 0.01$ ; bond  $r_s = .55$ ,  $p = 0.01$ ).

Ofek (2013) conducted an additional Pearson's correlation analysis using the sum scores from the SDS (comfort with disclosure added to the likelihood of disclosure). She found a stronger moderate correlation than either of the variables of disclosure separately (bond  $R = .51$ ,  $p = 0.01$ ;  $r_s = .53$ ,  $p = 0.01$ ). The same analysis conducted on the data collected for his study revealed an equally strong significance with a relatively smaller predictive ability (bond  $R = 0.44$ ,  $p = 0.01$ ). As with Ofek's (2013) study, the correlation between the comfort and likelihood variables 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  $R = 0.70$ ,  $p = 0.01$ ).

### **Hypothesis 3**

The third hypothesis explored a variable not included in Ofek's study. The third hypothesis was that a self-report of the perceived degree of supervisorial collaboration will be positively correlated with the self-report of the supervisory working alliance bond. Analysis of distribution normality, skewness and kurtosis indicate that the distribution of score for this variable is not normal, and the slightly negative skewness score suggests that the majority of respondents reported their supervisors worked collaboratively with them. Additionally, elevated kurtosis indicates that the bulk of responses lie away from the mean and towards the higher scores for this measure. Results from correlational analysis should be interpreted with caution, and in addition to a Pearson's R, a Spearman's rank correlation has also be utilized to minimize the effects of the non-normal distribution for collaboration. Regardless of the type of correlative analysis performed the relationship between supervisorial collaboration and WAI/S Bond is significant and strong (bond  $R = 0.61$ ,  $p = 0.01$ ; bond  $r_s = 0.56$ ).

### **Hypothesis 4**

Hypothesis 4 stated self-report of the perceived degree of hierarchy within the internship programs would negatively correlated with the self-report of the supervisory working alliance. Analyses of skewness and kurtosis indicate that the distribution of scores for the perceived degree of hierarchy within the internship programs is relatively normal. A significant relationship was found; however the relationship was weak. The hypothesis was not supported because, although significant, the ability for the perceived degree of hierarchy to predict WAI/S bond is weak (bond  $R = 0.26$ )

## Discussion

The study found moderate associations between supervisory bond and willingness to and likelihood of trainees to disclose clinically relevant events, consistent with previous investigations of supervisee disclosure (Daniel, 2008; Ladany et al., 1996; Mack, 2011; Mehr, 2011; Ofek, 2013; Pakdaman, Shafranske & Falendar, 2014; Yourman, 2000). These findings further emphasize the importance of the supervisory alliance and raise questions about the nature and function of bond within the supervisory relationship. Bahrack (1994) paraphrased Bordin by stating “the bonds center about the feelings of liking, caring, and trusting that the participants share. The various goals and corresponding tasks differ in the extent to which liking, caring and trusting are required to sustain the collaboration for change” (pp. 16-17). In other words, the bond is the glue that holds the supervisory relationship together. It must be sufficiently strong to support development, since the trainee will inevitably face challenges and discomfort that growth entails. Watkins (2014) concludes, “the bond/rapport component—a common transtheoretical alliance element in reach and scope—serv[es] as foundation of and impetus for all that follows” (p. 156), namely the development of the other components of the alliance, goals and tasks. He further notes that the focus on relationship, affect, and intensity of bond may vary based on the theoretical orientations held by the respective supervisors.

Watkins (2014) stated that transtheoretical elements of bond are that it is collaborative, facilitative, and respectful. Similarly, Mehr (2011) reported that the supervisor should actively attend to developing a strong alliance with the trainee through behaviors (e.g., empathy, respect, and collegiality) that “demonstrate the desire to develop an emotional bond and attain mutual agreement on the tasks and goals of supervision” (p. 61). While the importance of alliance, or more specifically the bond, has received substantive empirical support, less is known about the

core components, whether they be common factors, such as empathy, respect, collegiality, and process factors, such as collaboration or facilitation. Additionally, it should be noted that the supervisor's skill in building relationships is not the only variable that affects the quality of bond. Trainee attachment style or object relations also impacts trainees' abilities to form or maintain bonds with their supervisors (Horvath, 2001; Ramos-Sanchez et.al., 2002). There is little doubt that there are other variables that affect bond, which in turn impacts the likelihood of disclosure and trainee comfort with disclosure.

### **Collaboration and Hierarchy**

Rousmaniere and Ellis (2013) provided the initial look at collaboration within the supervisory alliance; however, the study was limited in part by its use of an overly concrete and one-sided view of collaboration. This conspicuously leaves out the trainee as full co-participant in facilitating collaboration as well as ignored trainees' comfort with raising such topics for discussion with their supervisors. The research also did not consider the products of such discussions, for example, jointly developed agreements about goals and tasks. This study took an alternative approach and simply asked participants to subjectively rate the degree of collaboration in their supervisory relationships. The intent was not to provide an exhaustive look at the nature of collaboration (which was beyond the objectives of the dissertation), but rather to provide a simple (and direct) approach to examine its contribution to supervisory bond. A moderate and significant association between bond and collaboration was demonstrated, indicating that (as Watkins (2014) and others have theorized) collaboration may be a key component of strong bond within the supervisory alliance.

Supervision theory has tended to place hierarchy and collaboration at opposite ends of a spectrum (Fine & Turner, 2002; Rousmaniere & Ellis, 2013; Szymanski, 2003); however, this is



theoretically inconsistent; therefore, this study treated them as separate variables. As discussed, collaboration is associated with bond and may be a key factor in supervisory alliance. While supervision by its very nature is hierarchical, given its legal obligations and clinical evaluative responsibilities and functions involved (Falender & Shafranske, 2004; Ladany, 2004; O'Donovan et al., 2011), the degree of hierarchy or the ways in which hierarchy is expressed within training site institutional cultures may vary widely. Thus hierarchy and collaboration are not mutually exclusive; instead, collaboration may be an interpersonal and professional variable that increases in scope and intensity as trainees move along their developmental pathways. Furthermore, an interest in collaboration on the part of supervisors may impart a sense of trust and investment in trainees that builds bond and rapport between them while maintaining the relationship's more hierarchical elements of guidance, evaluation, and facilitation within a supportive, less coercive frame.

This study found a strong and significant relationship between supervisory collaboration and supervisory bond indicating that as the levels of collaboration rise in the supervisory alliance, so does the perceptions of positive emotional bond between supervisor and trainee. Although strong ( $R=0.61$ ), the correlation is not high enough to create concerns that bond and collaboration are essentially the same construct. In contrast, the relationship between hierarchy within the internship sites and bond was weak, although significant. This may, in part be due to the framing of the question related to hierarchy, in which the training site, and not the supervisory relationship was the target of interest. Results may have differed significantly had the target been hierarchy within the supervisory relationship.

### **Implications for Clinical Training**

Disclosure is a key to training of health service psychologists. Supervisors cannot fulfill

their training responsibilities with regards to development of trainee clinical skills and ethical awareness without trainee disclosure of clinically relevant events in supervision. Given the research findings, supervisors should be sensitive to creating a strong positive supervisory working alliance, especially with regards to bond, because of the demonstrated relationship between bond and likelihood and comfort with such disclosure. Principles and practices, such as intentional bond formation, transparency, and collaboration can be employed to contribute to the formation of the bond and thereby enhancing supervision effectiveness (Falender et al., 2014). More specifically, supervisors can “purposefully forming a supervisory alliance (i.e. by demonstrating such qualities as warmth, empathy, genuineness, etc.) by collaboratively developing goals and tasks for supervision” (Falender et al., 2014, p. 399). Given that this study has shown a strong relationship between collaboration and bond, supervisors are advised to pay special attention to the collaboration component of the alliance bond. Supervisors can also actively address the power inherent in the supervisory relationship through transparency by discussion the supervisor’s role including as gatekeeper and evaluator. Additionally, supervisor and trainee can collaboratively draft a supervision contract that delineates and defines roles and responsibilities (Falender et al., 2014). In addition, supervisors should be mindful about developing collaborative relationships with their trainees, given the relationship between collaboration and bond shown in this study.

### **Limitations**

This study, as is normative for all research, contains elements that limit its interpretability and generalizability. Specifically, this studies limitations include potential for self-report and sampling bias related to sampling techniques and the use of analog-based response prompts.

Additionally, no inferences can be drawn about causality, and there are limitations inherent in the constructs for hierarchy and collaboration as presented in this study.

Because self-report instruments were used throughout this study, a degree of self-report bias may have been introduced. Additionally, no causal inferences can be posited because this study utilized a non-experimental approach.

The results of this study may be of limited generalizability because of potential sampling error and bias. Because directors of training individually determined whether or not to forward the invitation to participate in this study to their training cohort members, it was impossible to determine the actual response rate (necessary to make claims regarding generalizability). Also, a host of factors may have influenced a director of training's decision to forward the recruitment invitation, including concerns about how the results might reflect well on their training programs (even though no identifying information was requested). The likely fact that not all interns were given the opportunity of participating in the study inherently forecloses the possibility of obtaining a truly representative sample, which in turn delimits the generalizability of the findings. For example, the distribution of invitations may have overrepresented certain training site categories, specifically university counseling centers. The APPIC 2015 applicant survey reported that 14% of applicants matched to university counseling centers compared to the 25.6% of respondents who listed their sites at university counseling centers. This overrepresentation may be due to the author's affiliation with a university counseling center during internship during the process of data collection. The author utilized snowball collection through his relationships with fellow counseling interns, staff, and leadership leading to a higher response rate by trainees at university counseling centers. This overrepresentation may affect the representation of other demographic variables, as well as bias answers to key measures in the study.

Another limitation to the study is the lack of definition provided for the terms hierarchy and collaboration. Because these constructs were not adequately defined or provided with meaningful context, respondents' understanding of these words cannot be known, and their responses not fully understood. These issues are further complicated by the use of single scale measures for each of these constructs. The use of single scales provides little in the way of definition of the constructs involved while providing no insight into the participants' understanding of these constructs. The use of analog-based response prompts while helpful in addressing a wide array of clinical scenarios, may introduce limitations in collecting the richness of clinical experiences respondents have personally encountered.

### **Directions for future research**

This study suggests that additional research on the supervisory bond would benefit understanding of related variables that can increase disclosure of clinically relevant material in supervision. Future studies examining which components of the supervisory bond are key in driving disclosure in supervision are recommended. Specifically, qualitative studies could be used to further define components already identified, such as trust and collaboration by eliciting narratives from trainees about their experience with their supervisors. Once components are elucidated and identified, correlative studies can be used to understand the relationships of these components to the likelihood and comfort with disclosure of clinically relevant events using the instruments involved in this study and in Ofek's (2013). Furthermore, linear regression and structural equation models can be employed for a more precise understanding of the influence each bond component has on disclosure. Research investigating actual instances of disclosure of clinically relevant experiences rather than analog studies are called for as are qualitative studies to investigate actual supervisory relationships with emphasis on bond.

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## APPENDIX A

### Extended Review of the Literature

Literature Review Table: Disclosure and Supervisory Working Alliance in Supervision  
Willingness to Disclose – Theoretical Publications

Structure of this table was adopted from Ofek (2013).

	<b>Publication Questions /Objectives</b>	<b>Publication Approach/ Design</b>	<b>Instruments Utilized and Technical Aspects</b>	<b>Sample</b>	<b>Major Findings</b>
Alonso & Rutan (1988)	<p>Examined how “clinician/trainees are vulnerable to exposure and humiliation in the course of their training. This article examines the sources of shame in supervision and offers some suggestions for reducing the shame that might compromise the professional well-being of neophyte clinicians and their supervisors.” (p.576)</p> <p>Recommendations: Supervisors should use tact, openness, and clarity of vision; parallel process (respect and thoughtfulness when speaking about patient will be felt by supervisee as well); supervisors may also expose their own work and sources of embarrassment and shame.</p>	Theoretical	N/A	N/A	<p>Author describes the split responsibilities between good supervision and ensuring appropriate care for clients.</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 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)</p>
Ladany & Walker (2003)	To provide “supervisors with a framework to determine the effectiveness of self-disclosure in	Theoretical	N/A	N/A	<ul style="list-style-type: none"> <li>▪ Description of five self-disclosure categories (personal material, therapy experiences, professional experiences, reactions to trainee’s clients, and</li> </ul>

	supervision				<p>supervision experiences)</p> <ul style="list-style-type: none"> <li>▪ Description of three personalization dimensions for each category of supervisor self-disclosure along a spectrum of lesser to greater personalization, including discordant or congruent to the needs of the trainee, nonintimate-intimate, and in the service of the supervisor versus trainee</li> <li>▪ Author states that self-disclosure by supervisor has only a small influence on supervision outcomes. Factors influenced by supervisor self-disclosure are the supervisory working alliance, especially the bond component of working alliance, trainee self-disclosure, and trainee edification.</li> </ul>
Yerushalmi (1992)	<p>Examined the problem of the concealment of the unique object-relational therapeutic reality from the supervisor.</p> <p>Proposes that seeing self-concealment in supervision is not negative; it provides information about inner reality of supervisee</p>	Theoretical	N/A	N/A	<p>The reasons supervisees conceal information include structural reasons including: defensiveness and anxiety about being found wanting (shame), the desire to keep secrets for the purposes of individuation, resistance to inner change, triad dynamics (jealousy); objective impediments including difficulty describing the nature of a third person.</p> <p>Concealment, a normal developmental process, that most commonly occurs in the earlier stages of supervisory relationships.</p> <p>Categories of concealment include obsessive compulsive defensive operation (supervisee bring only facts and leaves out emotional and subjective content related to process), narcissistic defensive operation (supervisee invites attention to self instead of case by being candid and</p>

					<p>exposing), and depressive defensive operations (supervisee devalues his/her work regardless of worth, and invites criticism by supervisor in order to conceal other aspects).</p> <p>Recommendation: It may be more effective for supervisors to be empathetic of concealment rather than confront supervisees, which may increase anxiety and defensiveness.</p>
Yourman (2003b)	<p>Proposes that trainee shame is a significant contributing factor to nondisclosure in supervision.</p> <p>The learning process involved in supervision can lead to feelings of shame precipitated by challenges to competence, ultimately resulting in non-disclosure.</p>	Literature review	N/A	N/A	<p>Utilizes Tomkins' Affect Theory, which proposes that shame is an affect that occurs as a result of an interruption in positive affect marked by reduced communication; this theory is then applied to the supervisory relationship because of the evaluative context in which the work is examined.</p> <p>Proposes that shame is triggered by the following contextual elements "(a) There is usually positive feeling towards the supervisor (Yourman &amp; 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, 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>Steps to encourage trainee disclosure include (a) supervisors pay close attention to the supervisory dyad, (b) supervisors are explicit that differing views are permitted and encouraged, (c) inviting supervisees to critique supervision and seek input about how to avoid triggering shame.</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>
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## Disclosure and Nondisclosure – Empirical Studies and Publications

Author(s) /Year	Publication Questions /Objectives	Publication Approach/ Design	Instruments Utilized and Technical Aspects	Sample	Major Findings
Bleiweiss (2007)  (Dissertation)	<p>“Do increased goal-setting and feedback practices impact supervisee self-disclosure?”</p> <p>“Do supervisees who perceive increased levels of goal-setting and feedback practices also perceive their supervisor as working from a base of expert/referent power?”</p> <p>“Does the fact that the supervisee chose his or her supervisor affect the supervisee’s level of self-disclosure?” (p.56)</p>	Quantitative : survey	<p>Measures completed online</p> <ul style="list-style-type: none"> <li>▪ The Intern Self Disclosure Questionnaire (ISDQ; March, 2005).</li> <li>▪ The Evaluation Process Within Supervision Index (EPSI; Lehrman-Waterman &amp; Ladany, 2001)</li> <li>▪ The Rahim Leader Power Inventory (RLPI, Rahim, 1988)</li> </ul>	<p><i>N</i> = 59 Doctoral students from APA accredited programs in the San Francisco area who received supervision at practicum or internship for at least one year</p> <p>Age range: 23-65; 80% women, 20% men; 77% Caucasian, 11% biracial, 7% Asian American, 3% African American, 2% Latino; 86% Psy.D. students, 14% Ph.D.</p>	Both higher perceived levels of supervisor goal-setting practices and higher perceived levels of supervisor feedback practices in supervision are positively associated with higher levels of supervisee self-disclosure.

<p>Duan &amp; Roehlke (2001)</p>	<p>To develop a snapshot of how “racially different supervisor-supervisee dyads perceived and evaluated their supervisory relationships.” (p. 133)</p>	<p>Quantitative Descriptive statistics</p>	<p>Cross-Racial Supervision Survey (developed for this study). The instrument consisted of scaled and open-ended questions asking about both supervisee and supervisor perceptions of how cross-cultural issues within the dyad, were acknowledged and managed.</p>	<p>N = 60 predoctoral psychology interns (40 men; 20 women) in cross racial supervisory dyads with 58 supervisors (28 women, 30 men) at APA accredited training sites at university counseling centers</p>	<ul style="list-style-type: none"> <li>▪ Overall, Cross-racial dyads are satisfied with supervision</li> <li>▪ Supervisors stated they addressed cultural differences more than supervisees thought supervisors did.</li> <li>▪ Supervisors perceived positive attitude toward supervisee rated higher by supervisors than by supervisees</li> <li>▪ Supervisors positive attitude predicted supervisees’ evaluation more than supervisor characteristics.</li> <li>▪ “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).</li> </ul> <p>Implications for supervisors:</p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪</li> </ul>
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					<ul style="list-style-type: none"> <li>▪ Trustworthiness, expertness and helpfulness are basic characteristics of competent supervisors</li> <li>▪ Supervisors should have continual awareness of the role of culture in their evaluation of any given supervisee.</li> </ul> <p>Implications for supervisees:</p> <ul style="list-style-type: none"> <li>▪ Supervisees should acknowledge the power they have to elicit responses from supervisors by: <ul style="list-style-type: none"> <li>▪ Engaging in high levels of self-disclosure</li> <li>▪ Demonstrating an openness and commitment to learning.</li> </ul> </li> </ul>
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<p>Hess, Knox, Schultz, Hill, Sloan, Brandt, Kelley, &amp; Hoffman. (2008)</p>	<ol style="list-style-type: none"> <li>1. Focus on “willful or intentional withholding, defined as “supervisees’ conscious decisions to distort or not disclose significant information in supervision” (p. 400)</li> <li>2. Explore “reasons for intentional nondisclosure.” (p. 400).</li> <li>3. Investigate “content of intentional nondisclosure .s.” (p. 400).</li> <li>4. Determine what factors facilitated supervisee disclosure.</li> </ol>	<p>Qualitative Interview-based</p>	<p>Consensual qualitative research (CQR). Interview-based protocol using semi-structured interview in combination with published scales.</p> <p>Interview Document one instance of intentional nondisclosure in supervision. Additionally, asked about the perceived impact on personal and professional growth, the supervisory relationship, or the therapeutic relationship. Enumeration of factors contribution to nondisclosure, Factors that may have facilitated disclosure of nondisclosed information.</p>	<p><i>N</i> = 14 Pre-doctoral psychology interns at east coast college counseling programs.</p> <p>Demographic breakdown:</p> <ul style="list-style-type: none"> <li>▪ 11 women, 3 men</li> <li>▪ Age range from 27 to 38 years (<i>M</i> 31.21, <i>SD</i> 3.68)</li> <li>▪ 10 European American/ White (non-Latino), 2 African American, 2 Asian American</li> <li>▪ “Theoretical orientation (not mutually exclusive) as psychodynamic (<i>n</i>=6), relational/interpersonal/humanistic (<i>n</i>=6), eclectic/integrative (<i>n</i>=4), cognitive-behavioral (<i>n</i>=2), developmental (<i>n</i>=1), existential (<i>n</i>=1), and feminist (<i>n</i>=1).” (p. 401)</li> </ul>	<p>Two groups emerged: Good supervisory relationships =8 and problematic supervisory relationships = 6.</p> <p>Good relationships: nondisclosure was often driven by trainee's subjective reactions to client.</p> <p>Problematic relationships: nondisclosure was driven negative supervisory events.</p> <p>Problematic relationships: nondisclosure had negative impact on the supervisory relationships.</p> <p>Both groups stated poor evaluation drove nondisclosure, as well as nondisclosure having negative impact on themselves and their relationships with clients.</p> <p>Improving disclosure: Those in good relationships stated being asked would have led to disclosure.</p>
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	<p>disclosure)</p> <ul style="list-style-type: none"> <li>▪ Explore impact of nondisclosure on their professional development, supervisory relationship, and therapeutic relationship with clients</li> <li>▪ Assess context of nondisclosure as related to satisfaction with supervision and supervisory style, two constructs previously identified in the literature</li> </ul>		<p>personal and professional development, supervisory relationship, and therapeutic relationships</p> <p>Pre-existing scales used:</p> <ul style="list-style-type: none"> <li>▪ The Supervisory Styles Inventory (SSI) Friedlander &amp; Ward, (1984)</li> <li>▪ The Supervisory Satisfaction Questionnaire (SSQ): assesses perceived satisfaction with supervision. Ladany et al. (1996)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10 heterosexual, 2 lesbian, 1 bisexual, 1 gay</li> <li>▪ 13 from counseling psychology Ph.D. programs, 1 from clinical psychology Psy.D. programs.</li> </ul>	<p>Problematic relationships stated they knew of nothing that would have helped or did not know what would help</p> <p>In positive supervisory relationships, effects of nondisclosure were generally neutral. In problematic supervisory relationships, effects were negative, including a sense of lack of safety, less disclosure, anxiety, and less interest in supervision.</p> <p>Both groups: negative personal effects of nondisclosure: (insecurity, shame, guilt, anxiety).</p> <p>Limitations: included small N, requesting previously undisclosed data.</p>
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<p>Knox, Burkard, Edwards, Smith, Schlosser (2008)</p>	<p>“Examine supervisors’ perspectives of the antecedents, events, and consequences of one example of their use of [supervisor self-disclosure] SRSD”. (p. 545)</p>	<p>Qualitative Consensual qualitative research</p>	<p>Demographic form  Consensual qualitative research (CQR). Interview-based protocol using semi-structured interview in combination with published scale – follow-up questions were posed, and examples elicited.</p>	<p>N = 16 supervisors</p> <ul style="list-style-type: none"> <li>▪ Age range: 30-67</li> <li>▪ 9 men, 7 women</li> <li>▪ 15 European American, 1 Asian</li> <li>▪ “Supervising between 5 and 35 years (M=16.39), between 0 and 6 years of which was prelicensure (M=2.54) and between 1 and 34 years of which was postlicensure (M=14.19)” (p. 546).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supervisors used SRSD when they found supervisee was struggling clinically and to normalize trainee experience.</li> <li>▪ Subjects reported SRSD was helpful and effective for supervisors (reduction of anxiety), and they perceived it was helpful for supervisees by increasing supervisee self-disclosure and improving supervisory relationship</li> <li>▪ Supervisors initially learned about SRSD didactically (not experientially).</li> </ul>
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<p>Knox, Edwards, Hess, &amp; Hill (2011)</p>	<p>Examined supervisees' experiences of SRSD, utilizing an in depth description one particular instance of SRSD and its impact on the supervisees.</p>	<p>Qualitative Consensual qualitative research (CQR)</p>	<p>Demographics Consensual qualitative research (CQR). Interview-based protocol using semi-structured interview in combination with published scale – follow-up questions were posed, and examples elicited.</p>	<p>N = 12 clinical or counseling psychology graduate trainees (11 doctoral students and 1 masters student)</p> <ul style="list-style-type: none"> <li>▪ Age range: 24-51</li> <li>▪ 10 women, 2 men</li> <li>▪ 10 White European American, 2 Other</li> <li>▪ “Supervisees had received more than 6 semesters of clinical supervision (M=6.27, SD=3.02), had worked with more than 6 supervisors (M=6.25, SD=3.28), and had taken fewer than 1 supervision course (M=.67, SD=.65) at the time of the study (p. 337).</li> </ul>	<ul style="list-style-type: none"> <li>▪ “Participants typically characterized the pre-SRSD relationship with their supervisor in positive terms, reporting feeling comfort and support. Participants typically perceived supervisors' intent for the SRSDs as normalization. As effects of the SRSDs, participants typically reported feeling normalized, helped, or able to gain insight” (p. 337)</li> </ul>
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<p>Ladany, Hill, Corbett, &amp; Nutt (1996)</p>	<p>Investigate: supervisee nondisclosure, including nature and extent.</p> <p>Reasons for different types of nondisclosure (supervisee fears of negative evaluation, etc.).</p> <p>Describe the manner in which supervisees avoid disclosure in three possible ways, passive/not mentioning, active/stating not wanting to disclose, diversionary tactics.</p> <p>The importance of nondisclosure to supervisee functioning as a therapist, and did the supervisee disclose to a third party.</p> <p>“Examine whether supervisor approach or style was related to the number, content, and reasons for supervisee nondisclosures” (p. 11).</p> <p>Understand if the content of and reasons for supervisee nondisclosure were driven by supervisees' perceived satisfaction with supervisory relationship.</p>	<p>Quantitative Correlational</p>	<ul style="list-style-type: none"> <li>▪ Demographics</li> <li>▪ Supervisee Nondisclosure Survey (created for this study)</li> <li>▪ Supervisory Style Inventory (SSI) Friedlander &amp; Ward, (1984)</li> <li>▪ Supervisory Satisfaction Questionnaire (SSQ), modified version of Client Satisfaction Questionnaire (Larsen, Attkisson, Hargreaves, &amp; Nguyen, 1979)</li> </ul>	<p>N = 108 therapists in training in masters or doctoral programs in counseling or clinical psychology.</p> <ul style="list-style-type: none"> <li>▪ 86 women, 21 men, 1 unspecified.</li> <li>▪ Average age 30.47 (SD 7.21), range not reported</li> <li>▪ 87 European Americans, 5 Hispanic Americans, 4 African Americans, 4 Asian Americans, 1 Native American, 7 unspecified</li> <li>▪ 63% were in counseling psychology and 21% in clinical psychology programs</li> </ul>	<p>“The results of this study suggest that most supervisees (97.2%) do withhold information from their supervisors. The 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, and, to a lesser extent, negative reactions to clients, countertransference, client- counselor attraction issues, positive reactions to the supervisor, supervision setting concerns, supervisor appearance, supervisee-supervisor attraction issues, and positive reactions to clients. The most 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” (p. 17-19).  “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. The content of, reasons for, and effects of these nondisclosures are described in the sections to follow” (p. 18).</p>
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<p>Mehr (2011) (Dissertation )</p>	<p>To replicate and extend previous research to gain a more complete understanding of drivers of supervisee willingness to disclose in supervision.</p> <p>Test proposed relationships between factors believed to mediate trainee disclosure (trainee anxiety, trainee self-efficacy, the supervisory working alliance) utilizing structural equation modeling</p>	<p>Quantitative Structural equation modeling</p>	<p>Demographic Questionnaire</p> <p>Trainee Disclosure Scale (TDS) based on Ladany et al. (1996). 13- items on a 5- point Likert scale assessing disclosure in supervision; self-report measure</p> <p>Self Disclosure Index (SDI) is a modified version of the Supervisory Self Disclosure Index (SSDI; Ladany &amp; Lehrman-Waterman (2001)). modified to inquire about supervisees disclosure instead of supervisor self-disclosure in supervision.</p> <p>Trainee Anxiety Scale (TAS; Ladany, Walker, Pate-Carolan, &amp; Gray-Evans (2007)). 14- item 7-point Likert scale self-report questionnaire for measurement of trainee anxiety in supervision</p>	<p>N = 201 therapists in training</p> <ul style="list-style-type: none"> <li>▪ 171 women, 27 men, 3 unspecified</li> <li>▪ Age: M = 29.3 years (SD = 6.7)</li> <li>▪ 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.</li> <li>▪ Training level: beginning practicum (27.4%), advanced practicum (28.4%), or internship (39.8%)</li> </ul>	<ul style="list-style-type: none"> <li>▪ “The following hypothesized relationships were found: (1) higher counseling self-efficacy predicts less anxiety in supervision, (2) trainee perception of a stronger supervisory working alliance predicts less anxiety in supervision, and (3) perception of a stronger supervisory working alliance predicts higher willingness to disclose” (p. 48).</li> <li>▪ Not supported: less trainee anxiety will predict higher willingness to disclose in supervision and higher self-efficacy predicts stronger willingness to disclose in supervision</li> <li>▪ “An environment ripe for trainee disclosure would be one in which the trainee perceives a strong alliance with the supervisor” (p. 61).</li> </ul>
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			<p>State-Trait Anxiety Inventory (STAI; Spielberger et al. (1983)) 40-item 4-point Likert scale self-report measure to assess both trait and state anxiety</p> <p>Working Alliance Inventory/ Supervision (WAI-S; Bahrck (1989)).36-item 7-point Likert scale measure assessing the supervisory relationship utilizing 3 subscales made up of 12-items each. Each subscale assesses agreement on goals, tasks, and bond.</p> <p>Counseling Activity Self Efficacy Scales (CASES; Lent, Hill, &amp; Hoffman (2003).41-item, 10- point Likert scale self-report measure to assess counselor perception of their own therapeutic abilities.</p>		<p>Implications for practice: “the supervisor should actively attend to developing a strong alliance with the trainee through behaviors (e.g., empathy, respect, and collegiality) that demonstrate the desire to develop an emotional bond and attain mutual agreement on the tasks and goals of supervision” (p. 61).</p> <p>Limitations: limited generalizability because of sample characteristics including gender and race. Self-selection for study participation. Amount of time lapsed between survey completion and supervision. Training director announcement of study. Varying levels of experience in sample..</p>
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			Self-Efficacy Inventory (SEI; Friedlander & Snyder (1983)): a 21-item self-report 9-point Likert scale measure assessing trainee self-efficacy.		
Mehr, Ladany, & Caskie (2010)	“(1) examine the content of and reasons for trainee nondisclosure in supervision, and (2) examine the relationships among trainee anxiety, the working alliance, willingness to disclose, and amount of nondisclosure” (p. 103).	Qualitative and quantitative	Demographic questionnaire  Supervisee Nondisclosure Survey (SNS; Ladany et al. (1996)) and modified from the original format to include content and reasons for nondisclosure on the original form.  Trainee Disclosure Scale (TDS; on Ladany et al. (1996)), 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.	N = 204 therapists in training  <ul style="list-style-type: none"> <li>▪ Age: M= 29.35 (SD = 7.41)</li> <li>▪ 172 women, 28 men, 4 unspecified</li> <li>▪ 181 European American/White, 2 African American/Black, 2 American Indian or Native Alaskan, 7 Asian or Pacific Islander, 5 Hispanic/Latino, 4 Other, 3 Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>▪ 84.3% of supervisees withheld info from supervisors in the single supervision sessions studied.</li> <li>▪ 2.68 nondisclosures (SD=1.77) in the most recent supervision session.</li> <li>▪ 20.6% of supervisees reported nondisclosure related to concerns about supervisor perceptions of supervisee.</li> <li>▪ Hypothesis that trainee ratings of higher supervisory alliance were related with decreased nondisclosure was supported by the evidence.</li> <li>▪ Greater trainee anxiety related with both decreased disclosure and willingness to disclose.</li> </ul>

			<p>Working Alliance Inventory Supervision Short: a 12-item shortened instrument assessing the supervisory working alliance developed by Ladany et al. (2007)</p> <p>Trainee Anxiety Scale (TAS; Ladany, Walker, Pate-Carolan, &amp; Gray-Evans (2007)) developed by is a 14-item 7-point Likert scale self-report questionnaire to measure trainee anxiety in supervision</p>		
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<p>Ofek (2013)  (Dissertation)</p>	<p>“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 insupervision is positively correlated to trainee self-report of the supervisory working alliance bond” (p. 12).</p>	<p>Quantitative</p>	<p>Demographics Questionnaire</p> <p>Working Alliance Inventory-Supervisee Form (WAI-S, Bahrck,1990), 36-item 7- point Likert scale</p> <p>Supervisee Disclosure Scae (SDS) developed for this study, is a self-report measure of supervisee comfort with and likelihood of disclosure of clinically relevant events.</p>	<p><math>N = 306</math></p> <ul style="list-style-type: none"> <li>▪ Age range: 24-67 (M = 30.94; SD = 5.8)</li> <li>▪ 79.1% female, 19% male, .3% transgender, 1.6% did not report</li> <li>▪ 79.7% White (non-Hispanic), 6.2% Asian / Pacific Islander, 3.9% Hispanic / Latino, 3.9% African American; 3.6% Biracial, .9% other, 1.6% not identified.</li> </ul>	<p>“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” (p. 30)</p> <p>“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” (p. 32).</p>
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<p>Pakdamann (2011)</p> <p>(Dissertation)</p>	<p>Examine the relationship of working alliance to countertransference disclosure in psychology doctoral interns</p> <p>Investigated how. Characteristics such as age, gender, ethnicity, theoretical orientation, and similarity/dissimilarity between supervisor and supervisee were examined in regards to their influence on disclosure.</p>	<p>Quantitative</p>	<p>Demographic Questionnaire</p> <p>Working Alliance Inventory-Supervisee Form (WAI-S, Bahrck, 1990), 36-item 7- point Likert scale</p> <p>Countertransference Reaction Disclosure Questionnaire (Daniel, 2008) measures how likely a supervisee is to disclose countertransference experiences and behaviors within a series of hypothetical situations to his or her supervisor.</p>	<p>N = 330</p> <ul style="list-style-type: none"> <li>▪ 80.7% female, 18.1% male, .9% transgender, 1.6% did not report</li> <li>▪ 84.6% White (non-Hispanic), 4.2% Asian / Pacific Islander, 3.9% Hispanic / Latino, 2.7% African American; .3% Indian/AK native, 2.4% Biracial, 3% other, 2.7% not identified.</li> </ul>	<ul style="list-style-type: none"> <li>▪ “positive and significant relationship between the strength of the working alliance and the likelihood and comfort of countertransference disclosure in supervision” (p. 40)</li> </ul>
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<p>Reichelt et al. (2009)</p>	<p>Explore nondisclosure in group supervision</p>	<p>Quantitative Frequency Distributions</p>	<p>“questionnaire consisted of 11 questions concerning what students do not talk to the supervisors about in the group setting, whether they talk to fellow students about these issues outside the group, whether they prefer to talk to their supervisor alone, what they believe that the supervisors keep back from them, and whether they believe that the supervisors believe that they keep something back. Finally they were asked about experiences related to changes in the group climate concerning openness throughout the supervision process. The informants were asked to answer yes or no to each question. If the answer was yes, they were asked to contribute with examples illustrating the actual question and their reasons for their choices” (p.10)</p>	<p>N= 168 students being trained as clinical psychologists in internal practice at the universities in Bergen, Aalborg and Oslo.</p> <p>Groups of three to five students and one supervisor.</p>	<ul style="list-style-type: none"> <li>▪ “The students wanted honest and realistic feedback, including a focus on their insufficiencies as therapists, and evaluation of their clinical performance. Many students also revealed an irreverent attitude to their supervisors. A majority experienced other group members as a significant asset for their therapeutic work” (p. 19)</li> <li>▪ “Some of the students found it irrelevant to talk about their personal reactions to the supervisor” (p.14)</li> <li>▪ “Others felt that the supervisor left no room for comments of a personal kind, addressing only the case. Some students, however, held such reactions back to protect themselves. They might feel that the supervisor redefined their reaction in a therapeutic way” (p.14).</li> <li>▪ “Few of the students would prefer to talk to the supervisor alone, for instance about personal matters and professional insecurity. At times the supervisor was experienced as a buffer between the individual student and the group” (p. 18).</li> </ul>
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<p>Yourman (2000) (Dissertation)</p>	<p>“Examining the role that internalized shame may play in shaping psychotherapy supervision, specifically focusing on the inhibition of supervisee disclosure” (p. 18-19).</p> <p>“Seeks to examine how internalized representations of the supervisory process for the trainees may affect trainee disclosure and how this internalization might interact with internalized shame with regard to trainee nondisclosure” (p. 19).</p> <p>Confirm results of earlier studies on nondisclosure regarding prevalence of supervisee nondisclosure.</p>	<p>Quantitative</p> <p>Factor analysis on SDS and SRI.</p> <p>Multiple regressions (3) on SDS scores</p>	<p>Demographics</p> <p>The Supervisory Disclosure Scale (SDS; Yourman and Farber, 1999): an 11-item, 7-point Likert type scale self-report instrument. Assesses the frequency of nondisclosure in supervision which included 43 items (based on Supervision Questionnaire (SQ; Farber &amp; Yourman’s (1995)).</p> <p>Supervisor Representations Inventory (SRI; Geller &amp; Scheffer, 1988): a self-report instrument that provides a detailed picture of various characteristics of the supervisor and supervisory relationship, especially aspects of supervisee’s internalized representations of relationships with the supervisor.</p>	<p>N = 216 supervisees at various levels of training receiving individual supervision</p> <ul style="list-style-type: none"> <li>▪ Age range: 22-60 (M = 29.5; SD = 5.9)</li> <li>▪ 80% women, 20% men <ul style="list-style-type: none"> <li>▪ 79% Caucasian, 7% Hispanic, 6% African American, 6% Asian, 2% Other,.</li> </ul> </li> <li>▪ 85% doctoral program students in clinical and counseling psychology; 9% intern level trainees; 2% post-doctoral psychologists</li> <li>▪ Orientation: 51% psychodynamic, 28% cognitive-behavioral, 8% eclectic, 4% humanistic, 1% other. 3% did not state.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supervisee disclosure is predicted by perception of strength of working alliance with supervisor.</li> <li>▪ “Trainee disclosure depends primarily not upon the degree of shame proneness, but rather upon the way the trainee perceives the working relationship with his or her supervisor” (p. 61).</li> <li>▪ Supervisees are generally highly disclosing to their supervisors.</li> </ul>
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			<p>The Marlowe-Crowne Social Desirability Scale-Short Form C: a 33-item true/false forced choice self-report instrument developed by Crowne &amp; Marlowe (1960), which helps to determine if an individual's responses are being distorted by desire to portray the self favorably.</p> <p>Internalized Shame Scale (ISS; Cook (1990)): 30-item, 5-point Likert scale self-report measure to determine trainees' shame level.</p>		<p>Conclusion: supervisee perception of a strong supervisory working alliance is more important in facilitating disclosure than supervisee tendency to experience shame</p>
<p>Yourman &amp; Farber (1996)</p>	<ul style="list-style-type: none"> <li>▪ Explore patterns of nondisclosure and conscious concealment and distortion in supervision</li> <li>▪ Determine the extent to which supervisee nondisclosure occurs in psychotherapy supervision.</li> <li>▪ Determine to what extent are certain factors predictive of nondisclosure in psychotherapy supervision.</li> </ul>	<p>Quantitative</p>	<ul style="list-style-type: none"> <li>▪ Supervision Questionnaire (SQ), a 66-item self-report instrument using a 7-point Likert scale developed for this project. Measures supervisee supervision experiences and their relationship to the supervisor.</li> </ul>	<p><i>N</i> = 93 doctoral students (97.8% in clinical psychology doctoral programs)</p> <ul style="list-style-type: none"> <li>▪ Age range: 22-49 (M=31.2, SD = 6.2 years);</li> <li>▪ 67 women, 26 men</li> </ul>	<ul style="list-style-type: none"> <li>▪ 30-40% of supervisees withhold shame inducing information (clinical errors or disagreements with supervisor) at a moderate to high frequency level.</li> <li>▪ 50% reported saying what they think supervisor wants to hear in a moderate to high frequency.</li> </ul>

				<ul style="list-style-type: none"> <li>▪ Caucasian (n = 69, 74.2%), Hispanic American (n = 11, 11.8%), African American (n = 5, 5.4%), Asian American (n = 4, 4.3%), international (n = 2, 2.2%), and Native American (n = 1, 1.1%). 1 respondent left this category blank</li> <li>▪ 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)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Confirms the Wallace &amp; Alonso (1994) belief that audio or video taping sessions does not ensure that supervisees will disclose in supervision</li> <li>▪ All areas of supervision and therapy services were had related nondisclosure.</li> <li>▪ “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)</li> </ul>
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Author(s) /Year	Publication Questions /Objectiv	Publicati on Approach	Instruments Utilized and Technical	Sample	Major Findings
Bordin (1983)	Bordin extends his model of working alliance in psychotherapy (1979) to supervision.	Theoretical	N/A	N/A	<ul style="list-style-type: none"> <li>▪ Aspects of working alliance include: Mutual agreements (agreement of principles), Tasks (goals), Bonds (carrying out a common enterprise).</li> <li>▪ Building and repair of WA is the treatment/supervi sion.</li> <li>▪ Process is both personal and technical</li> <li>▪ Goals include: mastery of specific skills, enlarging, understanding of clients, enlarging awareness of process issues, increasing awareness of self and process, overcoming personal and intellectual obstacles, deepening understanding of theory, provide research drive, maintain service standards</li> <li>▪ Evaluation is a two way street, and is about mastery.</li> </ul>

**Literature Review Table: Supervisory Working Alliance**  
**Supervisory Working Alliance – Theoretical Publications**

Friedlander (2012)	Extends the concept of therapist responsiveness to supervision.	Theoretical	N/A	N/A	<p>“As in therapist responsiveness, supervisors need to be sensitive to their supervisees’ personal characteristics when selecting an approach, a focus, and an intervention. there is, however, another layer: Supervisors need to be responsive to clients’ needs as well as to the needs of their supervisees” (p. 106).</p> <p>“In the teaching function of supervision, responsiveness refers to accurate attunement and adaptation to a supervisee’s emerging needs for knowledge, skills, and (inter)personal awareness with respect to the needs of the client(s) with whom the supervisee is working. responsiveness is not theoretically specific; rather, regardless of the supervisor’s (or the trainee’s) orientation, responsiveness is required” (p. 106).</p> <p>“Supervisor responsiveness is likely facilitated by various individual qualities: self-awareness, self-reflection, interpersonal sensitivity, and emotional availability. Flexibility and humility also seem essential, because responsive supervisors are willing and able to self-correct” (p. 106).</p>
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					Unlike therapy, supervisors evaluate and serve as a gatekeeper for advancement in the field. This means supervisees cannot be completely disclosing for fear of being poorly evaluated.
Ladany (2004)	<p>Discussion of author's program of research through approaching the following inquiries:</p> <p>“ 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. 2)</p>	Theoretical / Research Overview	Provides sample variables used in supervision research.	N/A	<p>If nothing else, what should a supervisor do?</p> <ul style="list-style-type: none"> <li>▪ argues “that Bordin’s (1983) pantheoretical model of the supervisory working alliance is the foundation for determining the effectiveness of supervision.effective ness” (p. 4) with key focus on Working Alliance Inventory (Bahrck, 1990).</li> <li>▪ “Thus, supervisors are advised to consider the alliance as figure-ground in the supervisory work. That is, attend more to the alliance when the relationship is developing or when there is a rupture in the alliance, and attend less to a strong alliance and use supervisor technical skills to focus more on the trainee’s development” (p. 5).</li> </ul>

	)			<p>2. What are some of the <b>worst</b> things a supervisor can do?:</p> <ul style="list-style-type: none"> <li>▪ Ignore the supervisory alliance</li> <li>▪ Use supervision models without modifying to each unique trainee's ability level and skills</li> <li>▪ Not uphold ethical standards</li> <li>▪ Not explain how trainees are evaluated and apply subjective standards only to evaluation</li> <li>▪ Show bias towards certain cultural groups and not discuss multicultural and diversity issues in supervision or address trainee questions about these issues</li> </ul> <p>▪ What secrets do supervisors and trainees keep from one another?</p> <ul style="list-style-type: none"> <li>• trainees rarely disclose to supervisors: negative reactions to supervisors, personal issues, clinical mistakes, evaluation concerns, countertransference to clients, positive reactions to supervisor, attraction to supervisor.</li> <li>• Reasons for nondisclosure are impression management, deference to supervisor, fear of negative evaluation.</li> </ul>
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				<p>4. What about sex?</p> <ul style="list-style-type: none"> <li>▪ Only half of trainees disclose sexual attraction to client to supervisor</li> <li>▪ Reason for nondisclosure was therapist deemed the attraction unimportant, rather than uncomfortable to speak of.</li> </ul> <p>Propositions for supervision:</p> <ul style="list-style-type: none"> <li>▪ Due to lack of evidence it is reasonable to suspect many supervision activities are of little use to trainees.</li> <li>▪ Objective third party reviews of trainee performance should be included.</li> <li>▪ Supervisors without training in supervision take longer to develop skills.</li> <li>▪ Supervisor impairment is the primary source of harmful supervision, and it happens more often than has been noted.</li> </ul>
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Watkins (2014)	“(a) describing the two enduring perspectives on the supervisory alliance that have dominated and continue to dominate the supervisory scene; and (b) examining the ways in which the alliance appears to currently be conceptualized and implemented across several distinct views of supervision” (p. 151).	Review of theory	N/A	N/A	<p>“All super- vision perspectives offer not only a view of alliance as medium but also a view of alliance as message; they each contain vital information on ‘how to do’ and ‘how to be’ during the supervisory process. But some perspectives may indeed differ on the weight that is assigned to either the medium or message side” (p. 159).</p> <p>“There are at least three supervision common factor components— bond/rapport, goals, and tasks—that have been recognized as being in transtheoretical play; they respectively provide the relational foundation, organizing directions, and strategic actions for supervisory movement” (p. 159).</p> <p>“The relevance of supervisory alliance for supervisory process and outcome is now seemingly a given across supervision perspectives—an accepted and incontrovertible pillar of good practice: It indeed appears to be a highly essential supervision common factor of transtheoretical applicability and may well be the quintessential integrative variable in that respect” (p 159).</p>
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## Supervisory Working Alliance – Empirical Studies and Publications

Author(s) /Year	Publication Questions /Objectives	Publicati on Approach	Instruments Utilized and Technical	Sample	Major Findings
Bahrick (1989)  (Dissertati on)	“To examine the effects of a role induction procedure on the supervisory relationship” (p. 8).	Quantitati ve  Experime ntal, psychome tric, instrumen t validation	The Working Alliance Inventory/ Supervision (WAI-S). A 36-item 5-point Likert-type scale measuring the supervisory relationship. 3 subscales made up of 12- items each. One subscale each assessing agreement on goals, tasks, and bond. The WAI was a modification Horvath and Greenberg’s (1985) Working Alliance Inventory, which looked at WA for therapists and clients.  The Supervisory Emphasis Rating Form (Lanning, 1986): a 60-item Likert-type scale measure, which assesses the training area emphasized by the supervisor;	N = 17 trainees in their first year of counseling psychology doctoral program at Ohio State University.  <ul style="list-style-type: none"> <li>▪ 13 women, 4 men</li> <li>▪ 10 experimental, 7 control group, plus 10 supervisors</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inter-rated reliability WAI-S was established at 97.6%.. Raters couldn’t reliably make distinctions between goals and tasks. The instrument consists only of bon and goals/tasks factors.</li> <li>▪ “The major findings of this investigation are that Experimental supervisor/ trainee pairs showed significantly more congruence than Control pairs on a number of the dependent measures following the role induction procedure” (p. 73).</li> <li>▪ Role induction provided no measurable benefit.</li> <li>▪ Limitations: small sample size, especially in the control group; varying levels of supervision experience; individual effects of supervisor could not be measured; instruments were not sensitive enough (ceiling effects).</li> </ul>

			A semantic differential procedure (Osgood, 1952) a format for supervisees to provide an evaluation of their supervisors		
Carifio & Hess (1987)	Study questions include: Who is the ideal supervisor? What does the ideal supervisor do? How does the ideal supervisor perform supervision?	Literature review		“Survey, classify, and integrate... theory and research directly pertaining to those behaviors or characteristics that make up the ‘ideal’ supervisor” (p. 244).	<ul style="list-style-type: none"> <li>▪ “The ideal supervisor possesses appropriate levels of empathy, respect, genuineness, concreteness, and self-disclosure” (p. 248).</li> <li>▪ Is knowledgeable and experienced in therapy and supervision.</li> <li>▪ Sets explicit goals.</li> <li>▪ Does not do therapy in supervision.</li> <li>▪ Non critical and supportive.</li> <li>▪ Neither overly direct or passive.</li> </ul>
Chen & Bernstein (2000)	Examined the effects of supervisory and complementary communications problems on the creation on working alliance.	Research-informed case study methods	Supervisory Styles Inventory (SSI, Friedlander & Ward, 1984) a 33-item 7-point Likert-type scale. Measures supervisor’s self-reported supervision style using 3 subscales: Attractive, Interpersonally Sensitive, and Task-Oriented	<p><i>N</i> = 10 supervisory dyads composed of a doctoral level student in counseling psychology acting as a supervisor for a master-level counselor trainee.</p> <ul style="list-style-type: none"> <li>▪ Age: Supervisees , 25-50; Supervisor, 30-45.</li> <li>▪ Gender: Supervisees , 1 male, 9 female; Supervisors, 1 male, 6 female.</li> <li>▪ All White</li> </ul>	<ul style="list-style-type: none"> <li>▪ “issues of competence, emotional awareness, supervisory relationship, and purpose and direction were identified by the supervisory participants more frequently than the remaining issues” (p. 493).</li> <li>▪ Scores showed that the personal issues theme was rated as the most critical by the low-working alliance dyads, and it was rated as the fourth most important issue by the high-working alliance dyads.</li> <li>▪ Supervisees in High WA dyads rated supervisor as high in attractiveness, higher in interpersonal sensitivity, and moderate in task orientation</li> </ul>

			<p>Critical Incidents Questionnaire (CIQ, Hepner &amp; Roehlke, 1984): free response questionnaire consisting of three questions related to critical incidents.</p> <p>The revised Supervisory Working Alliance Inventory (SWAI; Patton et al., 1992). 7-point Likert-type measure looking at the level of working relationship in supervision. A 19 item scale for supervisees and 23 item scale for supervisors.</p> <p>Two Complementarity measures were used: Topic Determination/Initiation Coding System (TDCS, Tracey, 1981, 1988, 1991), and the Relational Communication Coding System (Ericson &amp; Rogers, 1973)</p>		
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<p>Cheon, Blumer, Shih, Murphy, &amp; Sato (2009)</p>	<p>“Explore how the ‘match’ between supervisor and supervisee on contextual variables affects both conflict and the working alliance, which affects supervisee satisfaction” (p .52).</p>	<p>Quantitative</p>	<p>Working Alliance Inventory – Supervisee (WAI-S; Baker, 1991), a 36-item 7-point Likert-type scale</p> <p>Role Conflict (RC) subscale of the Role Conflict and Role Ambiguity Inventory (RCRAI; Olk &amp; Friedlander, 1992), of 13 items rated on a 5-point Likert scale</p> <p>Supervision Outcomes Survey (SOS; Worthen and Dougher 2000; Worthen and Isakson 2003), of the 20-item 7- point Likert scale survey, 15 items measuring supervisee’s view of supervision including levels of satisfaction in supervision.</p>	<p>N = 132 MFT students</p> <ul style="list-style-type: none"> <li>▪ Age: M = 29, SD = 7.19</li> <li>▪ 80.3% women, 19.7% men</li> <li>▪ 80.3% White, 5.3% African American, 3.8% Asian American, 1.5% Latina, 8.3% Multiracial</li> <li>▪ 63.6% identified with Christianity</li> <li>▪ 89.4% identified as heterosexual</li> </ul> <p>Supervisors:</p> <ul style="list-style-type: none"> <li>▪ Age range 25 – 74, average was 45-49 years. Most were AAMFT clinical members and approved supervisors,.</li> <li>▪ 51.5 female (n=68).</li> <li>▪ Race: 88.8% White, 1.5% AA, 1.5% Asian, 5.3% multiracial or other.</li> <li>▪ 45.2% Christian</li> </ul>	<ul style="list-style-type: none"> <li>▪ The supervisory relationships, the working alliance, leads to supervisee satisfaction with supervision.</li> <li>▪ supervision provided in private practice setting is more likely to yield satisfaction than supervision that in academic settings..</li> <li>▪ Working alliance was shown not to have a significant relationship to contextual factors matched for.</li> </ul>
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			Matching was created by matching variables including age, religions, gender, ethnicity, sexual orientation, and theoretical orientation by use of demographic survey		
Daniel (2008) (Dissertation)	<p>Investigates the associations between supervisory alliance and disclosure of countertransference in supervision.</p> <p>Explore demographic characteristics' (e.g., age, gender, ethnicity, theoretical orientation) to see if a match between supervisor and supervisee increase comfort and, thus, CT disclosure.</p>	Quantitative	<p>Working Alliance Inventory-Supervisee Form (WAI-S, Bahrck, 1990), 36-item 7-point Likert scale</p> <p>Reaction Disclosure Questionnaire, created for this study. An 8-item measure of trainee countertransference to clients and the comfort level and likelihood of trainee disclosure to supervisors. Consisting of hypothetical scenarios. 7-point Likert scale.</p>	N = 175 clinical psychology, counseling psychology, and school psychology interns at APPIC pre-doctoral internship sites.	<ul style="list-style-type: none"> <li>▪ “Statistically significant relationships were found between the supervisory alliance and supervisee self-report of comfort in disclosing countertransference reactions and the supervisory alliance and likelihood of supervisee disclosure of countertransference reactions to his or her individual supervisor” (p. 18).</li> <li>▪ “Matches in ethnicity, gender, or theoretical orientation were not found to have a statistically significant relationship with the likelihood and comfort with disclosure of all countertransference reactions (across all hypothetical conditions) or with specific sexualized reactions” (p. 20).</li> </ul>

<p>Efstation, Patton, &amp; Kardash (1990)</p>	<p>To construct a measure of supervisors' and trainees' perceptions of their supervisory relationship, namely supervisory working alliance.</p>	<p>Measure development</p>	<p>Supervisory Working Alliance Inventory (SWAI): 30-item, 7-point Likert scale measuring working alliance</p> <p>Supervisory Styles Inventory (SSI; Friedlander &amp; Ward, 1984) 33-item 7-point Likert with factorially derived orthogonal dimensions of supervisory style: Attractive, Interpersonally Sensitive, and Task-Oriented.</p> <p>Self-Efficacy Inventory (SEI Friedlander &amp; Snyder, 1983). 21-item self-report 9-point Likert scale measure of trainee expectations of supervision and trainee self-efficacy</p>	<p>N= 185 supervisors and 178 trainees. Total usable return rate after two f/u mailings was 33%.</p> <p>Trainees: 73 males; 104 females, 2 gender unidentified.</p> <p>Mean age: 29.95 (SD = 10.50)</p> <p>Therapy experience: 5.0 years (SD = 7.89)</p>	<ul style="list-style-type: none"> <li>▪ Working alliance is a valuable construct .</li> <li>▪ SWAI scores were shown to be reliable and validity when compared with other measures.</li> <li>▪ SWAI were significant predictors of SEI scores.</li> <li>▪ Factors differ based on theoretical orientation and advancement of the trainee.</li> </ul>
			<p>(possible scores range from 0-189) indicate higher self-efficacy (administered to trainees only in this investigation)</p>		

<p>Gatmon, Jackson, Koshkarian, Martos-Perry, Molina, Patel, &amp; Rodolfa (2001)</p>	<p>“Explored discussion of cultural variables in supervision and their influence on supervisory satisfaction and working alliance” (p. 102).</p>	<p>Crosstab study</p>	<p>Working Alliance Inventory (WAI; Horvath &amp; Greenberg, 1989): a 36- item 7-point Likert scale which assesses working alliance as noted previously.</p> <p>Supervision Questionnaire – Revised (Worthington &amp; Roehlke, 1979): a 3- item instrument that measures supervisee perceptions of supervision effectiveness and satisfaction</p> <p>Discussion of cultural variables questions were asked of study participants about whether they had discussions about ethnicity, gender, and SO, and who initiated them, as well as Likert scale items assessing supervisee perceived levels of frequency, depth,</p>	<p>N = 289 pre-doctoral psychology interns at APA accredited, internship sites with 36% participation rate of 802 mailed out.</p> <ul style="list-style-type: none"> <li>▪ 203 women, 86 men</li> <li>▪ 254 heterosexual, 18 homosexual, 15 bisexual, 0 not known</li> <li>▪ 212 European American, 19 African American, 17 Asian American, 15 Chicano/Latino, 15 Jewish/Caucasian, 9 Multiracial, 1 Arab American</li> </ul>	<ul style="list-style-type: none"> <li>▪ Highlights the “low frequency of discussions of cultural variables despite theoretical multicultural supervision literature emphasizing the importance of supervisors initiating discussions with their supervisees” (p. 111).</li> <li>▪ “Low frequency and lack of initiation of discussion by supervisors were noted in all areas investigated, including ethnicity, gender, and sexual orientation, with only 12.5% to 37.9% of supervisory matches reporting discussions” of these variables in supervision” (p. 109).</li> <li>▪ Greater satisfaction and deeper alliance reported when cultural factors are addressed in supervision and initiated by supervisors.</li> <li>▪ Matching culture within the dyads had little effect</li> </ul>
			<p>safety, and satisfaction with those discussions</p>		

<p>Gray, Ladany, Walker, &amp; Ancis (2001)</p>	<p>Examine the nature and depth of trainees' experience of supervision counterproductive events.</p> <p>Definition of counterproductive events is "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>	<p>Qualitative analysis</p>	<p>Interview: Semi-structured 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. Divided into: detailed description of the counterproductive event, perception of supervisors before, after, and during the event, desired supervisory response, impact on supervisory relationship, impact on supervisees work in sup, typicality of event, timing of event in supervisory relationship, cues of supervisor awareness, dreams related, disclosure, supervisor approach, satisfaction Q, biographical information, and reactions to study.</p>	<p>N = 13 students in counseling psychology graduate programs</p> <ul style="list-style-type: none"> <li>▪ Received average of 19.92 (SD = 17.04) months of supervised counseling experience with an average of 65.85 clients (SD = 81.81)</li> <li>▪ Supervisees had seen supervisors for an average of 14.38 (SD = 8.54) weeks at time of study.</li> <li>▪ Age range: 23-29; mean = 25.92, SD = 2.10)</li> <li>▪ 10 women, 3 men</li> <li>▪ 11 white, 1 "person of color"</li> </ul>	<ul style="list-style-type: none"> <li>▪ Typical counterproductive event was supervisor dismissing trainee's thoughts and feeling or was empathetic.</li> <li>▪ Trainee's generally experiences negative thoughts during the counterproductive event, some had negative thoughts about themselves. Feelings included frustration, anger, anxiety, lack of safety, etc.</li> <li>▪ Trainee's reported the event was typical of the supervisor.</li> <li>▪ Most participants indicated they did not believe supervisors were aware of the event</li> <li>▪ All participants reported that counterproductive events weakened supervisory relationship; led to a modify how they interact with supervisor.</li> <li>▪ Work with clients was believed to be negatively impacted.</li> <li>▪ The events were typically not disclosed to their supervisors.</li> <li>▪ Parallel processes between supervisor and supervisees, and supervisee and clients were reported.</li> </ul>
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			Supervisee Satisfaction Questionnaire (SSQ; Ladany et al., 1997) 8-item self-report inventory of trainee satisfaction with various aspects of supervision on four-point scale. Based on Client Satisfaction Questionnaire (CSQ; Larsen et al., 1979).		
Horvath (2001)	Review of empirical research of the alliance between therapist and client with therapy outcomes.	Meta-analysis of empirical research literature	N/A	N/A	<ul style="list-style-type: none"> <li>▪ Early alliance is marginally better predictor than midtherapy alliance.</li> <li>▪ Client factors impacting quality of alliance: Problem severity, type of impairments, quality of object relations or attachments</li> <li>▪ More experienced therapist may improve alliance more quickly.</li> <li>▪ Communicated empathy and collaboration is linked to alliance.</li> </ul>

<p>Ladany, Brittan-Powell, &amp; Pannu (1997)</p>	<p>“Examine how supervisee perceptions of their own and their supervisor's racial identity (in combination) related to the supervisory working alliance and the supervisee's development of multicultural competence” (p. 284).</p>	<p>Quantitative</p>	<p>Cultural Identity Attitude Scale (CIAS; Helms &amp; Carter, 1990), 50-item, 5-point Likert scale measure assesses racial identity in supervisees who are people of color</p> <p>White Racial Identity Attitude Scale (WRIAS; Helms &amp; Carter, 1990), 60-item, 5-point Likert scale assessing White supervisees racial identity.</p> <p>Perceptions of Supervisor Racial Identity (PSRI; created by authors of this study) assesses supervisee's perceptions of their supervisor's racial identities consisting of 9-point scale of agreement of descriptions of racial identity status.</p>	<p>N = 105 counselor trainees</p> <ul style="list-style-type: none"> <li>▪ 70.5% white, 10.5%</li> <li>▪ African American, 4.8%</li> <li>▪ Asian, 11.4%</li> <li>▪ Latino, 1%</li> <li>▪ Native American, 1%</li> <li>▪ Pacific Islander, 1%</li> <li>▪ Latino/Indian</li> <li>▪ Age, M= 29.85, SD= 7.63</li> <li>▪ 81 women, 23 men, 1 unspecified</li> </ul>	<ul style="list-style-type: none"> <li>▪ “When the partners share higher racial identity attitudes, they are likely to agree about the supervision process.”</li> <li>▪ Supervisees reporting a less advanced racial identity than the supervisor possessed the second highest working alliance.</li> <li>▪ Supervisor racial self-awareness provided the greatest benefit to working alliance, though it does not need to be higher than supervisee's racial self-awareness.</li> <li>▪ Racial matching did not significantly predict aspects of the supervisory working alliance.</li> <li>▪ However, supervisors of color impact supervisees' multicultural competence regardless of supervisees' races.</li> </ul>
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			<p>Working Alliance Inventory - Trainee Version (WAI-T; Bahrick,1990) assesses trainees' perception of three factors of the supervisory working alliance, as described in detail above.</p> <p>Demographic questionnaire</p> <p>Cross Cultural Counseling Inventory Revised (CCCI-R; LaFromboise, Coleman, &amp; Hernandez. 1991), 20-item measure assessing counselor's abilities to work with clients from other cultures</p>		<ul style="list-style-type: none"> <li>▪</li> </ul>
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<p>Ladany, Ellis, &amp; Friedlander (1999)</p>	<p>“To test Bordin’s (1983) extension of the concept of the therapeutic working alliance to the supervisory relationship” (p. 448). More specifically, do changes in supervisees’ perceptions of the alliance with the supervisor relate to changes in their reports of self-efficacy and satisfaction with supervision over time</p>	<p>Quantitative</p> <p>Correlations across two time scores for 5 study variables (instruments).</p>	<p>Demographic questionnaire</p> <p>Working Alliance Inventory-Supervisee – Trainee version (WAI-T; Bahrack, 1990) –36-item 7-point Likert scale measure described above.</p> <p>Self-Efficacy Inventory (SEI; Friedlander &amp; Snyder, 1983): 21-item self-report 9-point Likert scale assessing trainee self-efficacy.</p> <p>Trainee Personal Reaction Scale – Revised (TPRS-R; Holloway &amp; Wompold, 1984), a 12-item 5-point Likert scale assessing trainee satisfaction with supervision</p>	<p>N = 107</p> <ul style="list-style-type: none"> <li>▪ Age mean = 29.91, SD = 6.41</li> <li>▪ 72 women, 35 men</li> <li>▪ 86% White, 7% African American, 3% Latino, 2% Asian American, 3% did not report</li> <li>▪ Mean of prior experience receiving supervision 22.51 months, SD = 29.5</li> </ul>	<ul style="list-style-type: none"> <li>▪ Emotional bond was the only component of supervisory alliance significantly related to one aspect of supervision outcome, satisfaction. As bond increased overtime, trainees also perceived the personal qualities and performance of their supervisors and their own performance in supervision more positively, and they found themselves relatively more comfortable in supervision (converse is true as well).</li> <li>• Supports Bordin’s dynamic conceptualization of the supervisory alliance, and it suggests it is important to assess working alliance over time.</li> <li>• No significant relationships found between agreements on goals and task factors of alliance and satisfaction.</li> <li>• Self-efficacy, while it increased over time, was not affected by changes in alliance.</li> <li>• Bordin’s theory does not address the fact that evaluation in supervision is mandatory</li> <li>• Limitations include inability to manipulate the predictor variables or randomly assign participants to various conditions, including supervisors.</li> <li>• Strong emotional bond may facilitate self-disclosure needed for productive supervision.</li> </ul>
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Ladany & Friedlander (1995)	“Examined the degree to which trainees' role difficulties may be predicted by their perceptions of the strength of the supervisory relationship” (p. 220).	Quantitative	<p>Demographic questionnaire</p> <p>Working Alliance Inventory – Trainee Version (WAI-T; Bahrck, 1990) described above, is a measure of supervisory working alliance</p> <p>Role Conflict and Role Ambiguity Inventory (RCRAI; Olk &amp; Friedlander, 1992): a 29-item, 5-point Likert scale assessing trainee perceptions of role difficulty in the supervision context</p>	<p>N = 123 trainees (52.6% return rate).</p> <ul style="list-style-type: none"> <li>▪ Age: M = 30.07, SD = 6.42</li> <li>▪ 81 women, 42 men 85.4% White, 8.1% Black, 2.4% Latino, 1.6% Asian American, 2.4% did not provide information about race.</li> <li>▪ 53.7 Counseling psychology, 36.6% clinical psychology.</li> <li>▪ 67.5% doctoral student, 26.% masters level students.</li> <li>▪ Median of 12 months of prior supervised counseling experience (M = 23.46, SD = 30.32 months).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supervisory working alliance was related, significantly, to supervisees' perception of role conflict and role ambiguity</li> <li>▪ Bond portion of SWA was a significant contribute to role conflict. Stronger SWA is associated with less role conflict, and the converse was true.</li> <li>▪ Combined contributions of goal and task components of SWA were significant predictors of role conflict. Trainees who know what is expected of them are, less likely to have role ambiguity.</li> </ul>
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<p>Ladany, Lehrman-Waterman, Molinaro, Wolgast (1999)</p>	<p>To understand the kinds and extent of supervisees' perceptions of supervisors' adherence to ethical practices</p> <p>To assess types of supervisee reactions to their supervisors' nonadherence to ethical practices and resulting impact on supervisees' work with clients</p> <p>To establish the relationship between supervisor ethical practices and supervisory working alliance</p> <p>To establish the relationship between adherence to ethical practices and satisfaction with supervision received.</p>	<p>Quantitative</p> <p>Correlational study</p>	<p>Demographic questionnaire</p> <p>Supervisor Ethical Practices Questionnaire (SEPQ; created by authors for this study) The final version of the SEPQ consisted of a series of open-ended prompts that allowed the participants to write narrative descriptions of ethical guidelines violated by their supervisors, as well as establishing if it effected client care. Supervisor Ethical Behavior Scale (SEBS; created by the authors for this study) measure consisted of 45 closed-ended items (3 for each of the 15 identified ethical guidelines) about supervisors' ethical or ethically wanting behaviors</p>	<p>N = 151 therapy trainees</p> <ul style="list-style-type: none"> <li>▪ Age: M = 31.51, SD = 7.92</li> <li>▪ 114 women, 36 men, 1 unspecified</li> <li>▪ 121 White, 12 African American, 9 Asian American, 4 Latino, 1 Native American, 4 unspecified</li> <li>▪ 58% doctoral-level, 36% master's-level, 6% unspecified</li> <li>▪ 85% of respondents had taken at least one counseling ethics course; 75% had access to ethics consultation at their training sites.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 51% of supervisees reported at least one ethical violation by their respective supervisors with an average of 1.52 violations on the SEPQ</li> <li>▪ Report percentages ethical violations related to: <ul style="list-style-type: none"> <li>▪ 33% to evaluation of supervisee</li> <li>▪ 18% to confidentiality issues in supervision</li> <li>▪ 18% work with alternative perspective</li> <li>▪ 13% session boundaries and respectful treatment.</li> <li>▪ 9% adequate orientation to site roles, standards and expectations</li> <li>▪ 9% expertise or competence in dealing</li> <li>▪ 8% disclosures to clients</li> <li>▪ 8% modeling ethical behaviors</li> <li>▪ 7% crisis intervention or emergency coverage</li> <li>▪ 7% multicultural sensitivity towards clients</li> <li>▪ 7% multicultural sensitivity towards supervisee</li> <li>▪ 6% dual roles</li> <li>▪ 5% termination issues</li> <li>▪ 5% differentiating supervision from therapy</li> <li>▪ 1% sexual issues</li> </ul> </li> </ul> <p>Supervisees reporting greater ethical adherence by supervisors also reported greater SWA and satisfaction with supervision.</p>
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			<p>Working Alliance Inventory – Trainee Version (WAI-T; Bahrck, 1990) described above</p> <p>Supervisee Satisfaction Questionnaire (SSQ; Ladany et al., 1996; Larsen, based on client satisfaction, Attkisson, Hargreaves, &amp; Nguyen, 1979) 8- item self-report inventory in which trainees rate their satisfaction on a 4-point scale</p>		
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<p>Ladany, Walker, &amp; Melincoff (2001)</p>	<p>“To examine the relationship between supervisor perceptions of their style and elements such as supervisory working alliance and supervisor self-disclosure” (p. 263)</p>	<p>Quantitative Correlational study</p>	<p>Demographic questionnaire</p> <p>Supervisory Styles Inventory (SSI; Friedlander &amp; Ward, 1984) a 33-item self-report assessing supervisor self-reported supervision style on a 7-point Likert scale utilizing 3 subscales: attractive, interpersonally sensitive, and task-oriented</p> <p>Working Alliance Inventory – Supervisor Version (WAI-S; Baker, 1991) - see above</p> <p>Supervisor Self-Disclosure Inventory (SSDI; Ladany &amp; Lehrman-Waterman, 1999), a 9-item self report measure collecting types of information supervisors disclose in supervision on 5-point Likert scale</p>	<p>N = 137 supervisors of psychology trainees</p> <ul style="list-style-type: none"> <li>▪ 99 women, 35 men, 3 unspecified</li> <li>▪ 123 White, 5 African American, 4 Asian American, 3 Latina, 1 Asian American, 1 Native American, 2 not specified</li> <li>▪ 30% first practicum, 27% beyond first practicum, 31% pre-doctoral interns, 4% postmaster's trainees.</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supervisors' perceptions of their style were found to be related to their perceptions of the supervisory working alliance.</li> <li>▪ When supervisors believed they approached trainees from a counselor-like or task-oriented orientation, they perceived a higher agreement on the tasks of supervision.</li> <li>▪ Supervisors approaching their trainees from a didactic perspective were more likely to rate greater agreement on tasks of supervision</li> <li>▪ Use of more than one style to develop all three components of supervisory working alliance is encouraged</li> <li>▪ Supervisors reporting a greater attractive and interpersonally sensitive style were more likely to see themselves as self-disclosing.</li> </ul>
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<p>Lehrman-Waterman &amp; Ladany (2001)</p>	<p>“To develop the Evaluation Process Within Supervision Inventory (EPSI), a measure that examines evaluation practices in clinical supervision” (p. 168)</p>	<p>Quantitative  Psychometric  Instrument development</p>	<p>Demographic questionnaire</p> <p>Evaluation Process Within Supervision Inventory (EPSI; created for this study) 21-item self-report scale with 7-point Likert scale 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; Friedlander &amp; Snyder, 1983); 21-item self-report assessing trainee perception of self-efficacy</p> <p>Supervisee Satisfaction Questionnaire (SSQ; Ladany et al., 1996; Larsen, based on client satisfaction, Attkisson, Hargreaves, &amp; Nguyen, 1979) 8- item self-report inventory in which trainees rate their satisfaction on a 4-point scale</p>	<p>N = 274 psychology trainees</p> <ul style="list-style-type: none"> <li>▪ Age: Mean = 29.08, SD = 5.76</li> <li>▪ 211 women, 63 men</li> <li>▪ 223 White, 19 African American, 11 Asian American, 12 Hispanic, 6 biracial, 2 unspecified</li> <li>▪ 54% Clinical psychology, 43 % counseling psychology.</li> <li>▪ Averaged 5 semesters of supervised practicums (SD = 3.44)</li> </ul>	<p>EPSI is psychometrically sound and valid.</p> <p>Effective evaluation practices are predictive of a stronger working alliance, in other words, goal setting and feedback strengthen the supervisory relationship.</p> <p>Effective evaluation practices are associated with stronger perceptions of supervisor influence on self-efficacy.</p> <p>Effective evaluation practices are predictive of greater trainee satisfaction.</p> <p>Effective evaluation practices have no significant relationship with trainee training level; evaluation experiences remain salient regardless of training level.</p>
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<p>Livni, Crowe, &amp; Gonzalves (2012)</p>	<p>“Assess how supervision structure and process affect supervision outcomes for the supervisee” (p. 178).</p> <p>Examine burnout in AOD staff in relation to individual and group based supervision.</p> <p>Study if time spent in supervision correlates to wellbeing and job satisfaction/reduced burnout.</p> <p>Understand the degree of supervisory alliance built in individual vs. group supervision.</p> <p>Qualities of evaluation of perceived effectiveness of individual supervision vs. group supervision.</p>	<p>Naturalistic study</p> <p>“A repeated measures within groups and between groups (individual or group supervision) design was used to explore the effects of a 6-month supervision program for staff of public sector drug and alcohol health services” (p. 178).</p>	<p>Demographic questionnaire</p> <p>Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, &amp; Kardash, 1990)– Supervisee/Therapist Form: a 23-item measure assessing self-report of the supervisory working alliance using a 7-point Likert scale</p> <p>Supervision Evaluation Questionnaire (SEvQ; Gonsalves, 2007); a 37-items, using a 7-point Likert scale to measure total and subcomponent trainee evaluations of supervision.</p> <p>The Maslach Burnout Inventory (MBI; Maslach &amp; Jackson, 1981); a 22-Item measure utilizing a 7-point Likert scale for assessing burnout</p>	<p>N=37 supervisees</p> <p>Age: 25 – 60 (mode = 45+).</p> <p>7 male; 22 female, 8 did not answer</p> <p>16 nurses, 5 psychologists, 1 social worker, 3 case workers, 2 addiction counselors, 4 other, 6 nonidentified</p>	<ul style="list-style-type: none"> <li>▪ Perceived alliance, perceived supervision effectiveness, and evaluation of supervision all increased with time spent in supervision</li> <li>▪ Burnout and wellbeing were not related to time in supervision.</li> <li>▪ There is a measurable preference for individual supervision over group.</li> <li>▪ Supervision satisfaction and perceived supervision effectiveness were high for both individual and group supervision.</li> <li>▪ Supervision correlated positively with perceptions of alliance indicating that supervision was a positive experience.</li> <li>▪ Alliance was strongly associated with perceived supervision effectiveness for both supervision groupings.</li> <li>▪ Group cohesion was found to be positively related to evaluation of supervision.</li> <li>▪ Better supervisory alliance was associated with lower levels of burnout in individual supervision.</li> <li>▪ For individual supervision, there was an association between alliance and job satisfaction and wellbeing.</li> <li>▪ Group cohesion was predictive for both perceived supervision effectiveness and supervisory alliance, equally, and related to any of the other variables.</li> </ul>
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			<p>The Intrinsic Job Satisfaction Scale (IJSS; Warr, Cook, &amp; Wall, 1979), a 7-item measure of job satisfaction using a 7-point scale.</p> <p>Scales of Psychological Well-Being (SPW; Ryff, 1989), a 12-item measure using 7-point Likert scale to measure wellbeing</p> <p>California Psychotherapy Alliance Scale – Group- Modified (CPAS-G-M, Gaston &amp; Marmar, 1994): a 12-item measure of group therapy cohesion using a 7-point Likert scale</p>		
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<p>Nelson &amp; Friedlander (2001)</p>	<p>Provide a description of conflictual supervisory relationships that influenced training experience negatively.</p>	<p>Mixed methods</p>	<p>Semi structured interview guide to elicit trainee responses about supervisees' experiences in supervision, as well as the experiences impacts on their self- concept, behavior, and professional development.</p> <p>Supervisory Styles Inventory (SSI; Friedlander &amp; Ward, 1984), 33-item measure using 7- point Likert scale to measure supervisor self-reported supervision style with 3 subscales: attractive, interpersonally sensitive, and task-oriented</p> <p>Role Conflict and Role Ambiguity Inventory (RCRAI; Olk &amp; Friedlander, 1992) a 29- Item measure assessing trainee perceptions of role difficulty in the context of supervision using a 5-point Likert scale</p>	<p>N = 13 doctoral and masters level trainees</p> <ul style="list-style-type: none"> <li>▪ Age range: 29-52 (M = 37, SD = 7)</li> <li>▪ 9 women, 4 men,</li> <li>▪ 11 White, 1 Latina, 1 Asian American</li> <li>▪ Received supervision between 6 months and 3 years.</li> </ul>	<ul style="list-style-type: none"> <li>▪ “In-depth interviews uncovered two primary themes: (a) Power struggles characterized most of the relationships that supervisees experienced as harmful, and (b) dual relationships, even subtle ones, created much confusion and disharmony in their supervisory experiences” (p. 392).</li> <li>▪ Supervisor doubt about their own competence had led to authoritarian rank-pulling.</li> <li>▪ Supervisees in negative</li> <li>▪ “Most of the supervisees in this study did not experience enough attention, warmth, or understanding to maintain a sense of trust in their supervisors” (p. 392).</li> <li>▪ Many trainees relied on other sources of support, and resolved conflicts without their supervisors' help.</li> <li>▪ Some trainees felt they were regarded as an employee, and their training needs were neglected.</li> <li>▪ Quote from Mueller &amp; 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 &amp; Kell, 1972, pp. 30-31).</li> <li>▪ Conclusion: Role induction procedure for all participants in the supervisory dyads and to develop a plan for conflict management in early period in the relationship</li> </ul>
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<p>Patton &amp; Kivlighan (1997)</p>	<ul style="list-style-type: none"> <li>▪ “Examine, therefore, some of the ways in which the relationship in supervision might be related to variables in the counseling process that might logically be considered outcomes of supervision” (p. 108).</li> <li>▪ “Examine the extent to which the trainee's perception of the supervisory working alliance is related to two presumed outcomes of the supervisory process: (a) the client's perception of the working alliance in counseling and (b) the trainee's adherence to the counseling approach being taught in supervision” (p. 108).</li> <li>▪</li> </ul>	<p>Quantitative Correlations</p>	<p>Working Alliance Inventory (WAI; Horvath &amp; Greenberg, 1989) a 36-item measure of Bordin's (1983) model of the working alliance using a 7-point Likert scale measure; 3 subscales with 12 items each related to agreement on goals, agreement on tasks, and emotional bond</p> <p>Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, Kardash, 1990) – Supervisee Form: 19 items measure assessing the supervisory working alliance in terms of two subscales using on a 7-point Likert scale</p> <p>Vanderbilt Therapeutic Strategies Scale (VTSS; Butler, Henry, &amp; Strupp, 1992) a 21-item, measure assessing therapist adherence to TLDP using a 5-point Likert scale</p>	<p>N = 75 trainee therapist</p> <ul style="list-style-type: none"> <li>▪ Age range: 22-51</li> <li>▪ 53 women, 22 men</li> <li>▪ 64 European American, 11 African American</li> </ul> <p>N = 75 Clients volunteer undergraduate students</p> <ul style="list-style-type: none"> <li>▪ 59 women, 16 men</li> <li>▪ 69 European American, 8 African American</li> </ul> <p>N = 15 Supervisors</p> <ul style="list-style-type: none"> <li>▪ 8 women, 7 men</li> <li>▪ All European American</li> </ul>	<ul style="list-style-type: none"> <li>▪ “There were significant relationships between the trainee's perception of the supervisory working alliance and the client's perception of the counseling working alliance and between the supervisory working alliance and the Interviewing Style scale” (p. 113).</li> <li>▪ The study assumes that the flow of working relationship knowledge flows from supervisory relationship and to the therapeutic relationship</li> <li>▪ No relationship to the supervisors' technical activity and or the trainees' technical activities and supervisory working alliance.</li> </ul>
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<p>Ramos-Sanchez, Ensil, Goodwin, Riggs, Touster, Wright, Ratanasiripong, and Rodolfa (2002)</p>	<p>To establish a relationship among supervisee developmental level, supervisory working alliance, trainee attachment style, and negative supervisory events.</p>	<p>Qualitative Used Marshall &amp; Rossman (1999) recommended strategies to organize data by themes Survey Mailed packets to randomly selected APA doctoral programs and internship sites; response rate was 28%</p>	<p>Demographics questionnaire  Negative events in supervision  Relationship Questionnaire: (Bartholomew &amp; Horowitz, 1991) measures attachment style  Working Alliance Inventory (WAI; Horvath &amp; Greenberg, 1989) a 36-item measure working alliance using a 7-point Likert scale measure  Supervisee Levels Questionnaire – Revised (SLQ-R; McKneill, Stoltenberg, &amp; Romans, 1992) a measure producing a global rating of supervisee developmental level plus three subscale ratings, including Self and Other Awareness, Motivation, and Dependency/ Autonomy.</p>	<p>N = 126 psychology practicum students or interns</p> <ul style="list-style-type: none"> <li>▪ Age range: 23-31 (M = 30.7)</li> <li>▪ 73% women, 27% men</li> <li>▪ 79% Caucasian/European American</li> <li>▪ 21% other</li> <li>▪ 54% pre-doctoral interns, 46% practicum students</li> </ul>	<ul style="list-style-type: none"> <li>▪ “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).</li> <li>▪ Unethical behavior in supervisor may have also led to weaker alliance.</li> <li>▪ Respondents reporting negative experiences also have significantly lower levels of supervisory satisfaction than those not reporting negative experiences.</li> <li>▪ Participants reported negative experiences also reported these experiences negatively influenced their training experiences (current and general), as well as their future career goals.</li> </ul> <p>Implications:</p> <ul style="list-style-type: none"> <li>▪ Solid relationships with supervisees should be developed early on to manage the lower developmental levels of the supervisees.</li> <li>▪ Input from supervisees and supervisors should be used in forming supervisory relationships.</li> <li>▪ Graduate programs should think about how to match supervisors and supervisees.</li> <li>▪ Self awareness is key to developing as a psychotherapist, and supervisees should seek their own psychotherapy to build better working alliances.</li> <li>▪ Neg. experiences involving culture and ethics should be managed promptly because of their high level of potential harm</li> </ul>
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<p>Riggs &amp; Bretz (2006)</p>	<ul style="list-style-type: none"> <li>▪ "...interested in several different attachment constructs that theoretically are likely to influence the supervisory working alliance, including parent– child attachment experiences, pathological attachment behaviors, and adult attachment style" (p. 560).</li> <li>▪ To extend into quantitative analysis of individual differences in interpersonal characteristics conceptualized within attachment style theory, Ramos-Sanchez et al.'s (2002) previous work. research into</li> </ul>	<p>Quantitative</p>	<p>Five-part survey delivered by website:</p> <p>Demographic questionnaire</p> <p>Working Alliance Inventory (WAI; Horvath &amp; Greenberg, 1989) a 36-item measure working alliance using a 7-point Likert scale measure</p> <p>Measure of Parental Style (Parker et al; 1997) for assessment of early parent-child relationships</p> <p>Reciprocal Attachment Questionnaire (West &amp; Sheldon-Keller, 1994) for the assessment of pathological attachment behaviors.</p> <p>Relationship Questionnaire (RQ; Bartholomew &amp; Horowitz, 1991) for the collection of participants attachment style and their perceptions of their supervisors' attachment styles</p>	<p>N = 86 psychology pre-doctoral interns</p> <ul style="list-style-type: none"> <li>▪ Age range 25-54 (M = 32.6)</li> <li>▪ 77% (66) women, 23% (20) men</li> <li>▪ 78.2% Caucasian, 9.2% Asian American/Pacific Islander, 3.4% Latino, 1.1% African American, 4.6% biracial or other</li> </ul>	<ul style="list-style-type: none"> <li>▪ "Participants who perceived their supervisors to have a secure attachment style rated the supervisory task and bond significantly higher than participants who perceived their supervisors to be preoccupied or dismissing in attachment style" (p. 561).</li> <li>▪ "Secure–secure dyads and dyads composed of an insecure participant and secure supervisor had significantly higher scores on supervisory bond than dyads with a secure participant and insecure supervisor" (p. 561).</li> <li>▪ Events in supervision are effected by attachment style and events in childhood.</li> <li>▪ Supervisee attachment style was not significantly related to supervisory alliance.</li> <li>▪ "Supervisees who saw their supervisors as securely attached tended to evaluate the supervisory task and bond more positively than supervisees who saw their supervisors as preoccupied or dismissing" (p. 564).</li> <li>▪ Perception of supervisor attachment style predicted supervisee ratings of task-related behaviors in supervision, and the supervisory bond and goal, indirectly.</li> </ul> <p>Limitations: Exploratory, supervisor Supervisee self-report generated data; no causality can be indicated.</p>
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	<ul style="list-style-type: none"><li>▪ 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</li></ul>				
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<p>Sterner (2009)</p>	<ul style="list-style-type: none"> <li>▪ “Identify relations between several variables: (a) supervisees' perceptions of the quality of the SWA, (b) work satisfaction, (c) work-related stress for supervisees working in mental health agencies, (d) counseling setting, and (e) number of clients per week” (p. 252).</li> <li>▪ Re-center supervision research in professional rather than academic settings.</li> </ul>	<p>Quantitative</p>	<p>Demographics Questionnaire</p> <p>Supervisory Working Alliance Inventory – Trainee (SWAIT; Efstation, Patton, Kardash, 1990) – Supervisee Form: 19 items measure assessing the supervisory working alliance in terms of two subscales using on a 7-point Likert scale; 13 items compose the Rapport subscale and 6 make up the Client Focus subscale</p> <p>Minnesota Satisfaction Questionnaire – Short Form (MSQ; Weiss, Dawis, England, &amp; Lofquist, 1967) a 20-item measure of employee work satisfaction on a 5-point Likert scale</p> <p>Occupational Stress Inventory – Revised (OSI-R; Osipow; 1998), a 140-item, measure of occupational stress on a 5-point Likert scale</p>	<p>N = 71 members of the American Mental Health Counseling Association receiving or having received supervision</p> <ul style="list-style-type: none"> <li>▪ Age range: 29-73 (M = 51)</li> <li>▪ 68% women, 31% men, 1 did not respond</li> <li>▪ 90% Caucasian, 4% Latino American, 3% multi- or biracial, 1% African American, 1% Native American</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supervisees who had higher levels of satisfaction with clinical supervision relationship were also more satisfied with their work</li> <li>▪ Higher ratings for supervisory working alliance were associated with lower work stress ratings</li> <li>▪ Positive SWA may moderate work-related stress, and mediate who they related to that stress</li> </ul>
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<p>Walker, Ladany, Pate-Carolan (2007)</p>	<ul style="list-style-type: none"> <li>▪ To examine what types of gender-related events (GRE) occur in supervision</li> <li>▪ Three questions are answered: “How the dynamic of gender influences psychotherapy supervision</li> <li>▪ The content and frequency of gender-related events in supervision</li> <li>▪ How gender-related events influence the supervisory working alliance and trainee disclosure” (p. 13)</li> </ul>	<p>Mixed methods</p> <p>Web- based survey</p>	<p>Demographic questionnaire</p> <p>Gender-Related Events Survey, created for this study, using an open prompt to elicit free-write descriptions of positive or negative gender-related events experienced in individual supervision. Given space for 5 such events, examples provided</p> <p>Working Alliance Inventory (WAI-T; Bahrck, 1990)</p> <p>Trainee Disclosure Scale (TDS) developed for this study based on Ladany et al. (1996) study; a self-report measure of 13-items with a 5- point Likert scale assessing willingness disclosure in supervision</p>	<p>N = 111 female trainees</p> <ul style="list-style-type: none"> <li>▪ Average age: 31</li> <li>▪ 91 white, 9 African American, 4 Asian, 3 biracial, 3 Latina, 1 other</li> <li>▪ 70% counseling psychology, 18% clinical psychology</li> <li>▪ 39% in advanced practicum, 25% in beginning practicum experience, 30% in internship</li> </ul>	<p>“Four categories emerged describing supportive GREs (helpful academic conceptualization, processing feelings, overall professional growth issues, and empathy towards client assault)” (p. 14).</p> <p>Five categories emerged describing the nature of non-supportive GREs (comments based on stereotypes related to the trainee, GREs that were initiated by the trainee but dismissed by the supervisor, stereotypic comments related to the client, inappropriate behavior toward the trainee and inappropriate behavior in regards to the client” (p. 15)</p> <p>“Conceptualizing gender academically and processing gender interpersonally can positively influence the supervision relationship and may increase trainee disclosure” (p. 17).</p>
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**Literature Review Table: Psychology Replication  
Studies Theoretical and Practical Publications**

Author(s) /Year	Publication Questions /Objectives	Publicati on Approach	Instruments Utilized and Technical	Sample	Major Findings
Bahrlick (1989)  (Dissertati on)	“To examine the effects of a role induction procedure on the supervisory relationship” (p. 8).	Quantitati ve  Experime ntal, psychome tric, instrumen t validation	The Working Alliance Inventory/ Supervision (WAI-S). A 36-item 5-point Likert-type scale measuring the supervisory relationship. 3 subscales made up of 12- items each. One subscale each assessing agreement on goals, tasks, and bond. The WAI was a modification Horvath and Greenberg’s (1985) Working Alliance Inventory, which looked at WA for therapists and clients.  The Supervisory Emphasis Rating Form (Lanning, 1986).: a 60-item Likert-type scale measure, which assesses the training area emphasized by the supervisor;	N = 17 trainees in their first year of counseling psychology doctoral program at Ohio State University.  ▪ 13 women, 4 men ▪ 10 experimental, 7 control group, plus 10 supervisors	<ul style="list-style-type: none"> <li>▪ Inter-rated reliability WAI-S was established at 97.6%.. Raters couldn’t reliably make distinctions between goals and tasks. The instrument consists only of bon and goals/tasks factors.</li> <li>▪ “The major findings of this investigation are that Experimental supervisor/ trainee pairs showed significantly more congruence than Control pairs on a number of the dependent measures following the role induction procedure” (p. 73).</li> <li>▪ Role induction provided no measurable benefit.</li> <li>▪ Limitations: small sample size, especially in the control group; varying levels of supervision experience; individual effects of supervisor could not be measured; instruments were not sensitive enough (ceiling effects).</li> </ul>

## Replication Studies in Psychology

Author(s) /Year	Publication Questions /Objectives	Publication Approach/ Design	Instruments Utilized and Technical Aspects	Sample	Major Findings
Brandt, et. al. (2014)	Develop a “replication recipe” for designing replication studies	Theoretical, development of standard criteria for a convincing replication			<p>“A convincing close replication par excellence is executed rigorously by independent researchers or labs and includes the following five additional ingredients:</p> <ol style="list-style-type: none"> <li>1. Carefully defining the effects and methods that the researcher intends to replicate;</li> <li>2. Following as exactly as possible the methods of the original study (including participant recruitment, instructions, stimuli, measures, procedures, and analyses);</li> <li>3. Having high statistical power;</li> <li>4. Making complete details about the replication available, so that interested experts can fully evaluate the replication attempt (or attempt another replication themselves);</li> <li>5. Evaluating replication results, and comparing them critically to the results of the original study” (p. 218).</li> </ol>
Francis (2012)	To show that too many successful replications may be a sign of the suppression of null or negative findings.	Uses a set of data to demonstrate issues with replication studies.	N/A	N/A	Instead of trying to reject the null hypothesis, experimental psychologists should focus on measuring effects more precisely.

Klein, et. al. (2014)	To argue that replication can be used for theoretical development	Commentary	N/A	N/A	<p>Every replication story is different from the original study in innumerable ways.</p> <p>“experimental result informs on the theory by either (a) supporting the theory’s generalizability across these presumed, and now demonstrated, irrelevant conditions, or (b) challenging the present theoretical understanding by showing that the effect does not occur under presumed irrelevant conditions, or that it does occur under conditions thought to be not amenable to obtaining the result. Finally, exploratory analysis and post facto evaluation of the outcomes provides fodder for the next iteration of theoretical development and empirical evaluation. Direct replication enables iterative cycling to refine theory and subject it to empirical confrontation” (p. 307).</p>
Makel, et. al. (2012)	Investigates replication survey and rates in published psychological research	Analysis of the literature	<p>Replication rate calculation for 500 randomly selected journal articles containing “replicat*” and the definition of replication, “In a direct replication, the new research team essentially seeks to duplicate the sampling and experimental procedures of the original research by following the same “experimental recipe” provided in the methods section of the</p>	<p>500 randomly selected articles from the 100 top psychology journals</p>	<p>1.57% of psychology publications used the term “replicat*,” and only 68% of those articles using the terms were actual replications, leading to an adjusted rate of 1.07%.</p> <p>The majority were successful replications.</p> <p>Successful replications were less likely when there was no overlap in the authors among articles.</p> <p>Recent increases replication rates may be due to increased attention to replication, positive bias and prevention of fraud.</p> <p>“as an arbitrary selection, if a publication is cited 100 times, we think it would be strange if no attempt at</p>

			<p>original publication. In a conceptual replication, the original methods are not copied but rather purposefully altered to test the rigor of the underlying hypothesis. Whereas direct replication examines the authenticity of the original data, in conceptual replication, the replicator tests the construct and not the datum to which Lykken referred. We use Schmidt's classification in this article, as it largely encapsulates recent conversations within the field" (p. 538).</p>		<p>replication had been conducted and published" (p. 541).</p>
<p>Makel &amp; Plucker (2014)</p>	<p>Make the argument that replication studies are a necessary, although not sufficient component of innovation in psychology as a scientific field.</p>	<p>Commentary Response</p>	<p>N/A</p>	<p>N/A</p>	<p>Assuage fear that replications do not get cited.</p> <p>Replications reduce the change of corrections and withdrawals at a later date.</p> <p>Suggest not to conflate replication and meta-analysis. "The purpose of replication is to verify the accuracy of previous findings, whereas meta-analyses seek to synthesize those previous findings" (p. 28). They state that meta-analyses do not lead to consensus within psychology, and meta-analyses do not necessarily confirm findings even though they may be technically conceptually replicating them.</p>

Smith (1970)	<p>“Analyze the current status of replication research, to review the role of replication studies, and to highlight some aspects of their use and abuse” (p. 970).</p>	Literature review, and suggestions for future methodology	Literature review	N/A	<p>Found overall neglect of replication and cross-validation in psychological training and research</p> <p>Only one of 20 psychology experimental design textbooks addressed replication in any depth.</p> <p>Showed replication and cross-validation are complex area with many drawbacks.</p> <p>Most studies do not provide enough information to permit replication.</p> <p>Questions are raised about the validity of these methodologies in human research.</p> <p>Psychology must move away from imitating the physical sciences and move towards, and notes the causality in biology is either not predictive or only statistically predictive.</p>
Stanley & Spence (2014)	<p>“Examine replication from a different perspective and illustrate that current intuitive expectations for replication are unreasonable” (p. 305)</p> <p>“Highlight the importance of measurement error in replication discussions by isolating its effect on replication attempts” (p. 306).</p>	Computer simulation varying random measurement error	N/A	N/A	<p>A move towards a mindset of meta-analysis instead of reliance on replication of single studies.</p> <p>“Suggest moving from a mind-set focused on verification of individual studies to one that is based on estimation. Researchers must shift their mind- set from thinking that individual studies provide definitive insight into the validity of a research hypothesis to a mind-set in which the results of a single study are viewed as a mere estimate of an underlying reality. The estimation mind-set implies that multiple approximations need to be averaged to determine the true underlying reality” (p 316).</p>

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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 current pre-doctoral internship site.**

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. Is your current pre-doctoral internship training site APA or CPA accredited?

- A. Yes
- B. No

5. Do you provide psychotherapy in your current internship training site?

- A. Yes
- B. No

6. Which of the following best describes your current **pre-doctoral internship training site**:

- 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 \_\_\_\_\_

7. 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 \_\_\_\_\_

8. What is your age?

\_\_\_\_\_

9. Which gender do you identify with?

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

10. 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 \_\_\_\_\_

11. 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 current pre-doctoral internship training site.

12. Which best describes your primary supervisor's primary theoretical orientation (please answer for your primary supervisor at your current pre-doctoral internship training site)?

- A. Cognitive-behavioral (includes cognitive and behavioral)
- B. Family systems

- C. Humanistic/existential
- D. Psychodynamic
- E. Other \_\_\_\_\_

13. Which gender does your primary supervisor identify with?

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

14. 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

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

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

In the following questions, "hierarchical" refers to the degree to which interactions and decision-making are primarily influenced or characterized by role status and authority; "collaborative" refers to the frequency of open discussion about supervision with your supervisor

17. How hierarchical would you consider your internship program to be?

1	2	3	4	5	6	7
Not at all	A little	Slightly	Somewhat	Moderately	Very	Extremely

18. How collaborative would you consider your primary supervisory relationship to be? \_\_\_\_\_

1	2	3	4	5	6	7
Not at all	A little	Slightly	Somewhat	Moderately	Very	Extremely

—



## 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 current pre-doctoral internship primary supervisor** 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

Dear Mark,  
Thank you for your gracious email.

Attached find copies of the Working Alliance Inventory-Supervisor form (WAI-S) and Working Alliance Inventory- Trainee form (WAI-T), as well as a scoring key. You have my permission to use the instruments for purposes of your dissertation.

Best Regards,  
Audrey

Audrey S. Bahrack, Ph.D.  
Staff Psychologist  
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 current pre-doctoral internship training site.**

**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 uncomfortabl ^	Uncomfortable	Neutral	Comfortable	Very comfortabl ^	Extremely comfortabl ^

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 uncomfortabl ^	Uncomfortable	Neutral	Comfortable	Very comfortabl ^	Extremely comfortabl ^

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 uncomfortabl ^	Uncomfortable	Neutral	Comfortable	Very comfortabl ^	Extremely comfortabl ^

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 uncomfortabl ^	Uncomfortable	Neutral	Comfortable	Very comfortabl ^	Extremely comfortabl ^

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 uncomfortabl ^	Uncomfortable	Neutral	Comfortable	Very comfortabl ^	Extremely comfortabl ^

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 uncomfortabl ^	Uncomfortable	Neutral	Comfortable	Very comfortabl ^	Extremely comfortabl ^

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 uncomfortabl ^	Uncomfortable	Neutral	Comfortable	Very comfortabl ^	Extremely comfortabl ^

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 uncomfortabl ^	Uncomfortable	Neutral	Comfortable	Very comfortabl ^	Extremely comfortabl ^

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 uncomfortabl ^	Uncomfortable	Neutral	Comfortable	Very comfortabl ^	Extremely comfortabl ^

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

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 supervisory alliance and disclosure of clinically relevant events in clinical supervision. The study participants are pre-doctoral interns in clinical, counseling, school, and combined programs. It would be much appreciated if you would kindly forward this e-mail to your interns. The Pepperdine University Graduate and Professional Schools Institutional Review Board has approved this study.

Participation in this study entails completing an online survey about supervision experience during 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 internship 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 [mark.i.miller@gmail.com](mailto:mark.i.miller@gmail.com). You may also contact Dr. Edward Shafranske, Dissertation Chairperson, at [edward.shafranske@pepperdine.edu](mailto:edward.shafranske@pepperdine.edu), Dr. Carol Falender at [cfalende@ucla.edu](mailto:cfalende@ucla.edu), or Dr. Judy Ho, Ph.D., ABPP, CFMHE, Chairperson of the Pepperdine University Graduate and Professional Schools Institutional Review Board, at (310) 568-5753..

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

Mark Miller, M.A.  
Clinical Psychology Doctoral Student Pepperdine  
University

## APPENDIX F

### Recruitment Letter to Participants

Dear Psychology Pre-Doctoral 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 *in your current 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 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.**

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,

Mark Miller, 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 during their current internship. I am contacting all APA accredited pre-doctoral internship sites and requesting their assistance with my study. It would be much appreciated if you would kindly forward this e-mail to your fellows. The Institutional Review Board at Pepperdine University approved this study.

Participation in this study entails completing an online survey about supervision experience during their current pre-doctoral 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](mailto:ayala.ofek@pepperdine.edu). You may also contact Dr. Edward Shafranske, Dissertation Chairperson, at [edward.shafranske@pepperdine.edu](mailto:edward.shafranske@pepperdine.edu), Dr. Carol Falender at [cfalende@ucla.edu](mailto:cfalende@ucla.edu), or Dr. Judy Ho, Ph.D., ABPP, CFMHE, Chairperson of the Pepperdine University Graduate and Professional Schools Institutional Review Board, at (310) 568-5753.

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

Mark Miller, M.A.  
Clinical Psychology Doctoral Student  
Pepperdine University

## APPENDIX H

### Follow-up Letter to Participants

Dear Psychology Pre-Doctoral 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 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 *in your current pre-doctoral 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 fellows 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,

Mark Miller, M.A.  
Clinical Psychology Doctoral Student  
Pepperdine University

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

## APPENDIX I

### Introduction to Survey and Consent to Participate



**PEPPERDINE UNIVERSITY**  
*Graduate School of Education and Psychology*

**INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES**

**THE SUPERVISORY ALLIANCE AND PSYCHOLOGY INTERNS' DISCLOSURE OF CLINICALLY RELEVANT EVENTS IN SUPERVISION**

You are invited to participate in a research study conducted by Mark Miller, M.A., M.P.H., and Edward Shafranske, Ph.D., ABPP at Pepperdine University, because you are currently pre-doctoral psychology intern. Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. You will also be given a copy of this form for your records.

**PURPOSE OF THE STUDY**

The purpose of the study is to survey psychology interns' perceptions of the supervisory alliance and their comfort and likelihood of disclosing clinically relevant events to their clinical supervisor during internship.

**STUDY PROCEDURES**

If you volunteer to participate in this study, you will be asked to complete a brief 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.). The questionnaire will no more than 15 minutes to complete.

**POTENTIAL RISKS AND DISCOMFORTS**

The potential and foreseeable risks associated with participation in this study include the inconvenience of completing a set of surveys on this web page, as well as fatigue and emotional or distressing reactions may result in response to survey items.

**POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

While there are no direct benefits to the study participants, there are several anticipated benefits to society which include:

Information generated by this study may benefit future psychology trainees and supervisors develop behaviors that result in more disclosure of clinically significant events during supervision, which in turn, may improve the treatment outcomes for their patients.

## **PAYMENT/COMPENSATION FOR PARTICIPATION**

At the end questionnaire, you will be given the opportunity to be entered into a drawing for one of four \$25 Amazon gift certificates. The winner will be notified via email.

## **CONFIDENTIALITY**

I will keep your records for this study *confidential* as far as permitted by law. However, if I am required to do so by law, I may be required to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if you tell me about instances of child abuse and elder abuse. Pepperdine's University's Human Subjects Protection Program (HSPP) may also access the data collected. The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

The data will be stored on a password-protected computer in the principal investigators place of residence. The data will be stored for a minimum of three years. The data collected will be de-identified and aggregated.

You will not be asked to divulge any personally identifying information on any of the research forms or questionnaire; however, if you choose to participate in the drawing for an Amazon gift certificate, you will be required to supply your name and email address, which will be stored separately from the research data. 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.

## **PARTICIPATION AND WITHDRAWAL**

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

## **ALTERNATIVES TO FULL PARTICIPATION**

The alternative to participation in the study is not participating or completing only the items which you feel comfortable. Your relationship with your employer will not be affected whether you participate or not in this study.

## **INVESTIGATOR'S CONTACT INFORMATION**

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 Mark Miller at mark.i.miller@gmail.com or Dr. Edward Shafranske at eshafran@pepperdine.edu, if I have any other questions or concerns about this research. If you have questions about your rights as a

research participant, contact Dr. Judy Ho, Chairperson of the Graduate & Professional School Institutional Review Board (GPS IRB) at Pepperdine University, via email at [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu) or at 310-568-5753.

### **RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION**

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional School Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 or [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu).

APPENDIX J

Approval Letter for Research



Pepperdine University  
24255 Pacific Coast Highway  
Malibu, CA 90263  
TEL: 310-506-4000

## NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: December 23, 2015

Protocol Investigator Name: Mark Miller

Protocol #: 15-09-063

Project Title: THE SUPERVISORY ALLIANCE AND PSYCHOLOGY INTERNS' DISCLOSURE OF CLINICALLY RELEVANT EVENTS IN SUPERVISION

School: Graduate School of Education and Psychology

Dear Mark Miller:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today December 23, 2015, and expires on December 22, 2016.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond December 22, 2016, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at [community.pepperdine.edu/irb](http://community.pepperdine.edu/irb).

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Page: 1



Pepperdine University  
24255 Pacific Coast Highway  
Malibu, CA 90263  
TEL: 310-506-4000

Judy Ho, Ph.D., IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist